EVALUATION OF COUNTERING VIOLENT EXTREMISM INITIATIVES:
Lessons learned from best practice public health frameworks.

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Statement of Originality

This is to certify that to the best of my knowledge, the content of this thesis is my own work. It is not substantially the same as any that I have submitted, or, is being concurrently submitted for a degree or diploma or other qualification at Macquarie University or any other university or similar institution. I further state that no substantial part of this thesis has already been submitted, or, is being concurrently submitted for any such degree, diploma or other qualification at Macquarie University or any other university or similar institution except as declared in the text. The thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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Preface

The basis for my interest in this research topic stemmed from my work as the Team Leader/ Senior Psychologist of the PRISM Service (the Corrective Services New South Wales disengagement service). The PRISM service is the first CVE custodial disengagement service within Australia to have an open-source evaluation article. I understand the importance of CVE evaluation and establishing good practice, and am eager to make a contribution to the work in this rapidly developing area. To avoid any potential bias in my use of PRISM in the current thesis, I have used only open source materials to inform this section (chapter 7).

I would like to thank my supervisor Dr Julian Droogan, (Senior Lecturer, Department of Security Studies and Criminology, Macquarie University) for his invaluable guidance and support. I would also like to thank Lise Waldek, (Lecturer, Department of Security Studies and Criminology, Macquarie University) for her very valuable assistance with this thesis. I am gratefully indebted to them both.

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Abstract

The importance of the empirical evaluation of Countering Violent Extremism (CVE) programs to ensure continued refinement and transparency is widely recognised throughout the literature. However there is much debate regarding how evaluation is best conducted, and a limited body of evidence to draw from. The current research project has developed out of this area of debate in the scholarly literature; the broader argument suggests that approaches to CVE would benefit from using a public health framework, which may enable the allocation of additional resources and funding, facilitate information sharing, encourage trust from the community, and align with existing public health approaches to complex issues, such as violence prevention. A school of thought stemming from this debate posits that the frameworks of practice and theory within public health are relevant to CVE, one of which is the framework of program evaluation.

This thesis seeks to critically analyse this debate by focussing on the application of public health evaluation to CVE projects in two ways; firstly, public health evaluation frameworks will be described and critically analysed. Secondly, three CVE case studies from Australia will be used to explore the potential utility of evaluation methodology already utilised in public health.

This study found that the principles of public health evaluation best practice are applicable to CVE programs and add value to CVE evaluation. Findings suggest that applying existing public health evaluation approaches could ensure that several of the challenges identified with CVE evaluation are resolved. In addition, application of these approaches would ensure a consistent and internationally recognised evaluation language is used, that evaluation is imbedded in CVE program development, and that there is accountability for using and disseminating the lessons learned from CVE evaluations. It is hoped that future CVE project evaluation strategies may be informed by the lessons learned in the current study.

Key Words: Countering Violent Extremism; Evaluation; Public Health

List of Abbreviations

CAPE	Community Action for Preventing Extremism
COMPACT	Community, in Partnership, taking Action to safeguard Australia's peaceful and harmonious way of life
CVE	Countering Violent Extremism
MMWR	Morbidity and mortality weekly report
MOE	Measures of effect
MOP	measures of performance
Mres	Masters of Research
PHEF	Public health evaluation framework
PRISM	Proactive Integrated Support Model
PVE	Preventing Violent Extremism
RESOLVE	Researching Solutions to Violent Extremism
SMART	specific, measurable, appropriate, realistic and time limited objectives

Chapter One

Introduction

The potential utility of using a public health approach for the evaluation of Countering Violent Extremism (CVE) programs has received significant scholarly debate but limited empirical examination. This is despite the importance of developing comprehensive, valid and reliable evaluation approaches for CVE programs being highlighted throughout the literature. Evaluation is an essential element of good program development, and allows for accountability and transparency to funding bodies, the building of an evidence base for CVE refinement, informed and timely decision making about program development, and that negative unintended consequences are avoided by CVE practitioners (Fink, Romaniuk, and Barakat, 2013; Romaniuk, 2015; Schmidt, 2016; Silke & Veldhuis, 2017; National Academies of Sciences, Engineering, and Medicine, 2017).

However, CVE evaluation poses some significant challenges due to the complex and varied nature of approaches used throughout the programs. There have been repeated calls to invest in research that specifically focuses on approaches and strategies for countering violent extremism to develop a body of best practice (Harris-Hogan, 2017; Nasser-Eddine, et.al. 2011; Romaniuk, 2015). As initiatives for CVE can take on a variety of forms, and acts of violent extremism are rare occurrences, there is a limited but growing body of evidence from which to ascertain if programs are successful (Harris-Hogan, 2017; Nasser-Eddine, et.al. 2011; Romaniuk, 2015). In some cases, CVE programs are not evaluated or the research may not be made publically available (Romaniuk, 2015). This has led to a call in the academic literature for evaluation studies to be made open-source where possible, to encourage the translation of lessons learned into practice (Romaniuk, 2015). There is also significant variation throughout the scholarly debate around core definitions and how to best conceptualise the proposed CVE outcomes (Fink, Romaniuk, and Barakat, 2013; Romaniuk, 2015). Therefore valid and reliable measurement is also a challenge, and varies throughout the CVE literature depending on the tools and methods being used.

These variables pose ongoing challenges for CVE evaluators, and make it difficult to conclude that the interventions provided by the programs are significantly influencing the desired change, outcomes or goals. In an effort to resolve these challenges, the recent scholarly debate has focussed on identifying existing, established evaluation theory and practice that could be utilised in the evaluation of CVE programs. One approach which is gaining momentum throughout the scholarly literature is the potential value of imbedding best practice principles of public health evaluation into CVE evaluation, with the aim being to refine, categorise and strengthen CVE programs (See Bhui, 2012; Eisenman & Flavahan, 2017; Harris-Hogan, 2015; Weine et.al., 2017a; Weine et.al., 2017b; Weine et.al., 2017c). For example, Weine et.al. (2017a) has emphasised the conceptual alignment between

Public Health and CVE programs, and highlighted the need for policy and practice shifts with the goal of improving the impact of CVE programs. Part of this proposition is the suggested categorisation of CVE programs as primary, secondary or tertiary levels of engagement (see Table 1 below).

Table 1. Levels of Public Health intervention and the CVE equivalent (as proposed by Weine et.al., 2017a).

Levels of intervention	Public Health	CVE Programs
Primary	Prevents disease or injury before it occurs. Diminishes exposure to the causes/ promoters of an illness. Resources supporting well-being.	Diminish exposure to the causes/ promoters of violent extremism before it occurs. E.g. Programs which promote social cohesions, religious/ cultural awareness.
Secondary	Intervention/supports for those considered 'at-risk' of illness or injury. Reduces the impact of a disease/injury.	Programs, policies, interventions for those considered at-risk of engaging in acts of violent extremism, (pre-crime).
Tertiary	Moderate the impact of an ongoing, long-term illness or injury.	Individualised intervention, rehabilitation, reintegration of those who have committed acts of violent extremism.

Whilst the conceptual alignment between the domains of public health and CVE continues to generate critical debate, the potential synthesis between public health and CVE evaluations requires attention. This thesis will rigorously test the Weine et.al. (2017a) hypothesis by mapping CVE case studies to the existing public health evaluation framework (PHEF). The primary focus of this analysis is to assess the potential utility of applying this framework to CVE evaluation. This is the first time the assertion has been evaluated in this manner, and will be a novel and innovative attempt at testing this scholarly proposition.

What is Violent Extremism?

There are several definitions of violent extremism, which adds to the challenge and complexity of understanding this concept. However, violent extremism can be broadly understood as the process by which individuals or groups come to approve of and participate in violence to change society and advance an ideological, political or religiously informed goal (Nasser-Eddine, et.al., 2011; Schmid, 2014). USAID (2011) defines violent extremism as "advocating, engaging in, preparing, or otherwise supporting ideologically motivated or justified violence to further social, economic, or political objectives" (p.2). This may also include acts of terrorism, which is a distinct concept due to the lack for many violent extremists of a concerted campaign to gain control of a state (Nasser-Eddine, et.al., 2011; Schmid, 2014). Violent extremism also emphasises a violent outcome and can

therefore be distinguished from non-violent forms of 'radical' or extreme ideology (Neumann, 2005; 2013; Sedgewick, 2012).

Whilst it has been noted that Australia is currently at a heightened risk of violent extremism (Harris-Hogan, 2017), at present there is no tool which is able to predict the likelihood that an individual will engage in an act of violent extremism (Pressman, et.al., 2016). This makes the challenge of early intervention a complex task for practitioners. There are several theories outlining the underlying causes of radicalisation, however the literature has demonstrated that root causes are dynamic, fluid, contextual and constantly changing (Gill, 2016; Sinai, 2007). Individuals who engage in acts of violent extremism are diverse in presentation and not exclusive to any racial, religious or ideological identity (Borum, 2011; Campain, 2006; Crenshaw, 1990; Feldman, 2009; Sedgewick, 2012). There are also several theories regarding how to identify individuals who are most 'at risk' of engaging in acts of violent extremism. Barrelle (2015), for example, has identified a list of indicators of violent extremism which include changes around social relations (e.g. arguments with close peers based on extreme views), ideology (e.g. significant change in behaviour/language in line with an extreme ideology) and an individual's willingness and preparedness to act in a violent way.

Throughout the academic literature there are several theories explaining the phenomenon of radicalisation towards violent extremism (Borum, 2011; Francis, 2012; Wolffe and Moorhead, 2014; Gelfand, Lafree, Fahey, and Feinberg, 2013). Violent extremism can be conceptualised as developing where the enabling environment and personal trajectory of the individual intersect (Schmid, 2016). This concept emphasises the importance of developing an individualised understanding of the process of radicalisation including both contextual factors, (e.g. culture, religion, time and place), as well as psychological mechanisms, (e.g. emotionality, temperament, resilience, cognitive functioning, emotional intelligence etc) (Borum, 2011; Francis, 2012; Wolffe and Moorhead, 2014; Gelfand, Lafree, Fahey, and Feinberg, 2013).

What is Countering Violent Extremism?

The objective of Countering Violent Extremism (CVE) projects in Australia at a federal level is to combat the threat posed by home-grown terrorism and to discourage Australians from travelling overseas to participate in conflict (Review of Australia's Counter-Terrorism Machinery, 2015). CVE programs aim to address the complex issues associated with preventing violent extremism (USAID, 2011; Khalil and Zeuthen, 2014). The existing conceptualisation of CVE has been established quickly under a criminal justice framework to address the ongoing threat to global security (Romaniuk, 2015). The scope of a CVE initiatives can be diffuse (interventions with a wider audience focus, e.g. community based), and/or targeted (interventions which focus on individuals).

Limitations of CVE and the importance of evaluation

There are several limitations in the current literature on 'what works' in CVE, particularly given that CVE has developed at a rapid pace and primarily from a criminal justice perspective (Nasser-Eddine, et.al. 2011; Romaniuk, 2015). In a similar vein, the current academic literature has highlighted several issues which continue to pose a problem for evaluators of CVE programs, including small sample sizes, lack of data, the issue of sample selection bias, difficulty with measurement, difficulty making causal inferences between the CVE interventions and changes made, programs not being evaluated, and evaluations not being made publically available (Fink, Romaniuk, and Barakat, 2013). These issues will be explored in chapter three of this thesis.

Research question

As noted, the research question for the current project has stemmed from the evolving debate in the academic literature regarding how governments should approach the issues of CVE program evaluation. It has been suggested that the public health framework has promising utility and flexibility to guide specific tasks addressing violent extremism (Weine et.al., 2017a; Weine et.al., 2017c). It has been posited that this shift beyond the traditional fields of law enforcement and the justice system would ensure CVE is grounded in established evaluation theory and practice, and that a multidisciplinary approach would encourage an empirically grounded, transparent CVE evaluation framework (Weine et.al., 2017a). However the application of the PHEF is yet to be thoroughly examined. This thesis is an attempt to rigorously test the Weine et.al. (2017a) hypothesis, which has led to the development of the current research question:

Can existing public health evaluation frameworks benefit how we approach Countering Violent Extremism (CVE) evaluation?

The primary aim of this thesis is to determine whether the methodology applied in the evaluation of public health programs could benefit the evaluation of CVE programs. This will be achieved by mapping three CVE case studies to the public health evaluation approach, and to test the potential effectiveness of this evaluative approach. This significant and innovative project is the first time this assertion has been examined.

Research Method

This thesis uses a novel and multi-focused method to examine a new and emerging cross-disciplinary area, and will answer the research question in three steps, as follows:

Step 1: Literature review on CVE, CVE evaluation, and public health evaluation best practice.

A systematic literature review is the best method to outline and evaluate the work that has already been conducted on the question posed in the current project, with a view to synthesise material and make a contribution to the existing gaps in the literature.

In this thesis, a comprehensive literature review will be utilised to:

- Accurately define the question that is to be addressed in this research,
- Clarify and outline pre-existing academic debates in this area,
- Define the boundaries or limitations of the current research.

Step 2: Critical analysis of existing public health evaluation frameworks (PHEF).

Public health evaluation approaches from western, liberal, democratic jurisdictions will be critically explored to test the assertions set up in the literature. The selection of this jurisdiction is due to maintaining consistency and applicability with the case studies used in this project, and the access to open source materials from this jurisdiction. This analysis will also provide a summary of the key principles guiding best practice in public health evaluation. As outlined in Table 1, primary level programs focus on prevention before the issue occurs; secondary level intervention addresses those at risk or aims to reduce the impact of the issue; tertiary intervention aims to soften the impact of an issue that has a lasting effect (Weine et.al., 2017a). This approach to program categorisation will be utilised in the current project. These findings will then be applied to three CVE case studies to test the assertions set up in the literature.

Step 3: Apply the principles identified as best practice public health evaluation to three levels of CVE programming, (as outlined in Table 1).

A detailed and holistic investigation of three CVE projects will be undertaken, using open source resources including the project website, peer reviewed published journal articles, and existing evaluation reports/plans where available. The three selected case studies map onto the distinct levels of engagement identified during step 2 of this project (primary, secondary, and tertiary levels of intervention). These case studies were selected due to developing within an Australian context, during a similar time period, and having program details available in open-source documents. Critical analysis of the opportunities and limitations of drawing from public health evaluation best practice will be outlined for each case study.

The use of case studies in the current project is a novel way to attempt the application of the propositions within the scholarly literature. The case study design is especially helpful due to the unique scope of the research question and lends itself to the use of applied hypothesis testing using open source materials. The current study is foundational research which will posit recommendations for future CVE evaluations.

Mapping of public health evaluation framework to the case studies

The analytical approach to the mapping of PHEFs to each of the three CVE case studies will be guided by the key principles identified following review of several public health framework documents. The key principles identified include:

1. Defining the program goals and objectives;
2. Identify the type of evaluation;
3. Understanding outcomes and disseminating findings.

The current study will propose how public health approaches to program evaluation could be utilized and will critically analyse the limitations and opportunities provided by this framework. In addition, the current academic literature has highlighted several issues which continue to challenge evaluators of CVE programs (Fink, Romaniuk, and Barakat, 2013). The current study will also seek to identify if public health approaches can broach the following issues of CVE evaluation (Fink, Romaniuk, and Barakat, 2013):

- Defining a clear understanding of the objectives of the evaluation and the purpose for which it is being undertaken is needed to determine the type of evaluation to pursue.
- Determining a clear scope and how the program contributes to CVE objectives, particularly when considering the vast spectrum of CVE program approaches.
- Identifying the most appropriate evaluator (internal or external to the project), as guided by public health approaches. This analysis will consider the pros and cons of each option (e.g. objectivity and technical evaluation expertise or familiar with the project or policy context).
- Developing measurable indicators and establishing benchmarks or indicators for success.

The research methodology utilised in this thesis allows for rigorous testing of a hypothesis within the current scholarly debate; is there utility in applying a public health framework to CVE evaluation, a hypothesis which at this stage has not been tested. It is hoped that this methodology will enable recommendations to be developed for future CVE evaluations.

Structure

This thesis is composed of eight chapters. Chapter Two will examine the methodology utilised to answer the proposed research question. In Chapter Three the development of countering violent extremism (CVE) will be examined. A global perspective will be utilised to describe violent extremism and examine associated definitional issues, followed by a focus

on CVE in Australia. Chapter Four critically analyses the idea of a public health evaluation 'best practice' by examining evaluation frameworks from multiple jurisdictions. It will be argued that public health evaluation is a beneficial framework for CVE evaluation. Chapter Five will focus on the application of a public health evaluation framework to a primary level case study; the **Community, in partnership, taking Action (COMPACT) Alliance**. Chapter Six will use the **Community Action for Preventing Extremism (CAPE)** project as a secondary level project to apply the public health evaluation framework. Chapter Seven utilises the tertiary level prison based **Proactive Integrated Support Model (PRISM)** service to examine the application of the public health evaluation framework. The final chapter (Eight) will present the findings of this study and the potential implications for CVE evaluation methodology, and suggest an avenue for future research.

Chapter Two

Method

This project seeks to demonstrate whether existing best practice public health evaluation frameworks (PHEF) could benefit CVE evaluation. This chapter provides an explanation of the project design, including the internal logic of the project, and the procedures utilised. The method is divided into three steps in order to answer the research question (*Can existing public health evaluation frameworks benefit how we approach CVE evaluation?*):

1) The literature review,
2) Critical examination of PHEF (Australia, Canada, U.K., and U.S.), and
3) Application of the PHEF to three CVE case studies.

Analysis of possibilities and limitations with the method are also discussed.

In line with the public health approach, the selected case studies addressed the three distinct levels of engagement; primary, secondary, and tertiary (see Weine et.al, 2017a; Harris-Hogan et.al, 2016). The implications for the evaluation of the case studies will also be explored, using markers of good practice, as outlined in this chapter. This novel and multi-focused method will provide a unique contribution to the existing empirical literature examining this new and emerging cross-disciplinary area of CVE evaluation.

Following is the rationale for the use of a Literature Review and the use of Case Studies in the current project.

The Literature Review

Literature reviews provide an overview of the secondary data from multiple sources which is able to be synthesised in a flexible, time effective and cost effective way. The literature review approach was selected to define the research question, to clarify and outline pre-existing academic debates in this area, and to refine how the current research can contribute to academic debate. The literature review also assisted in defining the boundaries and limitations of the research and avoiding unnecessary replication of existing findings. It enables the analysis of multiple types of CVE programmes, data on programme effectiveness, and can identify the lessons learnt from existing findings. This approach also identified concerns in current CVE evaluation practices, and the key principles which are internationally recognised as public health evaluation best-practice.

The literature review was conducted by searching electronic journal databases (Google scholar, Psychinfo, OVID) using key words “countering violent extremism” “public health” “evaluation,” over a 6 month period. This process yielded over 4000 articles. Consideration around inclusion criteria for journal articles included relevance to the topic and research question, evidence of peer review, and age of the article. Purposeful sampling strategies

were utilised to ensure the most useful data sources, and the most relevant abstracts were used based on applicability to the Australian context, empirical significance, and critiques of existing literature and trends for future research on CVE. The majority of articles selected are academic journal articles.

The Case Studies

Case studies selection

The current project utilised case studies to assess the utility of applying the principles existing in best practice PHEFs to CVE initiatives. Three case studies were used and each was treated as a separate and distinct case operating at a particular level of participant engagement; the primary, secondary or tertiary level of intervention (see Table 1). In order to ensure a level of contextual consistency, the case studies were selected based on their development within an Australian context, and in particular within the state of New South Wales (NSW). This jurisdiction was specified to ensure consistency in legislation and other related contextual factors. For example, NSW has the highest number of convicted terrorists in Australia (Cherney, 2018). The availability of open source information was also considered in the selection of the NSW context; this jurisdiction had developed several CVE programs, and had also produced open-source material which provided a thorough description of the program structure, program logic, participants, and outcomes/ goals of the programs.

The use of case studies allows for the application of public health practices in evaluating programs that are unique and diverse. As highlighted by Nasser-Eddine et.al. (2011), case studies are useful for situating CVE approaches within their historical, political, and social contexts. This assists in answering the research question in terms of testing the frameworks flexibility, and ensures that recommendations are tested at the specific level of intervention. The use of case studies also enabled a thorough and robust analysis within the current project timeframe, whilst allowing for findings to be extended at a later stage, to ensure the transferability of any significant recommendations to other projects.

Following is a brief overview of the chosen case studies that will be utilised based on open source information (Please note, a thorough analysis of the projects will be provided in subsequent chapters):

Primary level case study: *The COMPACT Alliance* (NSW) (Compact Program - Official Website). In November 2015, $8 million of the NSW Government measures to CVE was allocated to the Compact Program (coordinated by Multicultural New South Wales (MCNSW), which provides support and financial assistance to 12 locally based projects (host organisations) which have a focus on a community resilience approach to CVE efforts. The Compact alliance encourages partnerships and collaboration between relevant community, non-government, youth, sports, arts/media and educational organisations by providing

grant funding for innovative evidence based community projects. In line with the primary level of engagement, Compact takes a whole-of-society approach to community resilience, youth engagement and conflict resolution. This case study engages participants at the primary level of intervention, with a broad, community based approach which aims to diminish exposure to the causes of violent extremism before it occurs. The Compact alliance was expanded with an additional $1.5 million of funding in mid-2018.

Secondary level case study: *All Together Now: Community Action for Preventing Extremism (CAPE) NSW (CAPE website)*. The CAPE project can be conceptualised as providing secondary level intervention due to its provision of services to individuals considered at-risk of engaging in acts of violent extremism and /or who are believed to hold violent extremist ideologies (Voogt, 2017). The CAPE project utilises frontline workers who engage with individuals attracted to white-nationalism and white-supremacy, and respond to far-right extremism (Voogt, 2017). Frontline workers connect directly online through a social media platform with people who hold extreme far-right views, and engage their critical thinking skills by posing counter-narratives which encourage a more grounded view of society.

Tertiary level case study: *The Proactive Integrated Support Model (PRISM)* (Cherney, 2018). PRISM is a disengagement service, which provides tailored interventions to offenders serving custodial sentences for terrorism related offences or who are at risk of radicalisation. This multidisciplinary service aims to assist the offender reintegration into society by providing tailored interventions and building pro-social factors. This service is conceptualised as providing a tertiary level intervention as all participants have committed acts which are of a violent extremist nature and the aim of the intervention is to moderate the ongoing effect this will continue to have on their life, following release into the community.

<u>Procedure:</u>

A thorough review of available peer reviewed academic literature was conducted to establish the current state of CVE evaluation, and to map the gaps in knowledge. Best practice public health frameworks were then gathered from open sources and critically analysed. The current project utilised public health frameworks as set out in Australia, (Victoria, Western Australia, NSW, AIC), Canada, United Kingdom, and the United States of America.

Based on literature review, the steps in the evaluation framework for public health promotion and disease prevention programs are conceptualised as follows:

1. Define goals and objectives:
   Describe the program, scale and aims, including how the evaluation objectives are linked to the goals of the program. Outline how stakeholders will be engaged in the evaluation process. Explain the program logic and any associated theory of change. Program logic can be defined as “a schematic representation that describes how a

program is intended to work by linking activities with outputs, intermediate impacts and longer term outcomes. Program logic aims to show the intended causal links for a program" (NSW Ministry of Health, 2017, p.5).

2. Identify the type of evaluation:
   Outline the evaluation design, purpose, and audience. Explain the link between evaluation questions and describe the indicators of success. Describe the most appropriate sources and methods for data collection (integrating the evaluation in the daily practices), analysis and interpretation in the project. The roles, responsibilities and timelines for the evaluation should also be clearly defined. Considerations regarding ethical conduct also need to be made at this stage.
3. Understanding outcomes and disseminating findings:
   Identify and justify the successes, limitations or failing of the program and disseminate lessons learned.

These subheadings were used as the plan for the application of the framework to the three CVE case studies. These components of the overall strategy for evaluation were deemed important to describe and analyse because they were consistently noted in all public health frameworks analysed, regardless of the specific jurisdiction. Each of these components was deemed integral to guide an evaluation in the field of public health. The utility of imbedding the core components of PHEFs to CVE evaluation was then explored via the three case studies, and assessed separately through analysis of each case study.

Data Collection:

A detailed and holistic investigation of three CVE projects was undertaken using open source resources including the project website, and peer reviewed published journal articles, existing evaluation reports/plans where available. A thorough literature review was undertaken using Macquarie University electronic databases. The data collected on each of the three case studies included the goals and objectives and the project, including program logic, and any existing evaluations available for the case studies. This data provided enough detail to critically analyse the utility of imbedding PHEF into the project and its evaluation. By doing this, it is hoped that this will demonstrate the potential for existing evaluation theory and practice that could be incorporated into CVE.

Other Considerations

To ensure that PHEFs were flexible enough to address the key outcomes of the Australian national CVE framework, these were also outlined and assessed against the primary, secondary and tertiary levels of engagement. The key outcomes included:

- identifying and diverting violent extremists and providing them with disengagement options;
- identify and support at-risk groups and individuals;

- support community resilience and build cohesion; and
- achieve effective communications which challenge extremist messages and support alternatives (Angus, 2016).

The contribution of the PHEF was also assessed using the following markers of good practice (National Academies of Sciences, Engineering, and Medicine, 2017):

- Data can be appropriately used without segmenting and targeting specific populations;
- The framework fostered effective and inclusive partnerships that engage the relevant stakeholders from multiple domains;
- Ethical standards were maintained;
- The lack of an evidence base for the threat of violence motivated by extremist ideology can be mitigated using the evaluation objectives.

Following this, the benefits and potential issues of applying PHEFs to CVE projects were analysed. A series of recommendations for CVE project evaluations is also made based on the degree to which this 'framework' is a good fit.

Project Scope and Limitations

The scope of the current project is focused specifically on the issue of CVE evaluation. However, there is a wider ongoing debate within the literature focusing on the framing of CVE within the broader domain of public health (see Aggarwal, 2018; Eisenman and Flavahan, 2017; Weine et.al. 2017a; Weine et.al. 2017b; Weine et.al. 2017c). For example, Aggarwal (2018) argues against framing CVE as a public health issues, and highlights the possible securitization of mental health. This article raises concern that public health could be used by governments to assist in the surveillance of communities, which may lead to the loss of trust in public health. As noted, this is a complex and emotive debate that sits outside the scope of the current research question. This broader debate will be briefly outlined for context purposes; however it is a separate academic debate which is outside the scope of the current research question.

The constraints of this project include the following:

- The research relies primarily on open source information.

- Whilst the study is an attempt to apply public health evaluation principles to CVE evaluation, this research is not an evaluation study in and of itself. Due to nature of the research question and the limitations of gaining ethics clearance to do such a study at the MRes level, this is a preliminary attempt at building on and testing the hypothesis within the literature.

- The legislation, policy, and practices relating to CVE programs can vary in different jurisdictions, and these components will likely effect the process and outcomes of a CVE program. Each case study is responding to the dynamic risk landscape from which it was developed and therefore, the findings should be interpreted with an acknowledgement of that context. The ability to generalize findings should therefore be interpreted with caution and a grounded understanding of the guiding principles of each case study.

Conclusion

In conclusion, the methodology of the current study incorporates a thorough literature review to outline the current issues in CVE and CVE evaluation practices. The literature review also enabled the author to outline the key principles of public health evaluation, which have been conceptualised as 'Defining goals and objectives', 'Identify the type of evaluation', and 'understanding outcomes and disseminating findings' of the program. The primary, secondary and tertiary levels of engagement are represented by the CVE case studies selected. The potential utility of applying the PHEF was also assessed using identified markers of good practice, which guide data usage and encourage evidence based practice in CVE. In all, the methodology used in the current study is a novel attempt at testing an academic hypothesis posited in the current CVE literature.

Chapter Three

Literature Review

The Development of Countering Violent Extremism

The term Countering Violent Extremism (CVE) has been used in official political rhetoric since around 2009 (Harris-Hogan, Barrelle, and Zammit, 2016). The introduction of CVE marked a widening in scope of government approaches, which had previously been largely the domain of intelligence, police, and military resources (Romaniuk, 2015). CVE in contrast, emphasised addressing the structural causes of violent extremism (e.g. intolerance, government failure, social marginalization, etc.), and called for a whole of society approach, which included community and religious leaders, health professionals, teachers, and social services (Romaniuk, 2015). Australia's first CVE Symposium was held in Perth (Western Australia) November 2013, which was a unique, multidisciplinary collaboration which aimed to initiate dialogue about the strategic development of CVE, with a focus on the growing role of civil society groups driving CVE development (Aly, 2015). The following year, a CVE Symposium was held in Sydney (New South Wales), which focussed on 'Partnering to build solutions', with a focus on engaging a diverse range of stakeholders to develop a 'whole-of-society' approach to the issues of CVE (Waldek and Droogan, 2015). The critical themes which stemmed from this symposium included the validity of the model of trans-disciplinary engagement, the role of impact, and the challenges of evaluation of CVE programs (Waldek and Droogan, 2015).

The United States held an international CVE summit at the White House (Washington DC) in 2015 and subsequently the United Nations General Assembly announced a Plan of Action to Prevent Violent Extremism in 2016, which included representation from 100 governments and 120 representatives of civil society and the business sector (Frazer and Nunlist, 2015). Otherwise classified as the 'soft side' of counter terrorism strategy (Frazer and Nunlist, 2015), CVE emphasised preventative measures such as enhancing community resilience to prevent radicalisation towards violent extremism. The domain of CVE has been highlighted as having few direct precedents to inform it, and continues to face several unique challenges in its development (Romaniuk, 2015).

Lessons from 'The First-wave'.

The idea of conceptualising the development of CVE as occurring in 'waves,' was proposed by Romaniuk (2015). The first CVE initiatives, or those in the "first wave", were developed in the early 2000's, and predominantly aimed to address the drivers of violent extremism (Albini, 2001; Al-Lami, 2009; Neumann 2005; Romaniuk, 2015). The first wave began in the early 2000's, with governments and policy makers focusing on addressing the "root cause of terrorism" (Romaniuk, 2015). Counter terrorism efforts shifted somewhat in Europe

following the London bombings in 2005 with an increase in the awareness of the 'home-grown threat', and an acceptance that people were being radicalised 'at home' (Aly, 2015; Bell, 2005; Precht, 2007; Romaniuk, 2015). These initiatives aimed to prevent instances of home-grown terrorism by addressing the causes of radicalisation to violent extremism and emphasised that individuals could be prevented from going down the pathway of radicalisation (Gill, 2016; Horgan, 2005; Huda, 2006; Khan and Azam, 2008). These programs adopted non-coercive measures and encompassed attempts to form and strengthen community partnerships, develop community integration and cultural cohesion, and increase initiatives that targeted the rise of radicalisation in 'at-risk' communities (Harris-Hogan et al 2016).

The UK's *Prevent* program, which was established in 2003 as part of a wider CVE strategy called CONTEST, was one of the first large-scale test-cases closely observed by other countries who were yet to develop CVE strategies (Romaniuk, 2015; CONTEST website, 2018; Griffith-Dickson, Dickson, and Ivermee, 2014). Prevent aimed to address the risk of home-grown terrorism, focusing on community, particularly working with councils and schools (CONTEST website, 2018; Griffith-Dickson, Dickson, and Ivermee, 2014). It aimed to challenge violent extremist ideologies by developing and distributing counter-narratives and supporting those identified as vulnerable or at-risk (Griffith-Dickson, Dickson, and Ivermee, 2014). First wave CVE initiatives have subsequently endured significant criticism, being accused of marginalising and isolating minority Muslim communities, focussing on law enforcement, and breaching privacy (Kundnani, 2009; Khan, 2009).

The 'first-wave' of CVE programs led to several important evaluation factors which were shared and incorporated to improve subsequent programs. The 'second wave', incorporated the lessons learned from these significant unintended negative consequences. It was established that for a CVE initiatives to be effective they should also address with the structural drivers of violent extremism, rather than solely focusing on the individual and community levels (Harris-Hogan et al 2016). Project evaluations from this period highlighted the necessity for CVE programs to take a 'whole of society' approach (Harris-Hogan et al 2016). Funds were allocated through school programs, religious institutions, the mental health sector, in an effort to address a perceived over-involvement of the government which was undermining the credibility of some programs (Romaniuk, 2015). Increasing community level resources to develop CVE initiatives and direct the level of government involvement was set as a broader long term objective (Romaniuk, 2015).

It was also established that CVE programs should be developed within a specific local context to ensure programs were implemented effectively and to avoid a 'one size fits all approach' (Idris and Abdelaziz, 2017). First wave evaluations emphasised the necessity for the scope and purpose of the programs to include a distinction between 'CVE-relevant' and 'CVE-specific' outcomes (Frazer and Nunlist, 2015). This allowed for clearer differentiation between programs with a specific CVE-specific strategy as opposed to other programs

where CVE related outcomes are unforseen, emergent program goals or positive unintended consequences (Frazer and Nunlist, 2015).

In terms of CVE research methodology, large scale literature reviews during this period acted as avenues to focus a direction for research in this area (E.g. Borum, 2011; Nasser-Eddine, et.al., 2011; Neumann, 2003; Skjolberg and Lia, 2007; Sinai, 2007). However, rigorous analysis of empirical data was rare, as many projects went un-evaluated or were underfunded and under resourced for such research (Romaniuk, 2015).

Lessons from "The second wave".

Second wave CVE programs sought to continue development and refinement the CVE evidence base in the pursuit of best practice and avoidance of unintended consequences. There were several important developments made to guide programs and evaluations. Findings from first wave evaluations influenced the development and implementation of CVE programmes and the prioritisation of funding during the second wave.

Overall, there was a recognition that action needed to be taken from all levels (macro-, meso-, and micro levels), particularly to refine initiatives targeting community and individuals. Throughout the literature, it was emphasised that multifaceted CVE approaches were needed (Nasser-Eddine, et.al., 2011). The second wave changes included having a more thorough understanding of the intended audience, sending clearer messages, taking additional efforts to avoid stigmatising particular communities, and partnering more strategically (Rominuik, 2015). The second wave also saw professional networks beginning to pay attention to CVE work and there was a renewed focus on information sharing arrangements across jurisdictions (Rominuik, 2015).

There was a shift towards the acknowledgement of the diverse pathways to violent extremism, and that there was no typical profile (Barrelle, 2015). A stronger focus on individual level interventions was identified, with the goal of targeted those most at risk of committing extremist violence, rather than those who are sympathetic to extremist ideology (Australia's Counter Terrorism Strategy, 2015). It was established that most individuals who hold extremist beliefs never actually engage in acts of violent extremism, and alternately that not all those who engage in acts of violent extremism actually hold extreme views (McCauley and Moskalenko, 2017). Therefore, the focus became more about an individual's behaviour and less about sympathies and ideologies held.

This also led to the realisation that civil society was best placed to take carriage of this task rather than government. Individually targeted (micro-level) CVE initiatives advanced during the second wave with the understanding that this is a heterogeneous group and approaches would benefit from being tailored to the individual (Australia's Counter Terrorism Strategy, 2015; Barrelle, 2015). In Australia, new legislation saw the possibility of convicted terrorists incarcerated for life, and those known to be connected to a 'terrorist network', to have their

parole denied automatically based on this, even if their original conviction was unrelated to terrorism, and there was a specific focus on developing tailored CVE measures to help rehabilitate terrorist inmates with correctional centres.

Much of the second wave modifications to CVE programs were in some way influenced by the Prevent strategy evaluation by the UK Home office in 2011 (Griffith-Dickson, Dickson, and Ivermee, 2014). This important evaluation highlighted the flaws of the program and established a 'new Prevent strategy' which influenced the approaches of other countries governments (Nasser-Eddine, et.al., 2011; Romaniuk, 2015). By 2011, Australia, Canada and US had CVE national strategies. Following this France, Finland, Holland, Nigeria, Norway, Spain, and Switzerland developed CVE strategies focusing on community resilience building and prevention of violent extremism (Romaniuk, 2015).

One of the key changes made to Prevent, was the distinction of community cohesion programs from counterterrorism. The importance of this distinction stemmed from having specific minority communities 'targeted' by CVE efforts, resulting in distrust of programs and further alienation of minority groups (Griffith-Dickson, Dickson, and Ivermee, 2014). However, as distrust of CVE remains from first wave programs, community engagement continues to be an area of development, with a need for longer term funding and improved networking between NGO's who are self-initiating CVE programs (Romaniuk, 2015).

Romaniuk (2015), like many other scholars in this area, highlights the need for continued evaluation of CVE programs and the importance of making the data publically available to enable continuous improvement in evaluation methodology. Romaniuk (2015) highlights the second wave further encouraged the process of "learning through evaluation." However, there is significant variation in the methodology and quality of CVE evaluation research and in many cases no evaluation research at all. The second wave did not provide a clear indication of what programs are more effective or what is the best response to work with any one individual who is labelled a 'violent extremist'. Romaniuk's (2015) conceptualised division of 'first' and 'second wave' CVE programs enables some clarity to identify areas of progress being made by CVE practitioners in a space of such complexity and where it is difficult to identify if approaches are improving.

Romaniuk (2015) highlighted that more precision and specificity is needed when defining CVE and classifying and evaluating CVE programming. His research highlighted that contextualising assessment and stakeholder consultations are critical to effective programing and that more gathering and analysing of data is needed to improve CVE practices. The question of community engagement in CVE can yield negative / unintended consequences and to succeed it requires integrative and strategic stakeholder partnerships. He highlighted that NGO's face multiple constraints including resource constraints, knowledge gaps, underdeveloped peer-to-peer relationships and that networks need strengthening, particularly between CVE-relevant NGO partners. Practitioners should build measurement opportunities into programing cycles at their inception to ensure evaluation

data is available in a valid and reliable format, and that future research should be made publically available to build on, make comparisons and analyse by others. Finally he also suggests that more resources be allocated to CVE by governments, as compared to other counter terrorism tools (e.g. military force, law enforcement), CVE is modestly resourced.

Australia's second wave CVE developments

The first Australian national CVE framework was developed in 2009, with resources aiming to develop the relationships between government and communities identified as being "at risk" of radicalisation to violent extremism. Australia's approach to CVE initiatives were largely based on the more established UK CVE arrangements and emphasised cooperation between commonwealth, state and territory departments (White Paper, 2010). The Australia-New Zealand Counter-Terrorism Committee was formed in 2012 to co-ordinate counterterrorism efforts between the two countries, including crisis management, command and control, intelligence, investigation and media cooperation.

The 2015 Government Review of Australia's Counter-Terrorism focussed on 'building resilience to radicalisation' and assisting individuals to disengage from violent extremist influence and beliefs, a shift towards the notion of prevention, and intervention (Review of Australia's Counter-Terrorism Machinery, 2015). However Australian approaches have met varied degrees of success. Whilst it is acknowledged throughout the literature that governments in isolation cannot prevent violent extremism and need to partner with NGO's and civil society, there is debate about how this is best achieved. Harris-Hogan et.al. (2016) notes that Australia's current CVE policy and practices are focussed widely on broad prevention plans which make evaluation of outcomes extremely difficult, and highlights that these programs may also carry with them unintended negative consequences of stigmatising entire communities and potentially missing those most in need. The vast majority of counter-terrorism resources have continued to be allocated to law enforcement and security agencies ($13.4 million of the $632 million available) (Conduit, Malet and West, 2016).

Capacity building for Non-Government Organisation's was a focus by increasing the grants available for CVE initiatives (Conduit, Malet and West, 2016). However, the actual impact of CVE measures within Australia is difficult to define, and it has been reported that not all priority individuals, areas or organisations are being adequately addressed (Review of Counter Terrorism Machinery, 2015). The review of Australia's counter-terrorism machinery (2015) suggested that additional CVE resources are required to increase the national commitment to this work, establish community public-private partnerships to better reach at risk or radicalised individuals, challenge extremist narratives, and address the underlying causes of violent extremism.

Australia's CVE efforts recognise the importance of building relationships between academia, governments, and communities. There are several CVE efforts led by the

Australian Government which aim to engage with communities at various levels, and incorporate a variety of methods including education, training, skill building, mentoring, development and dissemination of counter-narratives, and online social media projects (Conduit, Malet and West, 2016). Projects to assist in the rehabilitation of convicted terrorists and prevent further radicalisation within Australian Correctional Centres have also been initiated (Cherney, 2018).

There is an increased volume and complexity of terrorist support and activity within Australia. International terrorist groups are able to motivate attacks despite little or no direct contact with the potential attackers (Review of Counter Terrorism Machinery, 2015). The 'home-grown' threats to Australia are of significant concern, with known foreign fighters, terrorist supporters, terrorist sympathisers and serious investigations increasing at a significant rate, particularly in relation to small scale and lone-actor attacks (Misra, 2018; Review of Counter Terrorism Machinery, 2015). In addition, international conflicts can also have a significant impact on local community cohesion by increasing existing tension between communities or generating new grievances. In Australia this has already led to targeted instances of verbal and physical aggression against individuals and businesses (Review of Counter Terrorism Machinery, 2015).

The Australian government has attempted to limit the number of Australians travelling overseas to fight with terrorist groups by cancelling passports in an effort to keep potentially radicalised individuals in Australia (Misra, 2018). However this presents another longer-term issue of monitoring individuals who could pose a threat to domestic security (Harris-Hogan, 2017). There is also significant concern about a new generation of capable, digitally connected extremists, who have the ability to easily distribute their extremist ideology internationally (Younas, 2014). High quality propaganda is produced in different languages to ensure wide appeal and easy dissemination through social media (Younas, 2014).

Terrorist financing and recruitment has also been a target of Australian counter terrorism efforts, particularly disrupting access to goods and materials which are being sourced for potential terror attacks (Harris-Hogan, 2017). Significant resources have been allocated to the blocking funds and de-registered international money transfer organisations, which have been found to be enabling the transfer of funds to known terrorist organisations (Harris-Hogan, 2017). Large sums of cash and violent extremist material have also been confiscated by counter terrorism teams set up at eight major international airports by Australian Customs and Border Protection Service (Review of Counter Terrorism Machinery, 2015).

There has also been the introduction of federal and NSW state laws which affect "terrorist related offenders" and have the potential to deny parole and hold these individuals past their latest possible release date based on their level of risk posed to the community and associated safety considerations (for example, control orders for terrorism related

offenders) (Burton and Williams, 2013). These laws also have significant implications for the treatment and rehabilitation pathway for terrorist related offenders, which are unique to the Australian context (Burton and Williams, 2013).

The question of what works in the CVE is of crucial importance worldwide, and program evaluation is now a focus for the CVE work in Australia. The overwhelming focus of Australia's CVE efforts from 2010 to 2014 have been on primary prevention programs, which carry serious risks and are the hardest types of programs to evaluate (Harris-Hogan, 2015). While there is a potential for these efforts to add to the large amount of work already conducted in the primary or prevention space, there remains no independent evaluation or evidence-based research that has found that specific social cohesion or prevention initiatives have led to an actual reduction in violent extremism in Australia, and there has been a push for an increased focus on individually tailored interventions (Barrelle, 2015). As noted in a review of Australia's CVE strategy, "In low incidence but high impact areas such as violent extremism, where incidences of terrorist violence are extremely rare and the overwhelming majority of individuals in the community do not radicalise, broadly targeted prevention programs are not always appropriate" (Harris-Hogan,2017).

Future questions and debate in CVE

One of the core themes throughout the literature is the need for future CVE research to look at how to enhance multidisciplinary collaboration. The issue of identity in the process of radicalisation, social/psychological elements of radicalisation, understanding radicalisation in a multicultural context, and thus use of longitudinal methodologies, are all areas identified for future research (Aly, 2015). There continues to be much debate around definitions of key terms, and also the best ways to frame CVE programs. A growing argument throughout the literature centres on ways of reducing the stigma and resourcing and theoretical grounding of CVE programs (Weine et.al., 2017a; Weine et.al., 2017b; Weine et.al., 2017c;). There has been an argument for CVE to be framed using the public health model, arguing that the issues addressed in CVE and public health programs are not dissimilar (violence prevention), and that this would allow CVE to access several additional resources, including practitioners and sources of funding (Weine et.al., 2017a). However the utility of this hypothesis is yet to be tested thorough application of the framework to CVE programing. As such, this debate and avenue for policy and program development is likely to continue to gain momentum in the academic literature.

There has also been a call to distinguish preventative strategies (social cohesion initiatives; cultural awareness) from those programs working with individuals who have already been involved in violent extremist behaviour, such as the use of violence to further a political belief. Some authors have called for the distinction to be made between Preventing Violent Extremism (PVE) to be used to identify systematic preventative measures which directly

address the drivers of violent extremism (Ucko, 2018). The rationale for this is based on the need for preventative strategies to be separated due to the potential stigma minority communities attach to the term 'CVE' (Ucko, 2018). National PVE strategies have been developed in Finland, Jordan, Kenya, Nigeria, Norway, Somalia, Switzerland and the United States (Ucko, 2018). Initiatives such as the RESOLVE network is a global consortium developed with the aim of addressing the drivers of violent extremist behaviour, and to understand both societal vulnerabilities and sources of resilience against violence (Griffith-Dickson, Dickson, and Ivermee, 2014). However, the limitations of the conceptual foundation of PVE have been highlighted throughout the literature, including the challenges of measure its effectiveness (Ucko, 2018, p.252).

CVE and evaluation: The academic hypothesis and debate

Establishing evaluation methods and practices which are able to be imbedded into CVE programs and which have a foundation in established theory is a core theme identified within CVE literature. Given the limitations and challenges associated with evaluating CVE programs, both nongovernmental and government institutions may benefit from additional applied research, sharing results where possible. The exploration of evaluation methodologies which can contribute to the development of valid and reliable data on CVE program outcomes is of significant value.

The limited data on CVE program efficacy has been highlighted in the literature, emphasising the urgency of scientific assessment and evaluation of programs (Snair et.al., 2017). The literature highlights that the outcomes of CVE programs are difficult to define and measure, as the samples are not randomised leading to the issue of selection bias (Yarkoni and Westfall, 2017). This continues to be a major constraint in CVE evaluation, as results are not representative of the population and therefore, cannot be generalized.

CVE contains varied and broad approaches to the complex issues surrounding violent extremism. Given this, the literature has highlighted the continued concern regarding lack of universal definitions of important processes, including 'radicalization'. There has also been evidence to suggest that disengagement from violent extremism in most cases occurs without participation in CVE programs (Barrelle, 2015), highlighting the importance of well-defined outcome measures when conceptualizing what 'success' looks like in evaluation of CVE programs. The importance of being able to measure if the interventions provided by the programs are leading to a desired change or outcome is of crucial importance, however many CVE programs are not evaluated, or the evaluation results are not made public (Rominiuk, 2015).

Several challenges have been highlighted currently in CVE evaluation, including the complexity of clearly defining the relevant outcomes based on the targeted participants (Fink, Romaniuk, and Barakat, 2013; Romaniuk, 2015; Schmidt, 2016;). This however poses

several challenges for some programs which may target multiple distinct groups of participants with varied goals of intervention. The issue of clearly defining the program scope has been highlighted as problematic throughout the literature, with some programs being at risk of having too broad a scope or too narrow a scope (Fink, Romaniuk, and Barakat, 2013; Romaniuk, 2015; Schmidt, 2016). This may be further complicated when coupled with the 'CVE' label, sometimes being associated with negative unintended consequences, undermining the trust of some communities, and may discourage stakeholder participation.

The current debate in the literature highlights the similar challenges faced within public health and CVE (Weine et.al., 2017a). For example, a complexity faced in both areas is a need to focus on strategies for prevention of a problem without universal definitions, or a comprehensive understanding of the processes causing the problem (Snair et.al., 2017). Public health evaluation approaches have also developed in response to the need to measure program outcomes in dynamic, complex, and challenging crises and are based in established theoretical frameworks drawn from established fields of practice (Romaniuk, 2015). A representative and systematic analysis of applying public health evaluation principles to CVE programs is necessary to assess the utility of these methods in addressing the gaps in current CVE evaluation practices.

Conclusion

In summary, CVE emphasises a whole of society approach to address the complexities of violent extremism. This area has developed rapidly with the goal of integrating the lessons learned from first and second wave CVE programs to ensure continuous refinement in CVE approaches. However, the literature emphasises the current limitations and issues with implementation of CVE evaluation, and associate methodology used. There is current academic debate regarding CVE evaluation approaches and how they are to be improved, with some academics suggesting that public health approaches may assist in overcoming some of the core issues within this area. However, further testing of this hypothesis is required.

Chapter Four

How to address the current issues in CVE evaluation:
Findings from a critical analysis of frameworks for Public health evaluation.

What are public health evaluation frameworks?

PHEFs are government developed open-source documents which provide parameters for program evaluation, with the overall goal being to improve the evaluation of health promotion and disease prevention programs (see Agency for Clinical Innovation (ACI), 2013; MMWR, 1999; National Health Service England, 2015; NSW Ministry of Health, 2017a; NSW Ministry of Health, 2017b; Perth Department of Health, 2017; Public Health Ontario (Snelling and Meserve, 2016); Victorian Government Department of Health, 2010). These frameworks aim to provide enough direction to allow public health practitioners to conduct evaluations of health programs, regardless of training or discipline, enabling non-experts to plan and carry out program evaluation in an evidence based and ethical manner. These frameworks are also flexible enough to be adapted to a diverse range of program types, and are able to utilised regardless of the specific health issue being targeted.

PHEFs promote the incorporation of specific parameters into the day-to-day running of programs, and suggest that all program staff understand how data is collected and what outcomes are used to measure the success of the program. There is some variation between the frameworks, particularly in the degree to which certain aspects are emphasised. For example the NSW health framework (NSW Ministry of Health, 2017a) emphasises the importance of deciding if the evaluator should be external to the program, deals with issues of procurement, and preparing a request for quote or tender. In contrast, these topics are not emphasised in the U.S. framework which is written from the perspective of empowering the reader to conduct the evaluation themselves (MMWR, 1999). Overall, the framework documents are clearly outlined, the language used is non-technical and clearly links the suggested parameters to the overall goals of the program. Evaluation frameworks used in public health have also evolved with a basis in theory, (e.g. socio-behavioral theory) and in response to the complex developments facing this field (Weine et.al., 2017a).

This chapter presents a critical analysis of public health evaluation frameworks (PHEF) and analyses the extent to which these frameworks assist in solving some of the current issues identified within CVE evaluation. The following analysis seeks to identify the core components of public health frameworks from liberal, democratic jurisdictions and to identify areas for building on this knowledge base for the evaluation of CVE initiatives. Three overarching themes are consistent in evaluation frameworks analysed; **Defining goals and objectives of the evaluation, identifying the type of evaluation; understanding outcomes and disseminating findings.** The public health frameworks utilised in the chapter are drawn from Australia (including NSW, Perth, and Victoria), the U.K., U.S., and Canada.

1. **Define goals and objectives:**

PHEFs all emphasized the importance of providing a description of the program, including the program aim, program logic, the program scale, the program measures of success, and the identified limitations of the program. The frameworks provide guidance on how to identify the objectives of the evaluation, including the programs' capacity to effect change. The U.S. framework (MMWR, 1999) highlights the use of a 'need statement' to assist with this process, which describes the problem or opportunity that the program addresses and implies how the program will respond, and the 'expected effects' or the markers of success, both long term and immediate. All frameworks emphasised the need for posing specific evaluation questions in this early stage of the evaluation development. For example, the Victorian framework (2010) suggests between 2-15 questions are formulated, and highlights that a good evaluation question is focussed on a key area of concern and is able to be measured in some way. Examples of general questions are also provided to demonstrate this and build confidence in the reader to develop their own tailored questions.

The PHEFs emphasised the importance of establishing a clear program logic, which aims to show the intended causal links for a program. Program logic can be defined as "a schematic representation that describes how a program is intended to work by linking activities with outputs, intermediate impacts and longer term outcomes" (NSW Ministry of Health, 2017a, p.5). Whilst the specific language used can vary between the framework documents (e.g. the term 'program logic' is frequently used interchangeably with the terms 'program theory', 'logic model' and 'causal model'), the concept of program logic is a consistent and integral aspect of PHEFs analysed (NSW Ministry of Health, 2017b). The importance of flexibility in both the design of the program logic and the language used is also emphasised. However, there was a consistent reference to the program logic being useful for describing the theory of change and identify connections between components of the project. The frameworks are fairly consistent in the terminology used to describe the components of a logic model which include 'inputs' 'activities', 'outputs' and 'outcomes' or 'results'.

There is also an emphasis placed on collaboration between stakeholders, and suggestions that this be imbedded within the process of developing a program logic model (NSW Ministry of Health, 2017b). The Victorian framework (2010) states this process "should be consultative and include consideration of available information about the program, the advice of program and evaluation stakeholders, as well as the insights of the team implementing the program and people affected by the program" (p.10). Indeed, all of the frameworks analysed emphasised the importance of considering how stakeholders would be engaged in the evaluation. The emphasis was on actively engaging those key players from the outset of the program, and that they are engaged not only in the program development but also in the evaluation design and formulating key recommendations.

This emphasis on data considerations is consistent throughout the frameworks. The NSW framework (2017a) for example suggests a 'data plan' which focuses on comparison of key data rather than simply describing it. This is of significant importance in public health evaluation because it enables the evaluator to make causal inferences about the impact of the program. For example, the NSW framework (2017a) suggests gathering baseline data which can be used as a starting point to compare changes over time, and to compare programs and outcomes. Particular focus is placed on guiding evaluators' decision making to identify the most appropriate data collection methods.

2. **Identify the type of evaluation:**

Another primary theme of the PHEFs is the emphasis on determining the most appropriate evaluation strategy or design, and understanding the type of evaluation needed. The U.S. framework (MMWR, 1999) emphasises that the methods for public health evaluation are drawn from scientific research developed in the social, behavioural and health sciences, and describes the differences between experimental and quasi-experimental design. The frameworks also emphasise the importance of design and the implications for subsequent decision making, including how data is gathered, and potential constraints and opportunities on results, including what overarching claims can be made.

The issues of data collection methodology are explored quite briefly in the frameworks, with a simple description of some options and sources being described (e.g. survey of program staff, interview of key informants, focus groups). No specific tools are referenced in the frameworks, rather the concepts of validity and reliability when selecting tools for data collection are emphasised. Validity can be described as a measure of how accurately a specific variable is being measured, whereas reliability seeks to ensure that the same variable is being measured in a consistent way (Victorian Government Department of Health, 2010). This component of the public health framework emphasises the flexibility required of PHEFs, due to the broad scope of public health programs. The NSW framework (2017a) emphasises the utility of gathering both new and existing data to answer evaluation questions, and provides references to a toolkit which offers definitions of the quantitative, qualitative and mixed methods approaches.

The frameworks emphasise that there are different types of evaluation depending on which part or parts of the program are most appropriate to be measured. For example, the common types of evaluation described in the frameworks are distinguished by the outcome measure; program goals and outcome objectives are measured by an **outcome/effectiveness** evaluation by looking at the progress towards these in the target population; the effectiveness of a program in achieving its ultimate goal is measured by an **impact evaluation;** how well interventions, activities, and strategies are implemented is measured by **process/implementation** evaluation (MWWR, 1999). There is also a focus on

guiding the evaluator to think about data analysis based on what is sustainable and practical.

The frameworks emphasised the usefulness of a mixed methods approach, utilising elements of both qualitative and quantitative data. Some frameworks also noted the difference between experimental, quasi experimental design and how each approach will impact the data and boundaries around how conclusions should be drawn from each. The emphasis of these principles shows the degree to which public health evaluation is based on established social sciences theory, ensuring a common and recognised language which ensures key terms are internationally recognised.

PHEFs emphasise the necessity to gather valid and reliable evidence, and suggest that program objectives are measured using the SMART principle; that is, specific, measurable, appropriate, realistic and time limited objectives (Snelling and Meserve, 2016). There is also clear guidance on the steps needed to achieve this outlined in many of the frameworks.

As outlined in the Canadian framework (2016), there are four common groups of methods for data collection:

- review existing data or documentation;
- talk to people (e.g., interviews and focus groups);
- obtain written responses (e.g., surveys); and
- observe and track (p.15).

In addition, the roles, responsibilities and timelines for the evaluation are required to be clearly defined. Emphasis is placed on clarifying the agreed roles and responsibilities and operationalising the tasks of everyone involved in the evaluation process. No specific advice is provided in the frameworks; this principle is simply noted and described as requiring consideration. In a similar way, ethical conduct is emphasised to varying degrees throughout the frameworks. The NSW health framework (2017a) includes a paragraph on ethical conduct and refers readers to the "relevant legislative requirements".

3. **Understanding outcomes and disseminating findings**.

PHEFs all emphasised the importance of reporting on the findings and considering the audience for the evaluation. This enables continued refinement of the body of knowledge on the health issue being targeted. Within the frameworks analysed, particular emphasis is placed on how a program intends to produce evaluation results and how they will be disseminated. The U.S. framework (MMWR, 1999) conceptualises the process as identifying and justifying the "successes, limitations or failing of the program and disseminate lessons learned" (p.22). The U.S. framework (1999) emphasises the significant effort and responsibility of evaluators to ensure the findings are used and disseminated appropriately.

The ACI (NSW) framework also includes a subheading 'Incorporating evaluation findings', emphasising the need to incorporate results in the ongoing development of the program.

As part of this process the frameworks highlight the benefit of using 'reader-friendly writing' in the evaluation report, emphasising the goal of enabling as wide a readership as possible. The Canadian health service (2016) has outlined the following rules in order to achieve this:

- Based on evaluation results, include a page of main bullet points summarising lessons decision makers can take from the evaluation;
- Three pages of an executive summary of the findings to "serve the needs of the busy decision maker who wants to know quickly whether the report will be useful."
- The body of the report should be around 25 pages plus appendices for highly technical material.

Proposed benefits for CVE:

Based on analysis of public health frameworks for the evaluation of health promotion and disease prevention programs, there are consistent principles which present a method for working through complex issues systematically and collaboratively. From analysis of the issues identified in current CVE evaluation approaches, there is strong evidence to suggest the utility of applying public health evaluation principles. As outlined, the evaluation goals appear in line; to enable the planning of effective strategies, improving existing programs, and demonstrating the results of resource investments. Both Public health and CVE programs should aim to ensuring a culture of transparency and receptivity to the results of evaluations, to continue refinement and avoid unintended negative consequences.

Another point of utility is that both CVE and public health evaluation principles should also aim to encourage collaboration across levels of government and between different sectors, and information sharing with a focus on building partnerships between government, communities and organisations. Establishing strong collaborative relationships, for example a community of practice, would encourage the sharing of lessons learned.

One of the core issues identified in CVE evaluation is "Securing the political will to undertake and learn from evaluations" (Fink, Romaniuk, and Barakat, 2013, p.5). This would be addressed through the principles of public health evaluation due to the focus on responsible use of outcome data and guiding how the results will be incorporated into program development, and recommending strategies for the dissemination of findings. In addition, public health approaches emphasise that evaluations need to be well-integrated within day-to-day program operations, and also frame evaluation as a central component to be incorporated into program development from the outset, sometimes overlooked in CVE evaluation practices (Fink, Romaniuk, and Barakat, 2013).

Public health evaluation also seeks to enable all program stakeholders to conduct evaluation, not solely evaluation experts. The basic language used the in frameworks and associated evaluation workbooks, aim to up-skill non-experts and build confidence in evaluation design and methodology. This principle would add significant value to some CVE

approaches, as limited availability of resources and evaluation experts is a current issues in CVE evaluation (Fink, Romaniuk, and Barakat, 2013). These findings appear in-line with Weine's (2017a) suggestion that CVE programs would benefit from imbedding the evaluation theory from the public health framework. This would also assist researchers construct more robust, consistent, replicable and transparent evaluation approaches, which are grounded in theory, a significant gap which is evident throughout CVE evaluation.

Potential problems for CVE:

PHEFs make the consistent suggestion that all program results are made publically available in an effort to share information and encourage continuous program improvement. This is of significant importance for CVE programs in order to develop an evidence base and refine principles of good practice. However, this may not be equally as useful for CVE intervention, and negative unintended consequences of reporting on results should also be considered. For example the process of the assessment of risk indicators, if known to participants, may lead to response bias or participants undermining the program. Response bias can be understood as self-report data provided by participants which in false or inaccurate (Furnham, 1986). For example, social desirability bias sees participants responding to questions in a way they believe the researcher would find more desirable, and denying negative characteristics. In some cases, to protect program integrity, it may be necessary to redact information regarding certain processes in the reporting of results. It should also be considered that tertiary level CVE programs will often be tailored to individuals. However, if the outcomes of tertiary level programs are to be taken collectively rather than on an individual case basis, this could set the precedent for programs being rendered unhelpful.

Conclusion

In summary, it has been established throughout the literature that CVE program evaluation needs to be imbedded in the initial program planning stage to ensure sustainable independent evaluation and avoid unintended negative consequences. Overall, the public health frameworks analysed presented several core principles to guide the decision making of the evaluators. These were mostly flexible values to ensure valid, reliable and sustainable decision making was imbedded into the evaluation approach. The specific terminology did vary between jurisdictions; however the themes and principles provided as best practice were mostly overlapping.

The Case Studies

Chapter Five

The following three chapters (Five, Six and Seven) present CVE case studies as a basis for testing the academic hypothesis that there is potential utility in applying the principles of public health best practice to CVE program evaluation. After describing the case study based on open source information, the three main guiding principles of public health evaluation (identified in the chapter four) will be applied, followed by an analysis of how this may or may not be beneficial. The core principles of public health evaluation are organised using the following themes: 1. Define goals and objectives; 2. Identify the type of evaluation; and 3. Understanding outcomes and disseminating findings. The utility of these public health principles will be examined in three ways; 1.examine what is practical and sustainable for CVE evaluation, 2.assess any value added by implementing that principle or if there are any problems with applying the principle, and 3.outline how the application of the principle would be achieved. The ability to assess if there has been value added to the CVE evaluation approach is based on whether or not the public health approach is able to contribute strategies and methodologies for overcoming the issues raised in the current academic literature, which highlights the ongoing challenges faced in CVE evaluation (as detailed in Chapter Four). The following three case studies are organised based on their level of intervention, as per public health program levels: primary, secondary and tertiary.

Primary level evaluation: The Compact Alliance and the application of best practice public health evaluation framework

The current chapter will critically analyse the utility of applying public health evaluation methods (as numbered 1-3) to the Compact Alliance (Community, in Partnership, taking Action to safeguard Australia's peaceful and harmonious way of life). All information on this program is taken from the official compact website (see https://multicultural.nsw.gov.au/communities/compact). As per the academic hypothesis posed by Weine et.al. (2017a), the Compact Alliance is conceptualised as being at the primary level of intervention, by focussing on prevention and raising awareness. There are two core components to the Compact Program; first is the allocation of grants to fund community PVE/CVE projects which each aim to build social cohesion; secondly, the Compact Alliance itself. The Compact Alliance can be best understood as the social capital which has been developed from the collaboration between the Compact projects and the wider communities from which they have developed, and the extent to which this network of relationships enables the society to function effectively and promote resilience to acts of violent extremism and hate (see Adler and Kwon, 2002).

This chapter will focus on the Alliance, and the extent to which the PHEF may be utilised to better understand the impact Compact projects are having on the communities they serve.

1. **Define goals and objectives:**

Description of the program:

A thorough description of the Compact alliance is a fundamental and easily achievable expectation of the public health evaluation approach. A description of the program would add value to the evaluation as it would provide the reader with an understanding of how the project approaches the diverse issues associated with CVE/PVE, and provide enough detail to ensure a clear understanding of the overall project. Clearly describing the Compact alliance within the evaluation also allows for comparison to other similar programs.

The Compact Alliance is described as a series of network-building activities that stem from the Compact community programs and the broader collective action, or social capital these programs build. They also share the common goal of building social cohesion and resilience to violent extremism through engagement with civil society. The grants component of the Compact project is coordinated by the NSW Government through Multicultural NSW, and has released two rounds of funding in 2015 and 2018 to support discreet projects of between $50,000 and $750,000 over three years. The grants component of Compact supports partnerships and collaboration between community, non-government, youth, sports, arts/media, educational organisations and the private sector by providing funding for innovative, evidence-based community projects (Compact website, 2018).

“Partners” of the Compact alliance are required to demonstrate a capacity to engage and effect positive changes in young people, families and communities. Members of the Compact alliance collaborate with other Compact partners and are connected to a wider network of key NSW Government agencies, which provide an ongoing forum for sharing information, and providing advice and support on issues relating to Compact and its partners. This forum also seeks to encourage ongoing network development within the wider communities. PHEFs advocate for early and ongoing consultation with stakeholders, including those the program is going to effect. This dialogue and collaboration should allow for a foundation of trust in the program and, ensures the program develops a thorough understanding of the issues faced by different communities. In line with this recommendation, the Compact program and evaluation plan were developed in consultation with community stakeholders (Compact website, 2018). The language used throughout Compact’s social media also emphasises inclusivity and building on existing strengths within Australian communities, with the Compact website stating that partners “all share a commitment to Australia’s peaceful and harmonious way of life” (Compact website, 2018).

Program aim:

Public health evaluation requires a thorough description of the program's aims. The aims of the Compact alliance could be detailed in relation to Australia's CVE framework to ensure it is contributing to the goals of the national strategy. For example, Compact's website outlines that the aim of the alliance is to mitigate and reduce the impact of violent extremism by building community resilience via the programs and networks its funds and supports (see Figure 1). The Compact Alliance is a key component of the Compact model of community resilience. In the program, "resilience" means proactively building and maintaining strong, responsive and cooperative networks that operate across communities and sectors, and that can mobilise to respond to challenges and threats to community harmony, resolve conflict and actively promote social cohesion. As well as implementing funded youth engagement projects, Compact Alliance partners participate in a program of joint activities designed to strengthen the Alliance as a resilience network and to support the development of a Compact Community of Practice (Compact website, 2018).

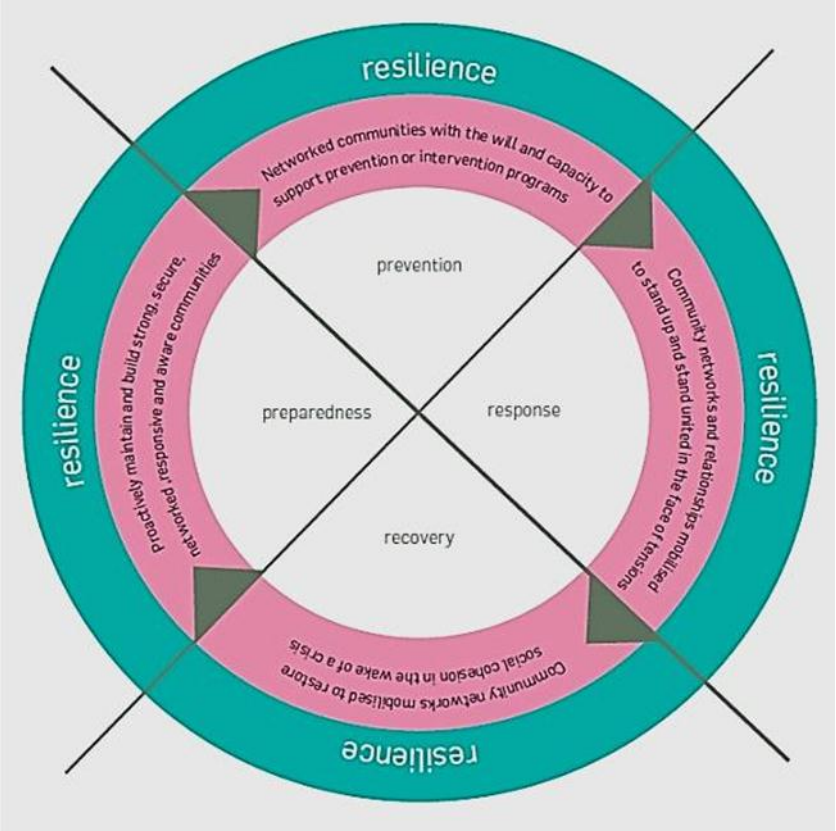


Figure 1. The Compact whole-of-society resilience based model for social cohesion risk management.

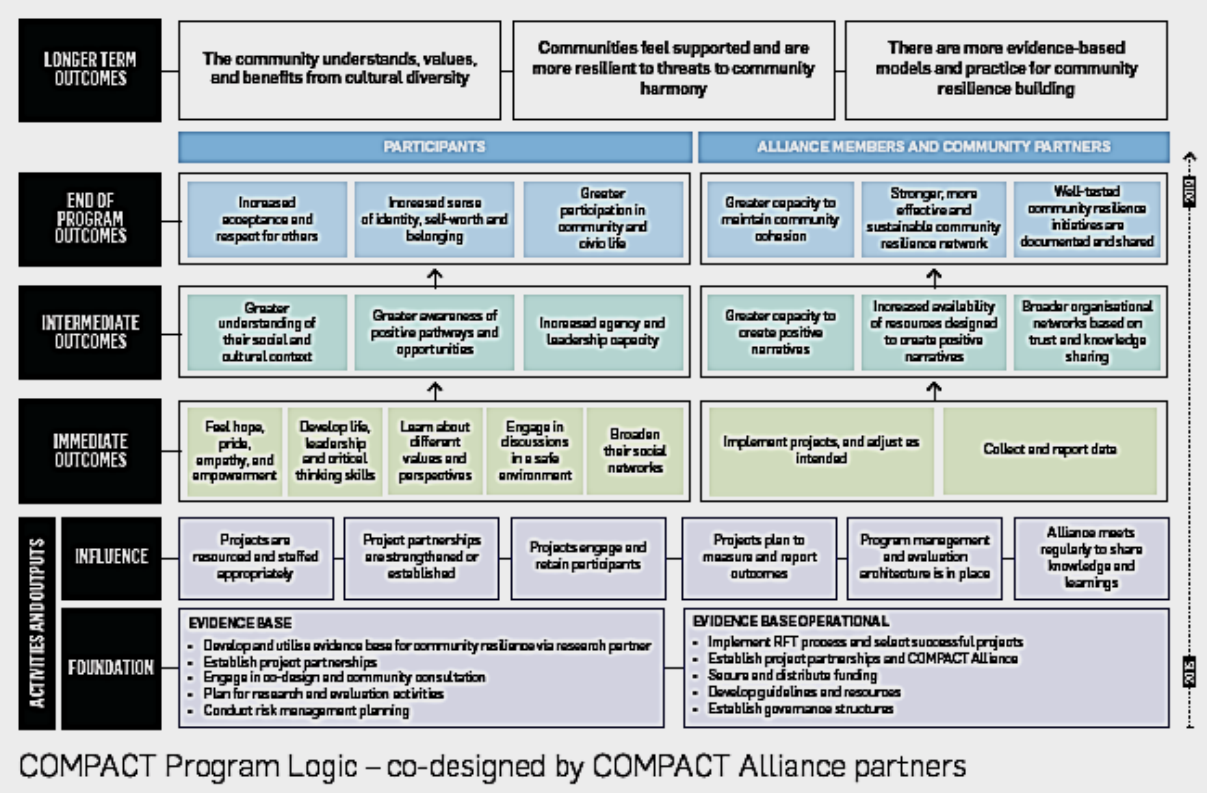
The Compact website outlines that partnership projects address one or more Compact objectives, such as, inspiring and empowering young people to speak out against extremist hate, fear, violence and division, to support communities and build resilience to threats to community harmony; and to address and resolve issues and tensions in NSW arising from overseas conflicts (Compact website, 2018). Compact partnership projects fall into one of the "youth engagement categories" based on their approach:

- Skills & enterprise: entrepreneurial projects and engagement with business and social enterprise.
- Sports for social cohesion: reinforce positive messages, and create support networks, mentoring and positive role models.
- Creative communicators: includes creative methods to produce and disseminate positive, credible messages through art, music, writing, public speaking, performance or dance.
- Critical thinkers & problem solvers: includes methods to educate, raise awareness, facilitate dialogue, enhance critical thinking, identify, monitor and reduce or resolve community conflict or tension.
- Families & intergenerational engagement: methods to engage and support young people, parents and families, address issues of intergenerational conflict, and build resilience at the family level.
- Volunteers & humanitarians: volunteering, civic activities, charity and local and/or international humanitarian work with a clear benefit to local communities.

Program logic:

In line with PHEFs, the managers of MCNSW consulted with the Compact alliance partners to design a program logic image, emphasizing the utility of this aspect of public health evaluation (see figure 2 below). Having program logic is highly beneficial for a clear description of the rationale behind the program's implementation and proposed goals. Compact uses flowcharts, tables, and graphics in open source data to explain how the alliance is intended to work in a concise way, by linking the process to the outcomes or effects. As the alliance is comprised of several independent projects, the logic models may vary. However, as demonstrated in figure 2, the concept of a logic model is flexible enough to be easily applied to both the Compact Alliance (i.e. the overarching program logic), as well as parallel consideration of each individual Compact alliance partner (i.e. accounting for distinctions in each partner organisation).

Figure 2: COMPACT Program Logic Model.



Program scale:

A clear outline of the program scale would add value to the Compact alliance evaluation by contextualizing the timing and associated outcomes of the project. The funding for Compact does not come out of a national security or law enforcement budget. Multicultural NSW secured $4m in funding for the Compact program in the 2015 NSW Budget, and an additional $1.5m in 2018 (Compact website, 2018). Due to a positive response from communities to the Compact program, the NSW Premier subsequently doubled funding to $8m, allowing the scope of the overall program to include more community partners.

Membership of the Compact Alliance consists of 14 funded host organisations and a further 22 partner organisations, a total membership of 36 partner organisations. The membership consists of a diverse range of communities and sectors including youth associations, sporting associations, civil society organisations, faith based groups, arts organisations, and volunteering and humanitarian groups.

Identified limitations of the program:

As outlined in PHEFs, identifying the program limitations is an important component of the evaluation, as it helps to ensure the expectations of the program are well defined and not overstated. It also ensures a level of transparency to properly contextualize the Compact findings, and could be used to inform the next step in the Compact alliance development.

For example, emphasis could be placed on the difficulty of measuring impact in this preventative area. Limitations may include sample size, the limited ability to generalize findings, bias in the sample selection in each program, and any difficulties in measuring and defining change. The way in which each program has identified these limitations would be of significant importance to explain in the evaluation, as it provides context and ensures the program is framed appropriately.

Programs capacity to effect change:
PHEFs consider the maturity of the program in relation to its capacity to effect change and acknowledge that programs develop and mature over time (MMWR, 1999). This consideration would be valuable, as it would clearly outline the maturity of each of the funded projects as well as the Alliance itself and link the expected changes in the short, medium and long-term periods.

For example, the Compact Alliance website explains that "Successful applications will bring together partners or consortia with the demonstrated experience, expertise and capacity to engage and effect real positive change in young people (female and male young people aged between 12-30), families and communities within a community resilience and conflict resolution frame". This suggests that each project may be at differing levels of maturity. Therefore, the PHEF would enable evaluation methodologies to be flexible enough to thoroughly consider any baseline differences in their capacity to effect change. This is extremely valuable as newer Compact projects may be evaluated from a planning perspective, or from an implementation level, and the more mature projects could be evaluated in terms of their effect, both intended and unintended.

2. **Identify the type of evaluation:**

As the Compact program is responsible for the funding and support of several projects, this adds complexity to the type of evaluation that should be conducted. Whilst the PHEFs makes clear distinctions between the nature of evaluation types, it is flexible enough to ensure the programs as complex as the Compact alliance are adequately assessed in distinct ways which can occur simultaneously. One of the most appropriate types of evaluation, as informed by public health frameworks, is an **outcome evaluation.** This approach could consider each Compact partner and the degree to which the project is having an effect on the target populations' behaviour**.**

Whilst this would contribute to the overall Alliance evaluation, the Alliance itself would also benefit from an evaluation of the overall **process**. A process evaluation of the alliance would demonstrate how well the program is working and being implemented as designed. This type of evaluation would be beneficial to provide early warning signs for any issues with the programs implementation and allows for monitoring of the effectiveness of program plans and activities. For the Compact Alliance, a process evaluation would measure how well the

program was able to implement their plan to build social capital via the monthly alliance meetings and events, the community of practice, network support and information sharing.

The Australian government's approach to building resilience to violent extremism emphasises the need for combined efforts of governments, community groups and individuals. As has been emphasised in the literature, the quality of the 'engagement process' within such collaborative efforts is of key importance; it should avoid being a consultative process between stakeholders and should focus more so on establishing "trans disciplinary synergy with its potential to generate innovative knowledge production" Waldek and Droogan, 2015, p.40). Therefore, it would be most useful to understand the quality of the networks and collaborations within this alliance, in terms of the innovative knowledge produced and how this impacts the wider community (Waldek and Droogan, 2015). Another point of utility is that PHEFs aim to encourage collaboration across levels of government and between different sectors, information sharing and building partnerships between government, communities and organisations. It should be noted that this is one of the outcomes of the Compact alliance, in which partners are encouraged to share practice and lessons learned with one another at Alliance meetings.

Program data collection and measures of success:

PHEFs emphasise that the development and analysis of valid and reliable data is essential to support decision-making and inform policy development. The need for measures of success to be well defined, specific, tangible, achievable, and time-limited is emphasised thought public health evaluation (W.A. PHEF, p. 9). PHEFs emphasises the need to identify core, measurable objectives and goals, and that these core objectives and goals must reflect the purpose of the program that is being evaluated.

This would add significant value to the evaluation of the Compact alliance by establishing a sustainable system for the collection of qualitative and quantitative data. The social capital developed through the Compact Alliance may pose several challenges to data collection (e.g. potential sample bias, limited sample size, difficulty gathering longitudinal data). However, sustainable data collection methodology is integral for the Compact alliance evaluation and PHEFs could be used as a guide to overcome these issues. Evaluators would also be supporting their decision making based on strategies recommended by an established evaluation protocol.

In the case of the Compact alliance, the Compact Program partners would be key to establishing and developing this data collection. Collaborative project practice and approaches have been fundamental to the original design of the Compact program, and so the recommendations of the PHEFs would add value here. For example, there is an emphasis also on the usefulness of qualitative data in public health evaluation, and ensuring the outcomes are tied to current policy. PHEFs recommend the use of surveys, focus groups,

interviews and other flexible approaches to data collection. It has also been noted that Compact partners will receive funding based on key milestones, with opportunities for interim evaluation, consultation and review. This allows for projects to be adaptive to evolving needs and issues in line with public health recommendations.

The public health approach to evaluation is a good fit with the overall goals of the Compact program which seeks to utilise methodology that supports the development of a best practice for community resilience evaluation, and that produces a body of data and learning throughout the lifetime of the project. PHEFs emphasises the utility of developing a baseline measure against which the impact and outcomes of the alliance can be measured. Due to the nature of the alliance and measuring social capital as a phenomenon, this may include the use of focus groups and other qualitative methods. The Compact alliance evaluation would benefit from these recommendations, as some of the outcomes will be more relevantly captured using qualitative analysis. The Compact website states that resilience can be measured by operationalising different aspects of social capital, which reflect "how effectively we respond to extremist hate and violence as a unified, inclusive and democratic society," and this would be tested on a regular basis.

3. **Understanding outcomes and disseminating findings**.

Considering the audience for the evaluation:

Some PHEFs encouraged the consideration of engaging with opponents of the program and using their feedback to strengthen evaluations. This is to say that people who are sceptical or antagonistic towards the program could be consulted to offer differing perspectives or views (MMWR, 1999). It is unlikely that given the limited research as to 'what works', that engaging opponents would be useful in terms of overall program goals. However, this type consultation may be useful in terms of informing individual program process considerations, to ensure programs are able to be successfully implemented at a grass-roots level.

How the evaluation results will be disseminated:

PHEFs all emphasised the importance of reporting on the findings. This is also a significant consideration for CVE evaluation, as the current literature has called for developing an evidence base and adding to the lessons learned in CVE research. Developing an evidence base on interventions that work is extremely valuable, as is data showing what does not work. However, as this is a significantly sensitive and political area and the potential for harm is also significant. Therefore, dissemination of findings should be conducted with this in mind.

The 'grants information sheet' of the Compact program highlights that an important part of the partnership agreement is the participation in the Compact forum for sharing experiences and sharing learning with other partners. Grant partners also have the opportunity to participate in an annual Multicultural NSW Compact Summit, which is

outlined as being a community of practice for sharing experiences, and encouraging collaboration and networking for future programs.

Define how to appropriately use of findings and incorporate them into the ongoing development of the program:

PHEFs emphasise that the way recommendations are created and presented to key stakeholders has a direct impact on their usefulness for informing decisions. Public health frameworks emphasise the need to consult with stakeholders when developing recommendations from a program, to ensure the proposed courses of action are actually taken. Current literature suggests that this is also a key consideration in CVE evaluation to ensure program developments are based on evidence, and that findings are communicated to decision makers in an accurate and timely manner to avoid negative unintended consequences. In line with this recommendation, PHEFs emphasise that recommendations should be based on the findings noted within the evaluation report and should focus on proposed changes in program activities that are most likely to lead to improved program effectiveness.

For example, the WA PHEF (2017) emphasises that providing recommendations and justifying conclusions is the most crucial element of presenting the evaluation findings, because they are used to drive change and improve the performance of the program over time. To achieve this, the WA framework provides five key points which could be applied to the Compact Alliance evaluation as follows:

- "Summarise the three to five main points arising from the evaluation that are critical for key stakeholders. Provide recommendations that follow from these findings and develop a plan to ensure they are implemented.
- Key stakeholders should be involved in the development of recommendations as much as possible.
- Recommendations should be understandable, directed to appropriate persons or groups, appropriate to the context, feasible and practical.
- There should be differences in recommendations. Some recommendations will require greater effort and encouragement to adopt than others.
- Link recommendations to the evidence where possible" (p.42).

These recommendations could be used to guide the communication of Compact Alliance findings, as they are in line with the overall program goals, and would provide the program with a clear and concise document to drive evidence based decision making.

Identify and justify the successes, limitations or failing of the program:

PHEFs recommend that the results of the program be clearly identified and explained. The rationale for the program goals is presented in the early stages of public health evaluations as part of the program logic model; (the description of the goals of the program and the steps used to meet those goals). If something has worked, or alternately, has produced data suggesting it is not working, then the evaluation should seek to explain why based on the

data. This would fit well with the Alliance evaluation to ensure continued refinement of the process used by the program.

PHEFs also highlight the utility of developing a user-friendly, plain English final evaluation report which includes an outline of the successes, limitations and failings of public health programs. This could be developed for the Compact alliance evaluation and would assist the program of meetings its core goal of adding to the evidence base for resilience building and social cohesion in CVE. The outcomes of the Compact alliance evaluation are also of significant relevance to a number of different stakeholders from a diverse range of disciplines. This document could be used by Multicultural NSW, Department of Premier and Cabinet and Compact Alliance members to inform program development and strategy based on clear and transparent evidence.

Chapter Six

Secondary level evaluation: *Community Action for Preventing Extremism (CAPE)* and the application of best practice public health evaluation framework

This chapter focuses on the second of three case studies, which will critically analyse the degree to which a secondary level CVE intervention program, *Community Action for Preventing Extremism (CAPE),* could benefit from applying the identified principles of public health evaluation. As per the academic hypothesis posed by Weine et.al. (2017a), the CAPE Project is conceptualised as being at the secondary level of intervention, as it aims to provide an intervention to those 'at risk'. In line with PHEFs, an evaluation of CAPE was built into the program design, and considerations around the evaluation began prior to the program being implemented. Further, this evaluation has been coordinated by a university to ensuring a mix of expertise and independence. The CAPE program evaluation report (Droogan and Waldek, 2018, unpublished) will add to the following analysis.

1. Define goals and objectives:

Description of the program:

As previously noted, the need for a thorough description of the program is a fundamental component of public health evaluation. This adds value to the CAPE evaluation and the project is able to be described in line with recommendations of public health evaluation. PHEFs suggest that the program description needs to be clear in its statement, defining the problem being addressed, conveying how it will respond and the objectives of the program. The CAPE evaluation report (Droogan and Waldek, 2018, unpublished) provides this by describing why it was developed and how each of the components of the project approaches CVE.

The report emphasises that CAPE was developed to prevent the increase of right-wing extremism in young people across NSW via a volunteer network program and associated social media presence. CAPE is made up of three core components; a website, the volunteer network, and a Facebook page. A description of the context, including the social and political conditions within which the program operates, adds further depth for the reader. For example reference to a popular post on the One Nation party highlights current political issues within the Australian context (p.13).

Program aim:

PHEFs emphasises the need to outline program aims early in the evaluation to detail what the program is trying to achieve. This is easily achieved and adds significant value in conceptualising the CAPE project. As outlined in the evaluation report, one of the opening

paragraphs clearly defines the aims of each of the three components of the program. The aim of the website component of the program is to provide "access to useful resources and analysis relating to white supremacy in NSW for young people at risk, their broader networks and other interested parties/individuals". Based on analysis of far-right ideology online, a theme was identified suggesting that those holding extreme views also perpetuate a view of themselves as critical thinkers, with superior abilities in understanding the truth of government misinformation. CAPE articles have attempted to address this by prompting readers to apply critical thinking to their own right-wing belief system, manipulation tactics, lack of evidence for some of their core beliefs, hypocrisy from their leaders, and limitations to their own lives and freedoms due to group membership (Voogt, 2017).

In contrast, the aim of the Facebook page is to enable a platform for direct online engagement with young people at-risk via the volunteer youth ambassadors. This aspect of the CAPE project aims to correct misinformation through direct engagement with those considered vulnerable of forming a sense of identity and social belonging based on far-right rhetoric and ideology (Voogt, 2017). Ambassadors actively engage through online conversations, with the aim of diverting young people away from white supremacist ideologies.

The aim of the CAPE volunteer network is to establish a group of young people who are trained to respond safely to incidences of extremism and hate in their communities (Voogt, 2017).

Program logic:

A logic model would provide a diagram which describes the series of inputs, activities, and processes needed to achieve CAPE's intended program outcomes (NSW framework, 2013). This is an achievable, useful and highly beneficial component of an evaluation of the CAPE program. Whilst PHEFs emphasise the utility of engaging stakeholders to develop the program logic as much as possible, (and often defines stakeholders as being program participants), engaging participants at this stage of the evaluation would not be useful or achievable given the nature of the project.

Given the limited body of evidence available for this level of CVE prevention, and the challenges measuring outcomes, the use of a logic model in the CAPE evaluation possesses adds significant value by providing a transparent rationale as to the way the program is intended to lead to behaviour change in the target group. Each of the three components of the CAPE program could have their own logic flow chart, running in parallel. For example, the program logic model for the Facebook component would illustrate how young people at-risk would engage with frontline workers with the goal of lowering their risk of engaging with extremist ideology. Further, the logic model would summarise the program mechanisms for change by linking the processes used by frontline workers to a clear description of the expected outcomes, should the intervention be successful. This also

ensures transparency and accountability in methodology, which is of significant importance for CVE interventions. Given the program has been funded for four years, the logic model could also be used to outline the expected short, medium and long term intervention effects.

Program scale:

Incorporating a description of the program scale is achievable and useful in the case of the CAPE evaluation to contextualize the findings. For example, Given that the website and Facebook components of the CAPE program are online, the evaluation describes the number of people (reach rates) who have engaged with CAPE content online, their demographics, engagements and interactions. In contrast, the volunteer outcomes section of the evaluation report outlines the challenges faced by the volunteer training program. In line with PHEFs, the scope of the program is described by providing volunteer numbers; from an initial pool of eleven volunteers, only two completed the full volunteer program. This contextualizes the expected outcomes from this component of the CAPE program and provides a transparent explanation for any discrepancies between expected and actual outcomes.

The scope of the program evaluation period is also clearly defined adding significant value to the reader's understanding of the stage of program development being evaluated. For example, The CAPE program commenced in July 2016 with the evaluation report focusing on the first training and volunteer program and the Facebook page during the period June 2017 – December 2017. The CAPE website evaluation period is defined as commencing in February 2018 –May 2018.

In relation to funding, the CAPE project was funded for 4 years and is managed and delivered by a non-for-profit charity organisation titled All Together Now. All together now is supported through a grant from Multicultural NSW. Longer term interventions may be preferable to short-term interventions. Therefore, this aspect of the evaluation could also be used to identify any mismatches between resourcing and longer-term program goals.

Identified limitations of the program:

Outlining program limitations is an important component of public health evaluation, as it helps to ensure the expectations of the programs are well defined and not overstated. It also allows for suggestions to be made regarding ongoing strategy and refinements for the different program components. This is a valuable principle for the CAPE evaluation, and is incorporated into the 'key findings' section of the evaluation report. For example constraints around data collection via Google Analytics are acknowledged. The evaluation goes on to suggest that this limitation particularly affected developing an understanding of the nature of website engagement with the under 18 year old target audience.

Programs capacity to effect change:

PHEFs emphasises the value of providing an explanation of the way the program intends to lead to positive behaviour change, what this change looks like, and how this change will be measured. In line with these recommendations, the three distinct components of the CAPE program would be considered as each having a distinct method of leading to behaviour change that are united by a common goal; to promote social cohesion by preventing a growth of right-wing extremism. In line with PHEFs, the evaluation includes measuring effectiveness and performance, and establishes tangible ways CAPE can effect change, including:

- Increasing peoples knowledge about white supremacist arguments and recruitment tactics;
- Increasing young people's ability to think critically about online material
- Individuals reconsidering involvement in the far-right
- Establishing active discussion threads online
- Assisting young people to construct and maintain forms of identity and social belonging that do not draw on far-right rhetoric and ideology

In all, the PHEFs conceptualise theories of change in ways which offer enough flexibility to also be utilised in CVE evaluation methodology.

2. Identify the type of evaluation:

PHEF require researchers to focus the evaluation design by selecting a study design that equips researchers with the methodology best suited to answering their evaluation questions. The CAPE evaluation report focuses on measuring the outcomes of the program by operationalizing indicators of success. The CAPE project aims to change the behaviour of their target audience by providing a series of intervention strategies (e.g. online dialogue, website content, volunteer network). Conceptualising the evaluation of the CAPE project as being an **outcome/effectiveness evaluation** adds value to the evaluation by providing guidance on the most appropriate methodology to answer the research questions.

It also provides a common language to describe and explain the evaluation methodology which makes it accessible to the range of stakeholders affected by this program. This approach to the evaluation of CAPE enables researchers to develop a valid and reliable way to detect any changes made by the activities of the program, and guides the best ways to gather and analyse data to answer questions about the projects outcomes. To achieve this, PHEFs suggests measuring outcomes such as an individual's changes in knowledge, attitudes, skills, and behaviours. As noted, this is in line with the CAPE evaluation report.

Also consistent with PHEFs, the CAPE evaluation report provided measures of effect and performance to assess the high level objectives for the overall program, and tailored these

to each component of the cape program. This allowed for evaluation designs which were individualised for each of the three components of the CAPE project (the website, the volunteer network and the Facebook page), and also allowed for independent measures of each.

Program data collection and measures of success:

PHEFs emphasise the importance of developing sustainable ways for programs to gather valid and reliable data as part of standard daily operations. It has been noted that there are several challenges when measuring the impact of online counter-narrative approaches. There is also limited data available on longer-term outcomes and this data is difficult to gather due to the sample being anonymous (Voogt, 2017). PHEFs offer guidance on ways to address these issues including the use of triangulation methods and the use of mixed methods approaches. In line with PHEFs, the CAPE evaluation shows that both qualitative and quantitative methods were able to assist in building evidence around conclusions. The mixed methods approach adds significant value to the CAPE evaluation by providing multiple data sources to answer research questions and support claims. For example, to determine which engagement strategy worked best, the CAPE Facebook page was analysed using 'Facebook insight tools', which provides page, post and user statistics. These were analysed against key performance indicators. In addition, qualitative analysis is also utilised on the content of specific posts.

PHEFs suggest that program objectives are measured using the SMART principles. In line with this, the CAPE evaluation report provides a novel way of gathering baseline data, through developing 'measures of effect and performance'. 'Measures of effect' (MOE) refers to the high-level objectives of the overall program components, while 'measures of performance' (MOP) operationalize specific indicators of progression towards the objectives of the project (the MOE's). Approaching data collection in this way also allows opportunities for short, mid and long term objectives to be assessed with subsequent evaluations, areas for improvement to be identified, and supports the process of identifying lessons learned. Each component of the CAPE program is separated and MOE and MOP's are tailored to each component. For example, the CAPE website's high-level effect (MOE) was to increase people's knowledge about white supremacist arguments and recruitment tactics. The associated measures of performance which demonstrate this goal include the number of new and unique visitors to the website, and secondly, the number of articles published on the website.

3. **Understanding outcomes and disseminating findings**.

Considering the audience for the evaluation:

PHEFs emphasise the need to consider the intended audience for the evaluation and the accessibility of the key lessons learned from the evaluation. In line with this, the CAPE

evaluation report is written in user-friendly language that enables the report to reach a wide audience, from multiple disciplines, levels of experience and expertise. The report also begins with a series of key findings and an executive summary, which enable time-poor decision makers to easily understand the core aspects of the findings. These recommendations are useful in the CAPE evaluation.

How the evaluation results will be disseminated:

Consideration of how the results will be disseminated is an important component of PHEFs. Planning of the timing, style, tone and format of the information would also add value to the dissemination of CAPE results to ensure wide dissemination and use of findings. Open source reports are recommended by many PHEFs, with the goal of establishing a strong evidence base for health promotion (NSW framework). In the context of adding utility to the evaluation of CAPE, consideration should be given to the continuation of the program and the impact public awareness would have on the integrity of the program's processes. It may be useful for a main evaluation report to be written detailing all findings and disseminated to core stakeholders, and then subsequent summarised open source reports to be developed in conjunction with this. In all, consideration around these decisions is appropriate within the evaluation methodology of secondary level CVE programing. As the main CAPE report is unpublished at the time of writing, summary reports on the evaluation findings, such as Voogt (2017), are important to disseminate the lessons learned to a wider platform.

Define how to appropriately use and incorporate findings' into the ongoing development of the program:

Appropriate use of evaluation findings is emphasised throughout PHEFs. This is a vital consideration for the CAPE project, to avoid unintended negative consequence and to build and refine successful aspects of the program. Frameworks suggest some guiding principles including preparation, feedback and follow up, to ensure appropriate use of findings. Preparation refers to "the steps taken to rehearse eventual use of the evaluation findings (MMWR, p.23)." Follow-up refers to the technical and emotional support that users need during the evaluation and after they receive evaluation findings...active follow-up might be necessary to remind intended users of their planned use (p.23)". To guard against misuse of data an individual involved in the evaluation may be required to act as an advocate for the evaluations findings during subsequent decision making, to ensure actions are consistent with the findings (MMWR, 1999).

The U.S. public health framework (1999, MMWR) warns explicitly that lessons learned from evaluations do not always translate into informed decision-making and appropriate action, and therefore strategic thinking and vigilance is needed to ensure the evaluation is appropriately used (MMWR, 1999). This consideration is also vital for CAPE, particularly

given the potential harm of incidents of violent extremism. Active follow-up and having an individual acting as an advocate would add significant value to the CAPE evaluation.

Identify and justify the successes, limitations or failing of the program:

The public health framework suggests particular standards against which success, limitations or failings be measured. The U.S. framework (1999) emphasises the importance of understanding 'justifiable conclusions' as "…making claims regarding the program that are warranted on the basis of data that have been compared against pertinent and defensible ideas of merit, worth, or significance (i.e. against standards of values); conclusions are justified when they are linked to the evidence gathered and consistent with the agreed on values or standards of stakeholders" (MMWR, 1999, p.23).

The CAPE evaluation methodology employs this principle by using clear MOE's and MOP's and also through their data analysis methodology. For example the data from the Facebook page and its specific posts were evaluation against a framework of eight best practice methods for maximum engagement, outlined by Salehi (2017). Also, Facebook insight tools were used to measure details of certain posts against key performance indicators to allow administrators to measure the success of paid posts and account for the expenditure of promoted and boosted posts (CAPE evaluation report, unpublished).

The ability to imbed this decision making process in existing evaluation theory would be beneficial for CAPE evaluation methodology and CVE program evaluation more broadly, to ensure transparent and evidence based practice.

Chapter Seven

Tertiary level evaluation: Applying a best practice public health evaluation framework to the Proactive Integrated Support Model.

Summary of the program

The following chapter critically analyses the utility of applying the identified components of public health evaluation best practice to a tertiary level CVE intervention known as the Proactive Integrated Support Model (PRISM) Service. As per the academic hypothesis posed by Weine et.al. (2017), the PRISM service is conceptualised as being at the tertiary level, by providing intervention to individuals who have already been convicted on terrorism related offences. PRISM is a service that is aimed at offenders who have a conviction for terrorism or have been identified as at risk of radicalisation (Cherney, 2018; Dean & Kessels, 2018). This chapter will focus on analyzing the extent to which the PHEF may be utilised to better understand the outcomes of the interventions provided by the PRISM service.

1. Define goals and objectives:

Description of the program:

A thorough description of the PRISM service is a fundamental and easily achievable expectation of the public health evaluation approach. Providing a description of each aspect of the service would add value to the evaluation by establishing a clear understanding of how the service approaches disengagement. This could be achieved by cclearly describing the characteristics of the PRISM service within the evaluation, and also allows for comparison to other similar CVE programs.

In line with this recommendation, Cherney (2018) describes the program as a pilot intervention that is aimed at prison inmates who have a conviction for terrorism or have been identified as at risk of radicalisation. The service is comprised of psychologists, a religious support officer, Services and Programs Officers, and works with other allied health professionals and agencies identified as being of significance to the offender's disengagement and reintegration into the community (Dean & Kessels, 2018). Whilst the service is based within a custodial setting, there is also a focus on working with stakeholders, including the family of the offender, to assist with the community reintegration of the offenders on their caseload.

Program aim:

The need to outline program aims early in the evaluation is a core component of PHEFs. A clear description of the program aims detailing what the goals are and how the program seeks to achieve them adds significant clarity to the evaluation approach. This is easily

applied to the PRISM evaluation and adds significant value in clarifying and conceptualising the service, as the concept of disengagement is the source of much debate throughout the CVE literature.

As outlined in the evaluation article (Cherney, 2018), PRISM assesses the psychological, social, theological and ideological needs of radicalised offenders, and "aims to redirect them away from extremism and help them transition out of custody" (p. 6). This is achieved through individually tailored intervention plans, the content of which can vary given the needs of offenders (Cherney, 2018).

PRISM intervention aims to achieve both a change in behaviour and attitudes. Part of this is achieved by challenging the ideological convictions held by this cohort, and by promoting critical thinking. In the case of working with a radicalised Muslim offender, the religious support officer also provides services which aim to encourage a more pluralistic understanding of Islam (Cherney, 2018; Dean & Kessels, 2018).

Another aim of PRISM intervention is to prepare extremist offenders for release into the community either during their parole period or end of sentence, with the engagement of family members being a key component of this process (Dean & Kessels, 2018).

Program logic:

PHEFs includes the development of a program logic model to explain the causal pathways linking PRISM's activities, outputs, intermediate impacts and longer-term outcomes. Logic models could also provide PRISM with a theoretical framework for program design, and is useful particularly when evidence is less robust. Models such as this can be developed for smaller components or objectives of the program, or they can be used to represent all programs across a community or state. In this way the concept of a logic model is flexible enough to add value to the PRISM evaluation by providing an easily understandable reference of how the components of the program are intended to work, and also how the activities of the evaluation run in parallel to the functioning of the program. This illustration would ensure a clear and succinct holistic understanding is provided to all stakeholders.

Program scale:

PHEFs advise that the scale of an evaluation should be proportionate to the size or significance of the program and this would add significant value to the PRISM evaluation. Whilst the PRISM service has only been operating since 2016 and has a small but growing caseload, the significance of potential outcomes of a tertiary level disengagement service is of significance to a number of stakeholders (Cherney, 2018). Therefore, whilst small, public health best practice would advise to ensure the evaluation was scaled accordingly.

Identified limitations of the program:

Outlining program limitations is an important component of public health evaluation, as it ensures the context of the program is acknowledged in setting up stakeholder expectations around the impact, outcomes and processes of the program. The expectations of the

program are required to be well defined and not overstated in public health evaluation. This also encourages thought be put into short, medium and longer term strategy and refinements for the different program components. In line with this, Cherney (2018) emphasizes that PRISM, is in the pilot phase, suggesting it is in the formative time period, and acknowledges operational limitations of the program.

Programs capacity to effect change:

PHEFs highlight the importance of methodological rigour in attributing any changes being observed to the activities of the program (as opposed to other unrelated programs, activities or environmental factors). PHEFs also consider the maturity of the program in relation to its capacity to effect change, and acknowledges that programs develop and mature over time (MMWR, 1999). This consideration would be valuable in the evaluation of the PRISM service, as it would clearly outline the maturity of project and then outline the expected changes in the short, medium and long term periods.

Cherney (2018) also highlights a range of tentative intervention outcomes (e.g. reported changes in self-perceptions and benefits derived from participation). In line with public health recommendations, Cherney (2018) emphasizes that the evaluation of PRISM should be interpreted with caution as the PRISM service had only been operating for around 12 months. Evaluating the impact of PRISM on disengagement and reintegration would also need to take into account the length of time an offender has been engaged, as well as the types of assistance provided. As this service works with individuals over time, taking into account the service maturity adds value by contextualizing the findings and incorporating any future goals of the service.

2. Identify the type of evaluation:

PHEFs propose a series of categories to understand and define the type of evaluation best suited to the program being evaluated and the goals it sets out to achieve. Having a widely accepted common language for conceptualising the methodological approach to the PRISM evaluation would add significant value, as it would ensure stakeholders were able to accurately communicate about the process in a valid and reliable way, across disciplines and internationally. Cherney (2018) highlights that the study is not an assessment of programme impact in relation to measuring whether PRISM reduces recidivism or levels of violent extremism over time. The report describes “PRISM and data related to its aims, achievements and implementation,” and also incorporates an “examination of PRISM’s design, content and implementation, as well as staff and client interactions and responses to the intervention.” In public health terminology, this would incorporate aspects of both an outcome evaluation and process evaluation.

Program data collection and measures of success:

PHEFs recommend that available data be described in detail, including how the evaluator will be given access to the data, and any conditions on its use (NSW health, 2017a). It is recommended that information about data sources be provided in detail, including data collection methods, size of dataset, relevant variables, any limitations of the data, custodianship, and issues of confidentiality. Within the PHEF, the methods for data collection and analysis also need to be considered in relation to how appropriate they are for the purpose and scope of the evaluation. For example, the framework categorises quantitative, qualitative, or mixed approaches, describing each and guiding evaluators in their selection.

In line with these recommendations, the PRISM evaluation is described as being primarily based on qualitative methods, with the analysis methodology being outlined in detail, including the thematic analysis strategies applied to interview data (Cherney, 2018). These various data verification strategies are utilised to establish reliability and validity in qualitative research. The issue of potential bias that stems from relying on information from programme staff and clients is also acknowledged (Cherney, 2018).

Also in line with PHEFs, the PRISM evaluation specifies demographic details of the sample interviewed including that the six offenders interviewed were Muslim, male, and included two parolees and four individuals serving a period of incarceration for a terrorist-related offence (Cherney, 2018). Five of the six offenders had engaged in the PRISM intervention. Data collection from clients was completed face-to-face, and the interviews occurred between March and August 2017. Ethical considerations were also explained with informed and signed consent being obtained (Cherney, 2018).

The recommendations in PHEFs are easily achievable in the PRISM evaluation and add significant value to the evaluation by ensuring a transparent data set, the acknowledgement of data set limitations, and context for key findings. For example, Cherney (2018) describes the data as being based on interviews with various key informants, comprising a total of 55 respondents with snowball and purposive sampling adopted so as to capture a broad range of experiences and views. Contacts in CSNSW, the NSW Prison Chaplaincy, the NSW Ombudsman, state and federal police, state government and community- based organisations and leaders provided assistance in the recruitment of interviewees.

PHEFs suggest that for each evaluation question, one or more indicators should be identified that define how change or progress will be assessed, and that evaluators be guided by SMART criteria. In line with this recommendation, Cherney (2018) outlines that results from interviews focus on the following topics: client engagement and intervention plans, motivations for programme participation, self-reported benefits of participation, tackling ideology, links to the community corrections context, and finally operational challenges.

The following five domains are identified as measures of success (Cherney, 2018):

- Engaging the clients in formulating the content of intervention plans.
- Understanding Motivations for participating.
- Identifying self-reported benefits of participation.

- Engaging in discussions including counter-narratives and religious education.
- Collaboration with Community corrections to help prepare extremist offenders for release into the community.

3. **Understanding outcomes and disseminating findings**.

Define how to appropriately use and incorporate findings' into the ongoing development of the program:

PHEFs highlight the importance of accurately incorporating evaluation findings into program refinement. To do this, the ACI framework (2013) suggests that in the final evaluation report is to include a section on what the results mean and how they could be incorporated into decision making (p.9). In line with this, results from the interviews are linked to broader issues relating to the research design, and associated challenges of the PRISM evaluation (Cherney, 2018).

In generalising the results, PHEFs recommend ensuring that the findings are not overstated for political gain, and that the findings should be contextualised and used in an appropriate manner. A long-term evaluation of PRISM should be attempted, as disengagement may take time necessitating an extended follow-up period (Barrelle, 2015). While the absence of primary source studies on CVE programs is a problem, the absence of longitudinal studies also proves problematic.

In line with PHEFs, the limitations of the PRISM evaluation methodology are also acknowledged in the paper, providing a basis from which to understand the findings of the study. It is emphasises the need to track participants over time so that meaningful generalisations could be made from the body of data (Cherney, 2018). By clearly articulating the limitations around generalizability of the findings, this adds value to the overall evaluation by encouraging the appropriate, valid use of the findings by stakeholders and decision makers.

Identify and justify the successes, limitations or failing of the program:

PHEFs emphasise particular standards against which success, limitations or failings be measured. The U.S. framework emphasises the importance of understanding 'justifiable conclusions' and ensuring they are linked to the evidence gathered and agreed on by stakeholders (MMWR, 1999). There is utility in applying this methodology to the PRISM evaluation by accurately contextualising the scope and maturity of the program and distinguishing between short, medium and long term indicators of success. This would also ensure areas for further refinement are identified and areas of the program which are not working are ceased, to avoid negative unintended consequences.

Considering the audience for the evaluation and how the evaluation results will be disseminated:

PHEFs emphasise the importance of disseminating findings in a meaningful and strategic way. The framework developed by Victoria Health services suggests that time and money are allocated specifically for dissemination activities, and warns that "Without comprehensive dissemination, your evaluation results will have little influence" (p. 14). This principle is evidenced by Cherney (2018) who outlines the PRISM service and evaluation methodology in an open source capacity. This adds significant utility to the process of evaluation of PRISM as the peer-review process will encourage further refinement of methodology.

As noted in Cherney (2018), results from the evaluation of the PRISM service adds significant value by providing lessons for the evaluation of other disengagement interventions, and therefore would be of interest to a variety of stakeholders including CSNSW staff, and other external agencies working within the CVE area.

Chapter Eight

Conclusion

The current chapter seeks to analyse the extent to which the research question has been answered, summarise the findings and limitations of this thesis, and suggest avenues for future research.

Benefits of applying a public health evaluation framework

In an effort to test of the academic hypothesis posited by Weine et.al (2017a), this thesis has sought to examine if *existing public health evaluation frameworks can benefit how we approach Countering Violent Extremism (CVE) evaluation.*This research question was answered through a rigorous analysis of the potential utility of applying public health principles to CVE evaluation. A review of the current literature highlights that CVE evaluation is of significant importance to enable the development of an evidence base to establish good practice in CVE programing. However there have been significant issues highlighted in both CVE evaluation methodology and implementation. These difficulties are outlined in chapter three, include inconsistency in ensuring the integration of evaluation into initial program design, the challenge of multiple definitions and frameworks used to inform programs, and difficulty ensuring transparency and receptivity of evaluation findings (Fink, Romaniuk, and Barakat, 2013).

In the current research, case studies were used to analyse the relevance of applying the principles of public health evaluation best practice and to assess the value added by each evaluation principle. This study found that public health approaches to evaluation could help CVE overcome several issues raised in the current literature including:

- Providing an internationally recognised and established framework to guide decision making across different levels of CVE intervention.
- Provides recognisable and consistent terminology.
- Guides decision making in terms of the inclusion of stakeholders in the evaluation process. The use of public health frameworks would encourage effective and inclusive partnerships.
- Recommends integrating evaluations into program design at the outset, and provides guidance for this process.
- Providing guidance for defining the evaluation objectives by focusing the type of evaluation to develop.
- Ensure the evaluator considers the scope of the program and how that fits with the program goals in the short, medium and long term.
- Guidance for how to ensure those working in the program are familiar and capable of contributing to the evaluation
- Guidance on how to identify an evaluator, by considering the complexity of the program and any potential bias
- Guidance on how to develop measurable indicators of success, including consideration of stages of change theory

- Emphasis and guidance on the development of a clear program logic. This is of significant importance because this process will assist in clearly defining the kinds of outcomes that might be expected from CVE programs.
- Emphasis on maintaining transparent of evaluation process and open source dissemination of core findings were possible.
- Guidance on how to ensure the evaluation findings are properly interpreted and incorporated into program refinement
- Guidance on how to ensure the lessons learned from program evaluation are effectively disseminated.
- The guidance offered by public health evaluation frameworks is significant (i.e. practical workbooks are often available, user friendly language is used), empowering those without a background in evaluation to be able to contribute to the evaluation process.
- Consistent with recommendations for CVE evaluation, public health evaluation encourages the use of mixed methods designs, particularly where evaluators are concerned with measuring the absence of a behaviour, or "measuring the negative" (Fink, Romaniuk, and Barakat, 2013).

These findings also suggest that the public health approach fits well with the markers of good practice identified for CVE evaluation (National Academies of Sciences, Engineering, and Medicine, 2017) and can assist in overcoming some of the issues of CVE evaluation (as outlined in Fink, Romaniuk, and Barakat, 2013).

Potential issues of applying a public health evaluation framework

Whilst public health evaluation frameworks are written in a way which encourages flexibility in the evaluation approach, this thesis has identified the following potential issues which would need to be considered in CVE evaluation:

- Novice CVE evaluators may still require additional guidance in outlining statistical and other data analysis methods. As CVE programs can be developed from a range of civil society stakeholders including teachers, religious institutions, non-government organisations, additional assistance from evaluation experts may still be required.
- Public health evaluation best practice recommends engaging with stakeholders who are the intended program or evaluation could effect, for the purpose of reflecting on and improving the program at various stages. In CVE programs, particular aspects of the programs process may not be evident to program participants. Therefore, to ensure the integrity of the program process, the role of 'stakeholder consultation and engagement' should be clearly defined, and the rationale for inclusion or exclusion at each stage of the program must be clearly outlined. It may be inappropriate to suggest participants be engaged as part of the brainstorming process at the early stages of program design. This is due to the intended participants being unlikely to see merit in such a program, and may also lead to unintended negative consequences, such as further fuelling any divide or grievance held by intended target participants of the program.

In all, the findings provide evidence for the overwhelming positive utility in applying public health best practice to CVE evaluation. This thesis presented an innovative method of testing the scholarly proposition presented by Weine et.al (2017a) in a novel way. The evidence presented here contributes to the existing academic debate by demonstrating the utility of applying public health best practice to CVE evaluation using actual case examples. The limitations of the current research are acknowledged in chapters one and two, and include reliance on evidence solely from the Australian context. It is important to note that legislation, policy, and practices differ across jurisdictions, and the findings from this thesis may not be equally applicable in other contexts. However, the current research project is a useful platform from which to advance. Future research is needed to build on this study by applying PHEFs to the evaluation of a CVE program using a case study approach. Overall, the current research presents evidence to supporting the use of public health best practice as a way of overcoming some of the challenges identified in current CVE evaluation practices.

References

Addressing the Causes of Terrorism: The Club de Madrid Series on Democracy and Terrorism, Volume 1. (2005). Ed. Neumann, P.R. International Summit on Democracy, Terrorism and Security, Madrid.

Adler, S.P., and Kwon, S.K. (2002). Social capital: prospects for a new concept. *Academy of Management Review,* (27)*, 17-40.*

Agency for clinical innovation (ACI). (2013). Understanding Program Evaluation: an ACI framework. Version 1.0, May, 2013. [https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0008/192437/Framework-Program-Evaluation.pdf].

Aggarwal, N. K. (2018). Questioning the current public health approach to countering violent extremism. Global public health, 1-9.

Albini, J. L. (2001). Dealing With the Modern Terrorist: The Need for Changes in Strategies and Tactics in the New War on Terrorism. *Criminal Justice Policy Review, 12(4)*, 255-281.

Al-Lami. (2009). *Studies in Radicalisation: State of the Field Report*: Politics and International Relations Working Paper.

Aly, A. (2015). Report on Australia's first countering violent extremism symposium. Journal of Policing, Intelligence and Counter Terrorism, 10(1), 34-38.

Angus, C. (2016). Radicalisation and Violent Extremism: Causes and Responses. New South Wales Parliamentary Research Service.

Australian Government. (2010). *Counter-Terrorism White Paper: Securing Australia – Protecting our Community.*

Barrelle, K. (2015). Pro-integration: disengagement from and life after extremism. *Behavioral sciences of terrorism and political aggression*, *7*(2), 129-142.

Bell, S. (2005). *The Martyr's Oath: The Apprenticeship of a Homegrown Terrorism.* Canada: John Wiley & Sons.

Bhui, K. S., Hicks, M. H., Lashley, M., & Jones, E. (2012). A public health approach to understanding and preventing violent radicalization. *BMC medicine*, *10*(1), 16.

Borum, R. (2011). Radicalisation into violent extremism II: A review of conceptual models and empirical research. *Journal of Strategic Security4 (4): 37-62.*

Burton, L., & Williams, G. (2013). What Future for Australia's Control Order Regime? Public Law Review. [Accessed 2/6/2018: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2331821]

Campain, R. (2006). The Challenge For Us All: Terrorism and the Threat to Social Solidarity in Australia. *Irish Journal of Sociology, 15*(1), 53-66.

CAPE Project - Official website. Accessed 20/01/2018. [http://cape.alltogethernow.org.au/]

Centres for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11). [www.cdc.gov/mmwr/PDF/rr/rr4811/pdf].

Centre for Epidemiology and Evidence. (2017). Developing and Using Program Logic: A Guide. Evidence and Evaluation Guidance Series, Population and Public Health Division. Sydney: NSW Ministry of Health. [https://www.health.nsw.gov.au/research/Publications/developing-program-logic.pdf].

Cherney, A. (2018). Evaluating interventions to disengage extremist offenders: a study of the proactive integrated support model (PRISM), Behavioural Sciences of Terrorism and Political Aggression, DOI: 10.1080/19434472.2018.1495661.

Chronic Disease Prevention Directorate. Research and evaluation framework and implementation guide (2nd ed). Perth: Department of Health, Western Australia; 2017. [Accessed 2/3/2018: https://ww2.health.wa.gov.au/Articles/A_E/Evaluation]

Commonwealth of Australia: Department of the Prime Minister and Cabinet. (2015) *Review of Australia's Counter Terrorism Machinery.* [Accessed 5/4/2018: https://www.dpmc.gov.au/sites/default/files/publications/190215_CT_Review_0.pdf]

Commonwealth of Australia: Council of Australian Governments. (2015) Australia's Counter Terrorism Strategy: Strengthening our Resilience. [Accessed 5/6/2018: https://www.nationalsecurity.gov.au/Media-and-publications/Publications/Documents/Australias-Counter-Terrorism-Strategy-2015.pdf].

Commissioning Evaluation Services: A Guide. Evidence and Evaluation Guidance Series, Population and Public Health Division. (2017). Centre for Epidemiology and Evidence. Sydney: NSW Ministry of Health. [Accessed 2/6/2018: http://www.health.nsw.gov.au/research/Pages/evaluation-guide.aspx.].

Compact Program - Official Website. Accessed 20/03/2018 [http://multicultural.nsw.gov.au/communities/Compact_program/].

CONTEST Website: The United Kingdom's Strategy got Countering Terrorism, June 2018. Home Department: UK. [Retrieved 2/3/2018 from: www.gov.uk/government/publications].

Conduit, D., Malet, D., and West, L. (2016). Canada Australia and New Zealand and the Islamic State. In Covarrubias, J., Lansford, T., & Pauly, R. (Ed.), (2016) The New Islamic State: Ideology, Religion and Extremism in the 21st Century. New York: Ashgate Publishing.

Crenshaw, M. (1990). Questions to be Answered, Research to be Done, Knowledge to be Applied. In W. Reich (Ed.), *Origins of Terrorism: Psychologies, Ideologies, Theologies, States of Mind*. Cambridge: Cambridge University Press.

Dean, C., & Kessels, E. (2018). Compendium of good practice in the rehabilitation and reintegration of violent extremist offenders. Global Centre on cooperative security. [Accessed 12/9/2018 at: www.veocompendium.org]

Department of Health, National Health Service England. *How to…understand and measure impact, Issue 04.* May 2015. [Accessed 12/4/2018 at: https://www.england.nhs.uk].

Droogan, J. and Waldek, L. (2018). CAPE Project: Evaluation Report. All Together Now. *Unpublished.*

Eisenman, D. P., & Flavahan, L. (2017). Canaries in the coal mine: interpersonal violence, gang violence, and violent extremism through a public health prevention lens. *International review of psychiatry*, *29*(4), 341-349.

Francis, M. (2012). What causes radicalisation? Main lines of consensus in recente research. Radicalisation research. Lancaster, UK: Lancaster University.

Feldman, R. L. (2009). The Root Causes of Terrorism: Why Parts of Africa Might Never Be at Peace. *Defense & Security Analysis, 25*(4), 355-372.

Fink, N.C., Romaniuk, P. and Barakat, R. (2013). "Evaluating Countering Violent Extremism Programming: Practice and Progress", Center on Global Counterterrorism Cooperation.

Furnham, A. (1986). Response bias, social desirability and dissimulation. Personality and individual differences, 7(3), 385-400.

Frazer, O. and Nunlist, C. (2015). The concept of countering violent extremism. *Centre for Security Studies Analyses in Security Policy*, 183, 1-4. [Accessed 16/05/2018: [http://www.css.ethz.ch/content/dam/ethz/special-interest/gess/cis/center-for-securities-studies/pdfs/CSSAnalyse183-EN.pdf].

Gelfand, M., LaFree, G., Fahey, S. and Feinberg, E. (2013). Culture and extremism. *Journal of Social Issues, 69(3), 495-517.*

Gill, P. (2016). Toward a scientific approach to identifying and understanding indicators of radicalization and terrorist intent: Eight key problems. *Journal of Threat Assessment and Management 2*, (3-4), 187-191.

Griffith-Dickson,G., Dickson, A., Ivermee, R. (2014). Counter-extremism and De-radicalisation in the UK: a Contemporary Overview. Journal for Deradicalisation, Winter (1), 26-37.

Horgan, J. (2005). The psychology of terrorism. London: Routledge.

Harris-Hogan, S. (2017). Trends and issues in crime and criminal justice. Violent extremism in Australia: an overview. 491.

Harris-Hogan, S.,Barrelle, K., & Zammit, A. (2016) What is Countering Violent Extremism? Exploring CVE Policy and Practice in Australia. *Behavioural Sciences of Terrorism and Political Aggression,* 8:1, 6-24.

Huda, Q. (2006). Conflict Prevention and Peace-Building Efforts by American Muslim Organizations following September 11. *Journal of Muslim Minority Affairs, 26*(2), 187-203.

Idris, I. & Abdelaziz, A. (2017). Women and countering violent extremism. Government and Social Development Resource Centre.

Khan, M. M., & Azam, A. (2008). Root Causes of Terrorism: An Empirical Analysis. *Journal of Interdisciplinary Studies, 20*(1-2), 65-86.

Khan, K. (2009). *Preventing Violent Extremism (PVE) & PREVENT: A Response from the Muslim Community*: AN NISA Society.

Khalil, J. and Zeuthen, M. (2014). A case study of countering violent extremism (CVE) programming: Lessons learned from OTI's Kenya transition initiative. Stability: international journal of security and development, 3(1).

Kundnani, A. (2009). Spooked! How Not to Prevent Violent Extremism. London: Institute of Race Relations.

McCauley, C., & Moskalenko, S. (2017). Understanding political radicalization: The two-pyramids model. American Psychologist, 72(3), 205.

Misra, A. (2018). Australia's Counter-Terrorism Policies Since September 11, 2001: Harmonising National Security, Independent Oversight and Individual Liberties. Strategic Analysis, 42(2), 103-118.

Nasser-Eddine, M., Garnham, B., Agostino, K., & Caluya, G. (2011). *Countering violent extremism (CVE) literature review* (No. DSTO-TR-2522). Defence science and technology organisation Edinburgh (Ausatralia).

National Academies of Sciences, Engineering, and Medicine. (2017). *Countering Violent Extremism Through Public Health Practice: Proceedings of a Workshop*. National Academies Press.

Neumann, P.R. (2013). The trouble with radicalisation. *International Affairs, 89, (4),* 873-893.

Snelling, S., and Meserve, A. (2016). Evaluating health promotion programs: introductory workbook. *Ontario Agency for Health Protection and Promotion (Public Health Ontario).* [Accessed 7/6/2018: www.publichealthontario.ca/en/erepository/Evaluating _health_promotion_programs_workbook_2016.pdf].

Precht, T. (2007). Homegrown Terrorism and Islamist Radicalisation in Europe: From Conversion to Terrorism: An Assessment of the Factors Influence Violent Islamist Extremism and Suggestions for Counter Radicalisation Measures. Danish Ministry of Justice.

Pressman, D. E., Duits, N., Rinne, T., & Flockton, J. (2016). VERA-2R Violent Extremism Risk Assessment-Version 2 Revised. *Netherlands Ministry of Security and Justice, Netherlands Institute for Forensic Psychiatry and Psychology*.

Prevention and Population Health Branch (2010). *Evaluation framework for health promotion and disease prevention programs, Melbourne. Victorian Government Department of Health.* [www.health.vic.gov.au/healthpromotion/evidence_evaluation/cdp_tools.htm].

Romaniuk, P. (2015). Does CVE Work? Lessons Learned from the global effort to counter violent extremism. *Global Centre on Cooperative Security, September 2015*.

Schmid, A.P. (2014). Violent and non-violent extremism: Two sides of the same coin. ICCT Research Paper. The Hague: International Centre for Counterterrorism (ICCT).

Schmidt, A.P. (2016). Research on Radicalisation: Topics and Themes. Perspectives on terrorism 10(3). Available at: http://www.terrorismanalysts.com/pt/index.php/pot/article/view /511/html.

Sedgewick, M (2012). Radicalism isn't the problem: It's the move to violence we need to counter. Lancaster/London: Westminster Faith Debates.

Silke, A. and Veldhuis, T. (2017). Countering Violent Extremism in Prisons: A review of key recent research and critical research gaps. *Perspectives on Terrorism, 11(5), 1-11.*

Sinai, J. (2007). New Trends in Terrorism Studies: Strengths and Weaknesses. In M. Ranstorp (Ed.), *Mapping Terrorism Research: State of the Art, Gaps and Future Direction* (pp. 31-50).Oxon: Routledge.

Skjolberg, K.H.W. & Lia, B. (2007). Facts and Fiction in Theories of Terrorism: an expanded and updated review of the literature on causes of terrorism. [Accessed 28/7/2018 at www.prio.org/Publications/Publication/?x=3629]

Ucko, D. H. (2018). Preventing violent extremism through the United Nations: the Rise and Fall of a Good Idea. *International Affairs, 94*(2), 251–270. [Accessed 10/10/2018: https://academic.oup.com/ia/advance-article-abstract/ doi/10.1093/ia/iix235/4851908?redirectedFrom=fulltext]

USAID (2011). The development response to violent extremism and insurgency. USAID Policy. Washington D.C.:USAID.

Waldek, L. and Droogan, J. (2015). Partnering to build solutions: 2014 Countering violent extremism symposium, Sydney. *Journal for Policing, Intelligence, and Counter Terrorism, 10(1),* 39-47*.*

Weine, S., Eisenman, D. P., Kinsler, J., Glik, D. C., & Polutnik, C. (2017a). Addressing violent extremism as public health policy and practice. *Behavioral sciences of terrorism and political aggression, 9(*3), 208-221.

Weine, S., Eisenman, D.P., Jackson, L.T., Kinsler, J. & Polutnik, C. (2017b). Utilizing mental health professionals to help prevent the next attacks, International Review of Psychiatry, 29:4, 334-340.

Weine,S.M., Stone, A., Saeed, A., Shanfield, S., Beahrs,J., Gutman, A., Mihajlovic, A. (2017c). Violent Extremism, Community-Based Violence Prevention, and Mental Health Professionals. The Journal of Nervous and Mental Disease, 205 (1), 54-57.

Voogt, S. (2017). Countering far-right recruitment online: CAPE's practitioner experience. *Journal of policing, intelligence and counter terrorism*, *(12)1*, 34-46.

Wolffe,. J. and Moorhead, G. (2014). Religion, security and global uncertainties. Milton Keynes: The open University.

Yarkoni, T., & Westfall, J. (2017). Choosing prediction over explanation in psychology: Lessons from machine learning. Perspectives on Psychological Science, 12(6), 1100-1122.

Younas, M. A. (2014). "Digital Jihad" and its Significance to Counterterrorism. Counter Terrorist Trends and Analyses, 6(2), 10-17.