

## EVALUABILITY ASSESSMENT OF A SURVIVORS OF TORTURE PROGRAM: LESSONS LEARNED

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**Abstract:** An evaluability assessment (EA) framework was used to assess a survivors of torture program for which one of the authors had been coordinator. Staff and other stakeholders were interviewed and documents reviewed. Program logic models were developed and discussed. The results of the EA and the process are discussed in terms of the barriers to EA identified by Smith (2005). The article suggests that an EA can be done with limited resources and still be valuable in developing real knowledge of the program, ownership, management for success, and pathways to accountability.

**Résumé:** Un cadre d'évaluation de l'évaluabilité (EA) a été utilisé pour évaluer un programme coordonné par un des auteurs pour les survivants de torture. Le personnel et autres intervenants ont été interrogés et des documents ont été examinés. Des modèles de logique de programme ont été élaborés et ont fait l'objet de discussions. Les résultats de l'examen de la capacité pour évaluation et le processus sont abordés du point de vue des obstacles à l'EA repérés par Smith (2005). L'article suggère qu'une EA peut être réalisée avec des ressources limitées tout en étant d'une grande utilité pour approfondir la connaissance du programme, en favoriser l'engagement, en gérer le succès, et en assurer l'imputabilité.

### INTRODUCTION

#### Evaluability Assessment

██████████ Evaluability assessment (EA) is defined as “a set of procedures for planning evaluations so that stakeholders’ interests are

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taken into account in order to maximize the utility of the evaluation” (Rossi & Freeman, 1989, p. 114; Rutman, 1977). The desired product of an EA is a thorough description of the program, the key questions to be addressed by the evaluation, an evaluation plan, and an agreement among the stakeholders on all of these. Conducting an EA, therefore, also means assessing and critiquing until the description of the program design is coherent and logical (Rossi, Lipsey, & Freeman, 2004; Smith, 2005).

The need to modify program descriptions and activities is often identified in an EA (Rossi et al., 2004). Patton (1997) asserts, therefore, that EA “is really a fancy term that gives evaluators a credible niche for doing program and organizational development” (p. 104). In early writing, Rutman (1977) identified this role for EA, indicating the substantial conceptual overlap with formative evaluation. If an EA is conducted, ostensibly the evaluator would avoid embarking on an outcome evaluation when the program is not even fully implemented (Smith, 2005). Lawson and Hadjistavropoulos (2002), for instance, describe such a situation as helping the administration to perceive the initially summative evaluation “as more ‘formative’, or as a means to gain information to drive program development” (p. 51).

Smith (2005) notes that despite potential benefits, EA has “all but disappeared from the practice of evaluation” (p. 136). The reasons proposed for this disappearance include: lack of published EAs; vagueness about methodology; the challenges of implementation; confusion over its role; views that an evaluator’s objectivity may be lost; the problem of rationality as a framework; and production of parts of an EA under other evaluation activities (i.e., development of program theory and stakeholder engagement). Confusion over the role resulted from the name and the fact that EA was promoted as a precursor to impact evaluation. As Smith (2005) says, “The usual pressure evaluators face for results pushes many to proceed directly to the intensive evaluation instead of doing the preliminary work” (p. 138).

The work described here was an EA conducted on a program offered by a nonprofit organization for survivors of torture. The purpose of this article is to describe the EA process and results and to discuss the lessons learned in terms of promoting EA as a management tool as well as necessary to the work of evaluators. We present the background or context for the program, the methods used in collecting data, the results, and a discussion of the EA.

## Program Background

From 5% to 35% of refugees arriving every year in Calgary have experienced torture or trauma in their country of origin or during the migration process to Canada (Kane, 1994). Torture and other forms of organized violence are designed to render the victim helpless, dependent, and devoid of all human connections. Torture breaks down the person's identity and triggers a sequel of physical, psychological, and social effects (Genefke, 1993). If not in total, part of the bio-psycho-social nature of torture results in complex symptoms of a chronic nature (Van Velsen, Gorst-Unsworth, & Turner, 1996). For refugees who have survived torture, symptoms related to this trauma can surface during various stages of transition in the migration process and be exacerbated through the strains of adjusting to a new culture (Strober, 1994). The traumatic experience interferes with adaptation and poses barriers to psycho-social adjustment in the resettlement country (Bemak, Chung, & Bornemann, 1996).

Since November 1996, the Host Support Program for Survivors of Torture (SOT Program) has been in place at the Calgary Catholic Immigration Society (CCIS). The program aims to address the complex needs associated with the trauma of torture and acculturative stresses of survivors of torture living in southern Alberta (Ramaliu & Thurston, 2003). The EA, undertaken to assess the program readiness for an evaluation, was conducted between January and May, 2002. One author (Ramaliu) was the SOT program coordinator from the time of the program's commencement until December 25, 2001.

## METHODS

A framework for conducting an EA developed by Thurston (1991) and based on the work of Rossi and Freeman (1989), Wholey (1977), and Rutman (1977) was used in this project. The framework includes seven elements: (a) bounding the program by identifying goals, objectives, and activities that make up the program; (b) reviewing documents; (c) modelling resource inputs, intended program activities, intended impacts, and assumed causal links; (d) scouting the program, or getting a first-hand understanding of how it operates; (e) developing an evaluable program model; (f) identifying evaluation users and other key stakeholders; and (g) achieving agreement to proceed with an evaluation. Implementing this framework requires an iterative process of data collection, analysis, and verification of conclusions. The framework assumes that all programs and propos-

als are evaluable unless program management decides otherwise; rather, if the program cannot be described adequately in a brief EA, the evaluator will move an EA into a plan for formative evaluation. This is similar to Smith's (1990) decision to do "evaluability creation" (p. 361).

Methods used to obtain the data presented in the EA reports include group and individual interviews with key stakeholders and a review of program documents. As the data were collected and synthesized, CCIS staff members were asked to provide feedback on the findings. In addition, the researchers met every week to discuss the ongoing EA and the findings, difficulties, and challenges. As one author was the coordinator of the SOT Program from its inception until just prior to this EA, her previous observations and experiences with the program were a key to analysis and interpretation. Working with a colleague not at all familiar with the program helped her to bracket (Creswell, 1998) her assumptions when necessary. The regular member checking and triangulation of data collection provided some assurance that the findings were credible and verifiable (Creswell). The study was conducted within a three-month time frame and voluntarily by the former SOT program coordinator. Given these limited resources and the purpose of the study, we did not attempt to interview all categories of stakeholders or to use any theoretical basis for sampling.

## RESULTS

Because an EA is iterative, the presentation of results does not necessarily follow the elements of the framework in the order presented earlier. In this article we begin by describing the scope of the study, including the interview participants and the documents that were reviewed; this assists in bounding a program that is complex. We more fully bound the program within the CCIS organizational structure and within the historical context of the larger community. Program goals, objectives, and resources are described. The presentation of this program's theoretical base and model precedes the assessment of the logic model and program theory.

### Scope of the Study

The EA was completed within a 10-week period. One group interview concerning the goals, objectives, activities, and evaluation needs of the program was held with the coordinator of the SOT Program,

the coordinator of the Host Volunteer Befrienders (HVB) Program, and the manager of the CCIS Community and Education Services Division. Although the SOT Program is placed at CCIS and coordinated by CCIS, physical and mental health needs of torture survivors are addressed by health professionals affiliated with other organizations as well as private providers. The manager of the Community and Education Services Division identified these health professionals as stakeholders of the SOT Program. Individual interviews were conducted with two professionals from other community organizations. Individual interviews also took place with a Host Volunteer and a client of the SOT Program. Further conversations took place with the internal staff and management of CCIS.

Program documents that described goals, objectives, activities, structure, and function of the program were reviewed. The documents included program proposals and reports, flyers and brochures, client and volunteer files, minutes of the meetings and workshops held with community professionals, the CCIS 2001 Annual Report, and a summary document of the organization's service overview. There was high consistency among the documents with no major inconsistencies identified in, for instance, goals or activities. Service statements outlined in program proposals, flyers, and brochures were congruent with services received by clients and documented in their files. Services of the SOT Program fit with service expectations described in the documents of the Community and Education Services Division and the organization overall. In general the SOT Program was coherent and presented consistently.

#### Bounding the Program within Context

The SOT Program is part of a large organization; however, lines of management accountability were clear and the program could be described such that it could be seen apart from the whole. The Calgary Catholic Immigration Society (CCIS) is a non-governmental organization that has provided settlement and integration services to immigrants and refugees arriving in southern Alberta for over 21 years. The organization's management structure includes an executive director, who is accountable to a voluntary board of directors, and four division managers, accountable to the executive director. The four divisions, responsible for a variety of programs and services, include the Business, Employment, and Training Services Division; the Resettlement Division; the Family and Children Services Division; and the Community and Education Services Di-

vision (CCIS, 2001b). Addressing different needs of refugees and immigrants, these services “help immigrants and refugees settle [in the new country] and become contributing members of the Canadian Society” (CCIS, 2001a, p. 3). The SOT Program is one of the 12 programs run by the Community and Education Services Division. The division’s mandate is “to create a welcoming community and to facilitate community linkages for new Canadians through voluntarism, outreach/education, and integration strategies” (CCIS, 2001a, p. 11).

The SOT Program is the only one of its kind in southern Alberta. It was launched by CCIS in November 1996, when a similar program run by the Calgary Red Cross was terminated. The continuing community need for specific services for refugee survivors of torture and developments within CCIS also influenced the organizational readiness for the inception of the SOT Program. Within CCIS, a Host Program to foster community responsibility for the social support of newcomers has been in place since 1985. It involves hundreds of experienced Host Volunteer Befrienders who provide assistance to immigrants and refugees in critical areas, such as orientation to local customs and routines, education, job search, and language skills. Over several years, it has been observed and reported in places like annual reports that Host Volunteer Befrienders play a crucial role in enhancing the quality of life, self-reliance, and hope of newcomers for their future. Trustful and close relationships often develop between host volunteers and newcomers, including torture survivors. This social support is seen as valuable to a survivor’s rehabilitation process, but host volunteers found themselves unprepared to handle some of the health issues that refugee survivors presented. Host volunteers requested more assistance for their roles and better services to support refugee survivors. These requests served as an impetus for the inception of the SOT Program at CCIS. Consequently, the SOT Program began as an extension of the existing Host Volunteer Befrienders Program to include specific services for refugee survivors of torture.

The SOT Program distinguishes itself from other CCIS programs in that it accepts clients from a larger pool. CCIS serves immigrants and refugees with resettlement needs who have been in the country for less than three years and who have legal status in Canada (i.e., landed refugees and immigrants, private- and family-sponsored refugees and immigrants), regardless of their country of origin. The SOT Program mandate is to provide services to survivors of torture, a

specific group of individuals among refugees. The literature and experience of staff indicates that the response to torture-related trauma is individual and that torture after-effects may surface during various stages of transition in the migration process well beyond three years. Consequently, the SOT Program decided to provide service to refugee survivors of torture even if their length of stay in the country exceeded the three-year span.

The clients named in the program title and the actual clients differ. The program name implies that it specifically works with “survivors of torture”; however, client eligibility for the program is based on the World Health Organization definition of organized violence:

Organized violence is the interhuman infliction of significant, avoidable pain and suffering by an organized group according to a declared or implied strategy and or system of ideas and attitudes. It comprises any violent action, which is unacceptable by general human standards, and relates to the victims’ feelings. Torture, cruel, inhuman and degrading treatment or punishment, imprisonment without trial..., mock execution, hostage taking and any other form of violent deprivation of liberty is organized violence. (World Health Organization, 1986, cited in CCIS, 1997, p. 1)

Self-identifying as a survivor of any form of organized violence and seeking help are the only eligibility criteria to receive service from the SOT Program (CCIS, 1997). Acknowledging that torture-related trauma affects the families of survivors, this program also offers its service to family members of a survivor.

### Program Goals and Objectives

A goal is defined as a general statement of the intent of a program, whereas objectives are the means necessary to reach the goals. The latter are clearest when they are specific, measurable, achievable, relevant, and time-related (Dyer, 1998). The goal of the SOT Program is “to offer social and community support to refugees and others who have been subject to torture and trauma, due to political instability in their country of origin or during migration process to Canada” (CCIS, 1997, p. 1). This program goal does not state a desired outcome, an issue that became a focus for change as a result of the EA.

The majority of program objectives are clear, and indicators could be developed. Interviews with different stakeholders demonstrated agreement among them regarding program objectives. Five objectives and their measurable indicators are outlined below.

1) *Provide befriending volunteer support to survivors of torture through volunteer matching with trained and supported community host volunteers.*

The SOT Program is committed to providing service each year for 20 to 25 new cases of survivors of torture (CCIS, 1997). The indicators are the proportion of matches made between host volunteers and new cases, and an assessment of the support provided over a set time.

2) *Coordinate the resettlement assistance to survivors of torture and trauma using CCIS and other community resources for the resettlement, training, education, and employment needs of torture survivors.*

The SOT Program coordinates resettlement assistance to survivors. This requires assessing individual needs; for instance, someone who has been settled in Canada for many years will not need resettlement services (CCIS, 2001b). When the survivor's needs exceed the capacity of in-house services, referrals are made outside of CCIS to community resources (e.g., housing services, language training). Follow-up with the survivor ensures that connections are made and services obtained. Indicators of success could include a match between the assessed needs, services obtained, and self-reports of the utility of the services in meeting goals.

3) *Coordinate the assistance in response to health needs of survivors of torture by developing community partnerships and a network of community professionals willing to provide sensitive medical and psychological services to survivors of torture.*

The SOT Program has developed and works to maintain collaborative partnerships with community organizations specialized in counselling or health care treatment. The program counts 27 members in its network of community professionals, comprising family practitioners, psychiatrists, psychologists, dentists, social workers, legal professionals, and physical, occupational, and play therapists who provide a variety of services to survivors of torture based on the needs of each individual case. Indicators include numbers of partnerships and network members. A qualitative indicator is the success of referrals (see objective 2), as staff of the SOT Program

believe that the coordination role played by the program facilitates the access of torture survivors to professional services and increases the community capacity for dealing with traumatized refugees.

*4) Provide public education and training workshops for health professionals and the community at large about torture and refugee survivor-related issues.*

The SOT Program is committed to providing 25 educational activities in a year. From those, four are designed as professional development opportunities for community professionals providing service to torture survivors. One activity per year is associated with the UN International Day for Survivors of Torture. Each year, 15 presentations are scheduled in schools, with student groups in colleges and University of Calgary faculties, with voluntary and professional groups around the city, with community and government organizations, and at national and provincial conferences.

*5) Create, maintain and expand a documentation resource center on survivors of torture that can serve the education needs of program professionals, volunteers, and the public at large.*

A minimum of 10 new reference materials are ordered for the resource center per year. Workshop and training opportunities are provided for professionals three to four times per year.

### Program Resources

A project team is responsible for the delivery of the SOT Program. One full-time coordinator is employed by CCIS for this program. The program coordinator meets with the survivors of torture, recruits host volunteers, and coordinates matching between survivors and volunteers. The coordinator is also responsible for referrals of survivors of torture to services within CCIS and to community agencies, as well as coordinating or delivering other program activities. The manager of the Community and Education Services Division devotes a portion of her time to the SOT Program. Each year, approximately 25 volunteers are actively working with the program, befriending survivors of torture. They are asked to commit a minimum of one year working with the program. Although the total volunteer hours spent per week with program clients vary, it is estimated that 70 hours per week for all 25 volunteers are contributed to the program (CCIS, 2001a). Community professionals who accept referrals of SOT Program clients provide two to three hours

of counselling per week per client, approximately one doctor visit in two to three weeks per client, two to three hours of physical therapy per week per client, and one visit to the dentist in two to three weeks per client (Fisher, 2000). Community professionals in private practice providing services to survivors of torture receive a minimal standard fee from the SOT Program for their service. The community professionals affiliated with partnering community organizations and providing service to survivors of torture receive no reimbursement from the SOT Program, although they might have their own funding sources.

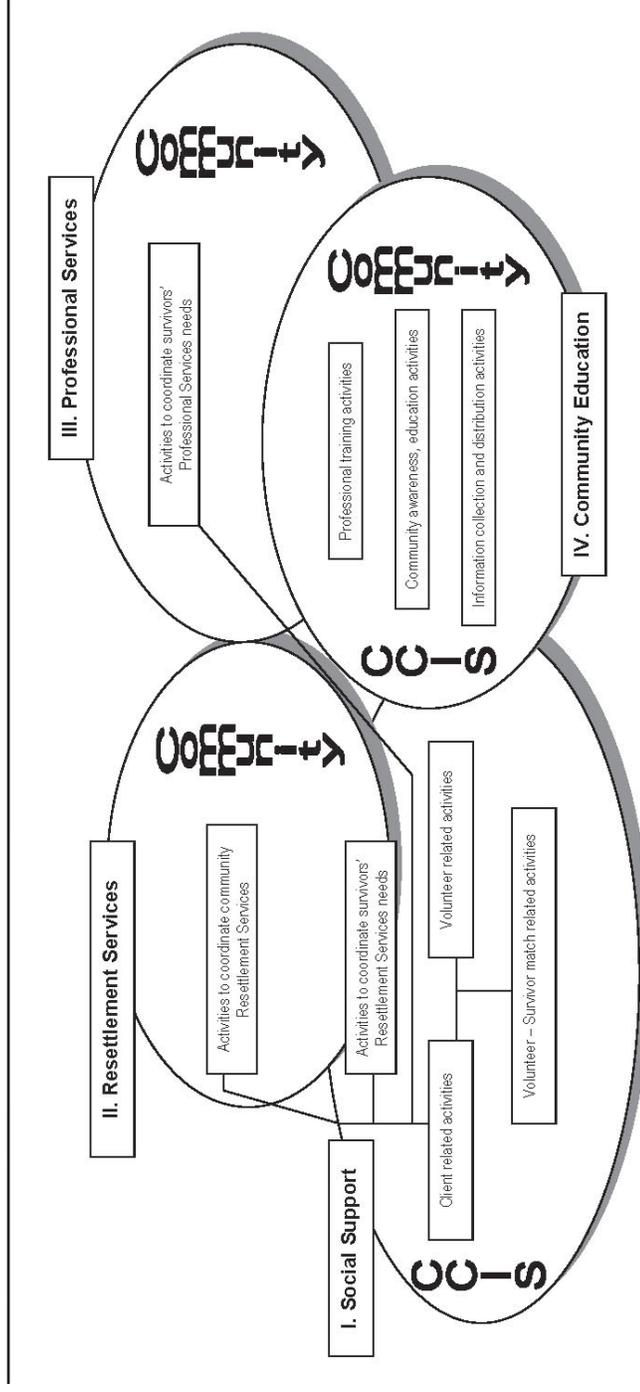
For most of its existence the SOT Program has received block funding. Funders to date have included: Citizenship and Immigration Canada, Alberta Advanced Education and Career Development, the Wild Rose Foundation, and the United Nations Voluntary Fund for Victims of Torture. In May 2001, a three-year grant was obtained from the United Way of Calgary and Area for a total of 80% of the program's budget. Twenty percent of the program's budget is matched by a yearly renewable funding source that comes from the United Nations Voluntary Fund for Victims of Torture.

### Modelling the Program

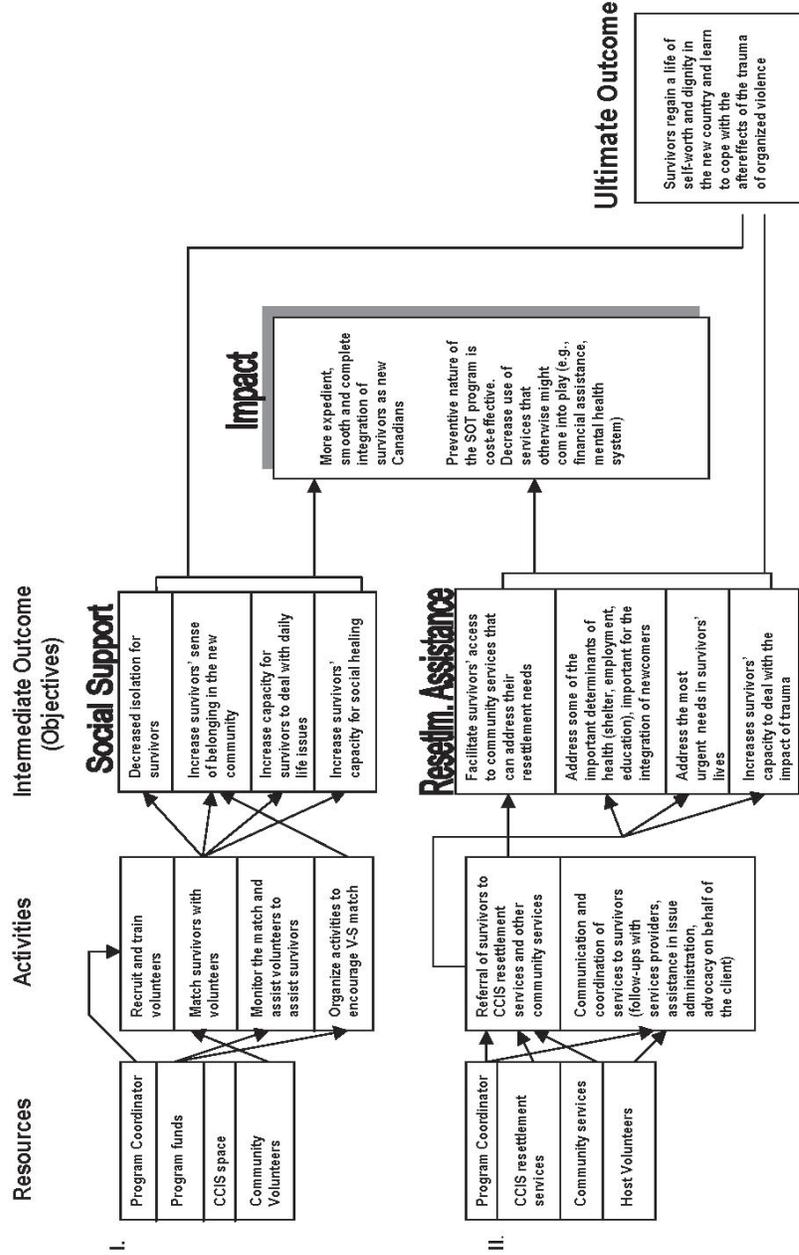
Program activities and linkages between activities and stated objectives were generally clear. Program activities can be grouped around four clusters of activities (Figure 1): social support (i.e., activities to recruit volunteers, engage survivors of torture, match volunteers with survivors, and monitor the match); resettlement services (i.e., activities around referral and coordination of services in response to survivors' resettlement needs); professional services (i.e., activities including referral and coordination of services to address health and legal needs); and community education (i.e., activities involving training and education of professionals, case workers, and the public at large, or to develop, maintain, and promote a resource information centre). The figure shows whether activities take place at the CCIS and/or in the community. Links to program goals to be achieved have been made for each set of activities (written in bold). Contacts and overlapping among ovals demonstrate the interconnectedness of activity clusters. Details about activities of the SOT Program and within each cluster are presented in the Appendix.

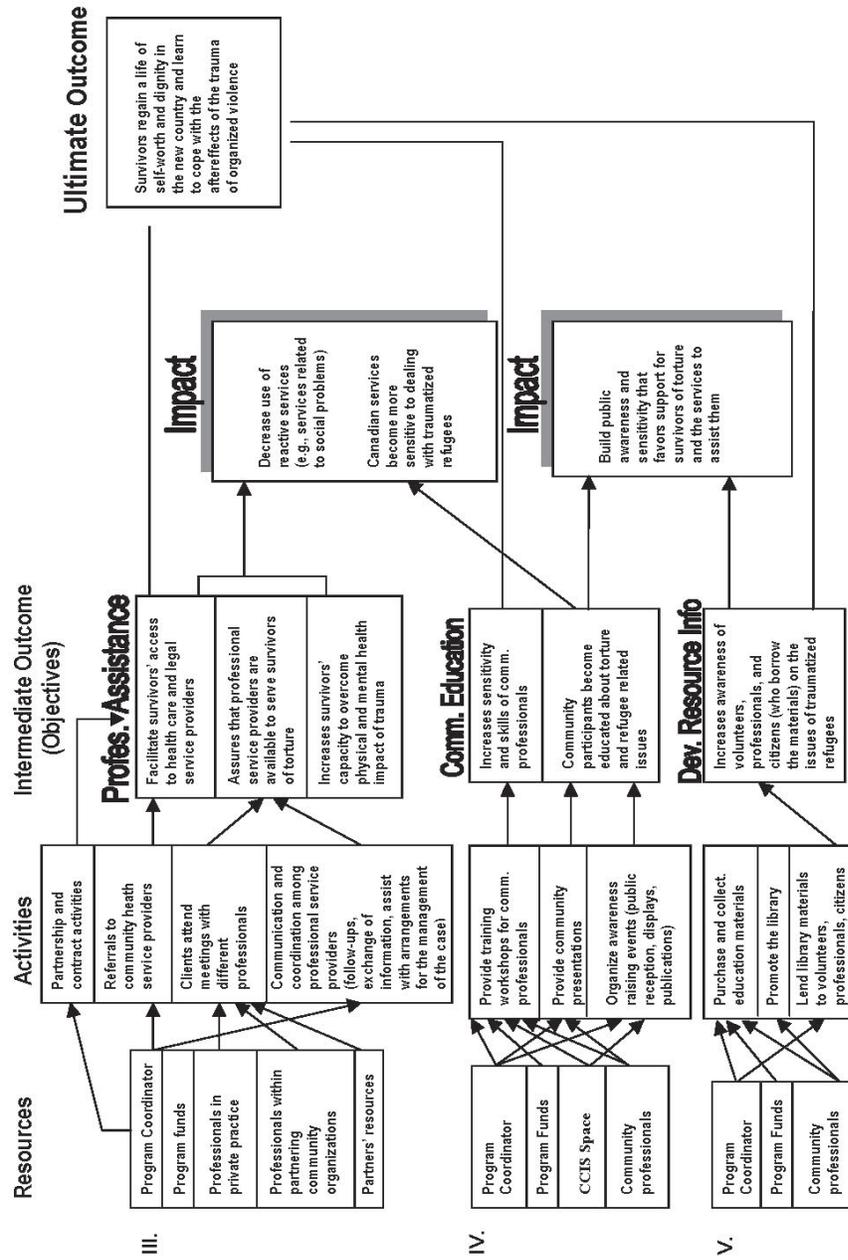
The logic model of the SOT Program is presented in Figure 2. On the left side of the figure are specified program resources and activities. The model shows how each activity is connected to an intermediate

**Figure 1**  
**SOT Program Activity Clusters**



**Figure 2**  
**SOT Program Logic Model and Theory**





outcome and how intermediate outcomes connect to the program's ultimate outcome. There was agreement to this outcome among the interviewees. Furthermore, the connections presented between the program's process theory (the left side of the figure) and the program's impact theory (the right side of the figure) introduces the SOT Program theory.

In the case of complex programs, it is seldom possible to individually appraise each distinct assumption and expectation represented in a program theory (Rossi, Freeman, & Lipsey, 1999). To assess the theory of the SOT Program in order to better understand the likelihood of its success, we used the procedures recommended by Rossi et al. (1999).

First, Rossi et al. (1999) note that "examining critical details of the program conceptualization in relation to the social problem indicates whether the program represents a reasonable plan for amelioration of the problem" (p. 167). A needs assessment is seen by these authors as "fundamental" (p. 153) to good program theory. The SOT Program theory is built on a needs assessment conducted prior to commencement of the SOT Program. The findings were the foundation for the assumptions linking activities with outcomes in the SOT Program:

- 5% to 35% of refugees arriving in Calgary are survivors of torture;
- If no assistance is provided to torture survivors, their resettlement and integration process is prolonged, complicated, and risks being unsuccessful;
- The impact of torture trauma triggers bio-psycho-social after-effects;
- Due to the complexity of torture impact, assessment and intervention with survivors must occur at multiple levels;
- Interventions must be tailored to specific needs of each individual survivor;
- A broad range of social determinants affects survivors' needs (e.g., shelter, education, income, social justice, equity, social support, and access to services);

- To respond to survivors' health needs, accessible and sensitive health care providers must be readily available; and
- Education is needed to build professional competence and public sensitivity that can facilitate survivors' acceptance into the host community.

The second assessment of program theory is deciding whether the description of activities and outcomes is plausible (Rossi et al., 1999). Expected program outcomes are of a nature and scope that might reasonably follow from a successful program. The change process presumed in the program theory, however, *might* be plausible. It is assumed that through the volunteer support, resettlement, and professional assistance, the impact of trauma will be reduced and survivors' resettlement in Canada will occur. However, the change theory does not specify the scope, nature, or quality of support and assistance that is required. The same can be said about the education aspect of the program. The change in professional skills, knowledge, and understanding about torture and needs of torture survivors might not occur by the virtue of participating in some education activities.

The program theory (specifically the activities flow chart; see Appendix), however, indicates procedures for identifying survivors of torture, determining their eligibility, delivering service, and handling contingencies in this process. It is important to mention that the program clients and stakeholders interviewed viewed these procedures as adequate and appropriate. Resources allocated to various program components and activities are considered by program staff to be sufficient at this time. The Community and Education Services Division manager expressed satisfaction that the SOT Program structure is specific enough to allow effective management control and monitoring.

The final approach to assessing theory is comparing a program to research evidence and practical experience elsewhere (Rossi et al., 1999). The SOT Program theory is congruent with known best practices. The CCIS executive director and the Community and Education Services Division manager investigated other programs for survivors of torture in Canada and other countries and examined the relevant literature. Consultation with other experts meant that they obtained recommendations from other disciplines about best practices in the design of components such as volunteer support, intake assessment, and professional training.

## DISCUSSION

The program described is extremely important to the population served and to the constellation of public health services in the city. The fact that it is unique may explain why it had not previously been evaluated, not having any competition per se; however, the CCIS executive director correctly identified that evaluations are now routinely being required by funding organizations. Scrutiny is also likely to increase as the CCIS opened a health program for refugees in the settlement centre in 2002. Both the health and mental health sectors are requiring evaluations more than in the past decade. We will discuss the lessons learned from this project in terms of the factors identified by Smith (2005) that limit the uptake of EAs.

First, Smith (2005) identifies a “Catch 22” for EAs — they are not published so people do not know their value, but evaluators often are not interested in publishing. The approach to evaluation described here was what some would call academic; that is, we were concerned about methodology, rigour, and the dissemination of our findings, while at the same time concerned about the utility to the organization. In part, our concern for dissemination stems from the importance of the program and the dearth of writing about SOT programs. The desire to publish is also supported by the CCIS, as publications are seen as a representation of the organization’s concern with science and building the field of practice. The authors previously published a description of how the CCIS used participation in developing the SOT Program (Ramaliu & Thurston, 2003), illustrating that case study data can be taken to peer-reviewed publication if the authors are willing to commit the time. This is more likely if benefits are clear. The goal of knowledge transfer might be included in a description of the values of EA, in EA frameworks, and in our training programs.

The lack of a methodology for conducting an EA is made less problematic if one uses a conceptual framework for EAs and then adapts research methods to gather the data that are required by that framework. We used seven iterative components: “(1) bounding the program by identifying goals, objectives, and activities that make up the program; (2) reviewing documents; (3) modelling resource inputs, intended program activities, intended impacts, and assumed causal links; (4) scouting the program or getting a first hand look at how it operates; (5) developing an evaluable program model; (6) identifying evaluation users and other key stakeholders; and (7) achieving agreement to proceed on an evaluation” (Thurston, Graham, & Hatfield, 2003, p. 208). When EA came into practice in the 1970s (Smith, 2005)

there was not as much access to the scholarship around qualitative and mixed methods research. We now study ways of controlling researcher bias, limiting the number of interviews, establishing credibility of data, and so on (see, for instance, Barbour, 1998, 2001; Crabtree & Miller, 1999; Creswell, 1998; Creswell, Fetters, & Ivankova, 2004; Glaser & Strauss, 1967) in both qualitative and mixed methods research. Assessing rigour, however, assumes that evaluation is treated as research — as opposed to a management activity, for instance — and that evaluators are concerned about research rigour.

Smith (2005) states that “good evaluability assessments are difficult to implement effectively; the process requires much skill and experience” (p. 138). The first issue is what a good EA is considered to be. We think the EA reported here was good primarily because program coordinators (past and new) learned about the program, and because it shifted management’s focus away from a premature outcome or impact evaluation. The graphic representations (Figures 1 and 2 and Appendix), although complex, were welcomed by program staff, as they captured the complexity of their work and did not try to simplify the challenges they faced. We do not underestimate the skills and years of experience that we brought to the EA; however, the combination of one with substantive expertise and one with EA expertise worked well and could be adopted by organizations. Smith (1989) recommended that an EA Task Team comprising program staff and evaluators be created, but we do not find that to be essential to a good EA. We do, however, clearly state that there are limits to an EA, and if many issues could not be resolved in the EA we would recommend a formative evaluation that might well involve a team as described by Smith (1989).

At the end of the EA, we recommended that the program goal be restated to explicitly incorporate outcomes and to capture the nature of the program. The SOT Program successfully did much more than the original goal implied, that is, “offer social and community support” (CCIS, 2001a). In rewriting the goal, one of the challenges for the SOT Program was to differentiate program outcomes (i.e., those that apply to all clients) from practice outcomes (i.e., those that are based on individual client need) (Unrau, 1993). As found in the assessment of the program theory, the SOT Program objectives and activities were connected and were logically fulfilling the outcome of the program. Despite some weakness in the description of the program, program leaders had avoided most of the missteps identified by Mohr (1995), namely: (a) becoming fixated on outcomes that are not related to the problem, (b) an inability to see that one outcome

may actually represent several problems that require alternative solutions or activities, (c) stating and therefore measuring outcomes that do not represent the real possibilities of the program, (d) not addressing the issue of how extensive a program must be to solve the stated problem, and (e) losing sight altogether of the social good that was intended to result from the program. In view of the final point, however, we believe that the ultimate outcome of the program (i.e., improved well-being of survivors of torture) needs to be stated so that the social good that is intended to come from this program is clear to all (Mohr). The EA framework proved to be a valuable tool for the internal evaluator to highlight existing strengths and future directions for the SOT Program.

Anecdotal survivor stories and process evaluation of some activities are the only quality assurance measures implemented to date by the SOT Program. This is arguably appropriate as the program was in the early stages of development (Blackwell & Cartwright, 1988; Wimbush & Watson, 2000), but outcome evaluation is now needed to assess how well goals are being met. Following the EA, an evaluation proposal was being developed internally but never implemented, as funding was not available and, more importantly, the director of the program changed five times. The EA remained in the hands of the last director who suggested that it be updated to reflect program changes. Thus, the EA report has become part of the program documentation and the director indicated that the desire to complete an evaluation remains.

Our views on the naming and promotion of EAs draws on the above points. An EA should be promoted as a particular evaluation strategy that uses research methods systematically. It should also be promoted as an evaluation strategy of particular value to managers who wish to promote an organization that supports learning. The opportunity to do an EA from the perspective of a former program coordinator highlighted for us the benefit of the framework as a tool for managers who want a document to transfer a program to new leadership, must develop funding proposals, or are planning an evaluation. In this case, the former coordinator, with an external consultant, was able to do an EA with relatively few resources. In our experience, EAs can be both successful and limited in cost. As Rutman (1980) identified early in the development of EA, the resources required will depend on the nature and scale of the program.

While conducting this EA, the evaluators kept in mind the affiliations or working relationships with other organizations or commu-

nity professionals and with other immigrant-serving organizations in the city, and avoided profiling this undertaking as means to bring deliberate attention to the SOT Program and CCIS. In the context of the existing competition for continuing funding between immigrant-serving organizations, such sensitivity helped the EA process. The results of the EA were presented as research findings, from which the program people, the organization, and community members invested in the program would learn about the EA process and the program itself. Avoiding framing the EA and its findings as strictly a management process helped to diminish concerns about the unknown and made people more receptive to the EA as a process with benefits for the program itself.

In this case, threats to perceived objectivity of the evaluation activities and results were avoided by having an internal and an external evaluator involved. Love (1991) has maintained that internal evaluators can provide evaluations that are just as useful, if not more so, than evaluations conducted by people external to the organization. Our experience would suggest that with built-in reflective process and time, a program manager could use the EA framework effectively to prepare for a proposed evaluation. Whether additional evaluations should be done by an internal or an external evaluator might become clearer to managers as a result of sensitivities that arise during an EA — for instance, if goal wars (Patton, 1997) emerge. The EA can then be used in writing a call for proposals from external consultants. This is another point for promoting EAs to managers.

Smith (2005) states that EAs are “based on an underlying assumption of rationality; that is, that organizations and their programming effects are tightly coupled and highly structured” (p. 139). We did make the assumption that the SOT Program could be described rationally, but we did not assume that we could capture all of its complexity or that it would remain static. The SOT Program is a complex program because it works with at least two client groups (survivors of torture and their family members) and with professionals who may come in contact with these clients. The majority of the professionals providing services to survivors of torture and their families are not reimbursed by the CCIS; therefore, the SOT Program is largely reliant on partners for its success.

We would promote EAs as working documents to be updated and discussed. A new program manager can use the EA framework as a tool for developing an in-depth understanding of the program she/he is about to manage. Working with staff, the board, and other

stakeholders could give this manager an early assessment of the consistency of views on the program, unstated goals, and evaluation needs (Thurston & Potvin, 2003). Even if the program documentation contained a logic model, flow chart, and so on, the new manager could assess whether program documentation reflected actual practice and could use it to focus discussion on where current practice might be updated.

Finally, our findings support Smith's (2005) conclusion that a comprehensive EA promotes real knowledge of the program, ownership, management for success, and pathways to accountability. Merely developing the program logic model or proceeding with a stakeholder-focused evaluation would not have produced the benefits described above.

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#### REFERENCES

- Barbour, R.S. (1998). Mixing qualitative methods: Quality assurance or qualitative quagmire? *Qualitative Health Research*, 8, 352–361.
- Barbour, R.S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *BMJ*, 322, 1115–1117.
- Bemak, F., Chung, R.C., & Bornemann, T.H. (1996). Counseling and psychotherapy with refugees. In P.B. Pedersen, J.G. Draguns, W.J. Lonner, & J.E. Trimble (Eds.), *Counseling across cultures* (4th ed., pp. 243–265). Thousand Oaks, CA: Sage.
- Blackwell, B.L., & Cartwright, L.K. (1988). *Program consultation with human services programs: A clinical perspective*. Oakland, CA: Third Party Publishing.

- CCIS (Calgary Catholic Immigration Society). (1997). *Host support program for survivors of torture: Information sheet*. Calgary, AB: Author.
- CCIS (Calgary Catholic Immigration Society). (2001a). *Calgary and immigration: Growth-advantage-challenge. 20th annual report*. Calgary, AB: Author.
- CCIS (Calgary Catholic Immigration Society). (2001b). *Services overview*. Calgary, AB: Author.
- Crabtree, B., & Miller, W.L. (1999). The dance of interpretation. In B. Crabtree & W.L. Miller (Eds.), *Doing qualitative research* (2nd ed., pp. 127–144). Thousand Oaks, CA: Sage.
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Creswell, J.W., Fetters, M.D., & Ivankova, N.V. (2004). Designing a mixed methods study in primary care. *Annals of Family Medicine*, 2(1), 7–12.
- Dyer, D. (1998). *Standards of practice, goals, objective and indicators: 1998/1999 Primary Clinical Care Team*. Calgary, AB: Alexandra Community Health Centre.
- Fisher, D. (2000). *Host support program for survivors of torture: Community coordination and education initiative*. Calgary, AB: Calgary Catholic Immigration Society.
- Genefke, I. (1993). *Torture in the world today*. Copenhagen, Denmark: Rehabilitation Center for Victims of Torture.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Kane, S. (1994). *Working with victims of organized violence: Guide for the International Red Cross workers*. Calgary, AB: Calgary Office of Red Cross and Red Crescent.
- Lawson, K.L., & Hadjistavropoulos, H.D. (2002). The pitfalls and the potential of early evaluation efforts: Lessons learned from the health services sector. *Canadian Journal of Program Evaluation*, 17(3), 39–56.

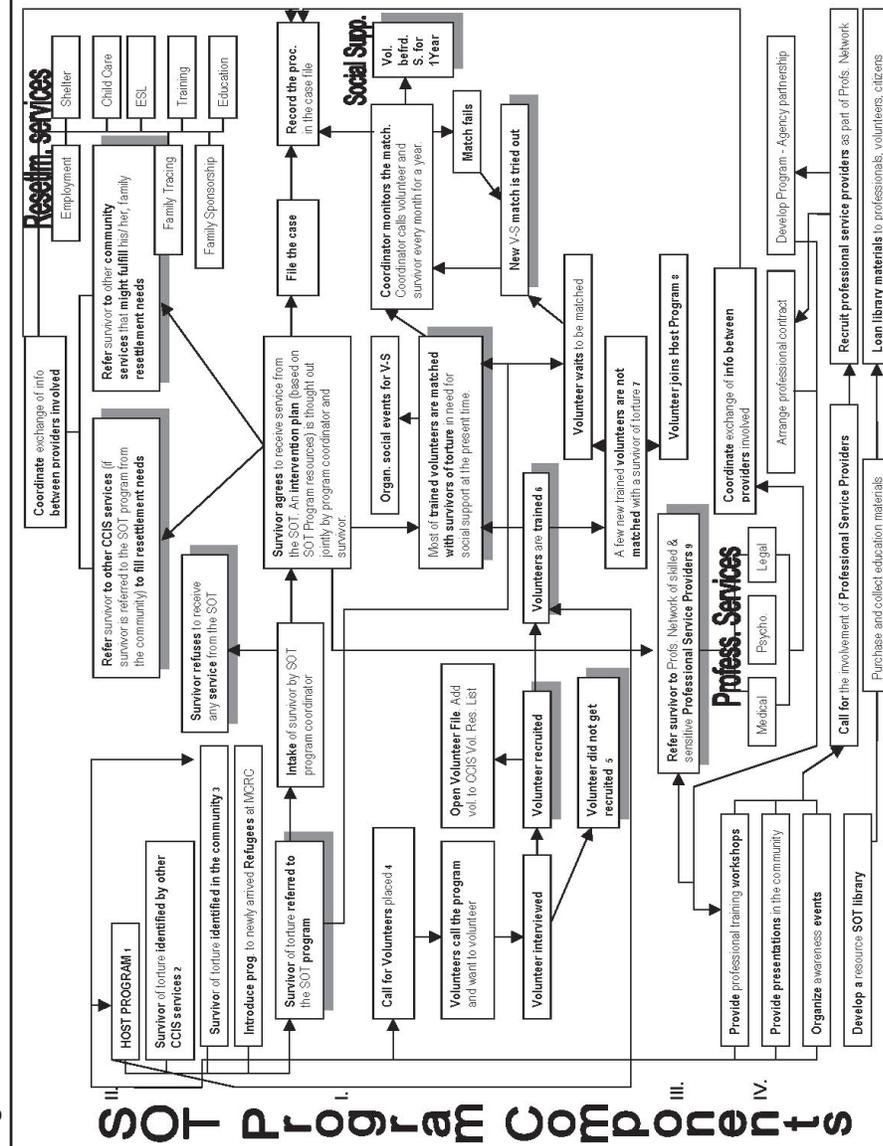
- Love, A. (1991). *Internal evaluation: Building organizations from within*. London: Sage.
- Mohr, L.B. (1995). *Impact analysis for program evaluation* (2nd ed.). Thousand Oaks, CA: Sage.
- Patton, M.Q. (1997). *Utilization focused evaluation: The new century text*. Thousand Oaks, CA: Sage.
- Ramaliu, A., & Thurston, W.E. (2003). Identifying best practices of community participation in providing services to refugee survivors of torture: A case description. *Journal of Immigrant Health*, 5(4), 165–172.
- Rossi, P.H., & Freeman, H.E. (1989). *Evaluation: A systematic approach*. Newbury Park, CA: Sage.
- Rossi, P.H., Freeman, H.E., & Lipsey, M.W. (1999). *Evaluation: A systematic approach* (6th ed.). New Delhi: Sage.
- Rossi, P.H., Lipsey, M.W., & Freeman, H.E. (2004). Tailoring evaluations. In P.H. Rossi, M.W. Lipsey, & H.E. Freeman (Eds.), *Evaluation: A systematic approach* (7th ed., pp. 31–65). Thousand Oaks, CA: Sage.
- Rutman, L. (1977). Formative research and program evaluability. In L. Rutman (Ed.), *Evaluation research methods: A basic guide* (pp. 59–71). Beverly Hills, CA: Sage.
- Rutman, L. (1980). *Planning useful evaluations: Evaluability assessment*. Beverly Hills, CA: Sage.
- Smith, M.F. (1989). *Evaluability assessment: A practical approach*. Boston: Kluwer.
- Smith, M.F. (1990). Evaluability assessment: Reflections on the process. *Evaluation and Program Planning*, 13, 359–364.
- Smith, M.F. (2005). Evaluability assessment. In S. Mathison (Ed.), *Encyclopedia of evaluation* (pp. 136–139). Thousand Oaks, CA: Sage.
- Strober, S.B. (1994). Social work intervention to alleviate Cambodian refugee psychological distress. *International Social Work*, 37(1), 23–35.
- Thurston, W.E. (1991). *Program planning and evaluation*. Unpublished course documents, University of Calgary, Calgary, AB.

- Thurston, W.E., Graham, J., & Hatfield, J. (2003). Evaluability assessment: A catalyst for program change and improvement. *Evaluation & the Health Professions, 26*(2), 206–221.
- Thurston, W.E., & Potvin, L. (2003). Evaluability assessment: A tool for incorporating evaluation in social change programs. *Evaluation, 9*, 453–469.
- Unrau, Y. (1993). A program logic model approach to conceptualizing social service programs. *Canadian Journal of Program Evaluation, 8*(1), 117–134.
- Van Velsen, C., Gorst-Unsworth, C., & Turner, S. (1996). Survivors of torture and organized violence: Demography and diagnoses. *Journal of Traumatic Stress, 9*(2), 181–193.
- Wholey, J.S. (1977). Evaluability assessment. In L. Rutman (Ed.), *Evaluation research methods: A basic guide* (pp. 41–56). Beverly Hills, CA: Sage.
- Wimbush, E., & Watson, J. (2000). An evaluation framework for health promotion: Theory, quality and effectiveness. *Evaluation, 6*(3), 301–321.

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Appendix  
SOT Program Activities Flow Chart



## Footnotes to Appendix

1. If trustful relationship is built between a host volunteer and a refugee, it is very likely that if the refugee is a survivor of torture, he/she and family members will disclose their trauma story and their particular needs. In that case the SOT Program trains the host volunteer and provides service to the survivor of torture.
2. CCIS resettlement, employment, children and family services are likely to meet survivors of torture in the course of providing service to newly arrived refugees.
3. Depending on the most immediate need, refugee survivors of torture might access other community services, which refer the survivor to the SOT Program because they feel that he/she and family might benefit from the program. Service providers like Family and Children Social Services, Canada Immigration and Citizenship, Legal Aid, schools and immigration lawyers are the most likely to refer a refugee survivor of torture to the program.
4. Different venues, such as public newspapers, TV, radio and Internet, are continuously used by the SOT program to advertise for volunteers to join the program.
5. In very rare occasions (only two cases) an interviewed volunteer is not recruited. In these cases the potential volunteers' mental health status and/or criminal record were considered as unacceptable for the position of volunteer befrienders for survivors of torture.
6. Two training sessions are delivered to the newly recruited volunteers. One training session is a two-hour orientation on how to host a newcomer; this orientation is offered to all host program volunteers. The other training session is a six-hour workshop discussing issues of refugee survivors of torture, such as legal perspective on Canada's protection for survivors of torture, torture impact on individuals and families, survivors' needs, program operation information, and the role of volunteer in befriending survivors of torture.
7. Few survivors are not matched with a befriending host volunteer because a survivor does not need or refuses such service.
8. Some of the newly recruited volunteers, after receiving the SOT program training, decide to volunteer for the Host program because they are satisfied to assist any newly arrived refugee; program staff also encourage the volunteers since there is always the potential that a newly arrived refugee could be a survivor of torture. In addition, at times the program recruits more volunteers than there are new cases of survivors referred to it; in order to use the volunteer resources, the program staff provide volunteers the option to join the Host program.
9. Referrals of survivors to professional service providers are tailored to the needs of each specific case. There are cases when all professional service providers are involved, along with resettlement service workers and a host volunteer befriender. In other cases there are only some professionals involved, together with or without resettlement service workers and a host volunteer befriender.