

# Evidence-Based Justice

## The Guideline Approach

Version 1.4



**Authors:** Maurits Barendrecht | Tim Verheij | Borja Gutierrez | Isabella Banks

<b>Why</b>	<b>3</b>
The justice sector is ready for a different way of working	3
‘What works’ in the medical sector	3
Now is the moment to empower the justice sector to do what works	4
Empowering people to move on	4
Empowering justice workers to provide and receive more	5
Empowering regulators to make informed decisions	5
Empowering justice reformers to make change	5
Empowering researchers to find answers	6
Empowering funders to maximize social impact and ROI (Return on Investment)	6
<b>What</b>	<b>7</b>
We take the guideline-approach from the medical sector	7
Country-by-country, supported by international research	7
One method for every justice guideline	8
<b>How</b>	<b>9</b>
1. Establish a Committee of Experts	9
2. Define the topics for the guideline	10
3. Create common understanding of outcomes with justice users	11
4. Learn from the experiences of justice workers (collect practice-based evidence)	11
5. Collect evidence from the literature and define recommendations (evidence-based practice)	12
i. First literature search: Identifying the most common interventions	12
ii. Defining the PICO question	13
iii. Search strategy and literature selection	13
iv. Assessing and grading the evidence	14
A. Rate the entire study design	14
B. Take into account factors for downgrading and upgrading	15
C. Rate the quality of evidence of the entire recommendation based on step A and B	16
v. Making recommendations	16
6. Assess compatibility of recommended practices with international evidence base and provide context	18
7. Experts review the first draft of the guideline	18
8. Create and disseminate a prototype	19
9. Test the prototype	21
10. Improve the guideline continuously	21
11. Countrywide implementation	22
Contact information	23

*Justice problems are as common as diseases. Family problems, threats of violence between neighbours, rape, personal injury claims or financial fraud, they require high-quality treatments. This document explains how evidence-based guidelines can be developed to support high-quality delivery of legal and justice services by judges, lawyers, social workers, therapists and the many providers of “informal justice”. Evidence-based guidelines can help justice workers decide how to best assist people when they cope with conflict or crime. We detail how evidence-based ways of working can be developed in a local (country) setting, whilst benefiting from international best practices and research about what works. We explain the process and methodology for guideline development, which is inspired by the methods for developing guidelines in the health sector and for corrections.*

## Why

### The justice sector is ready for a different way of working

The Organisation for Economic Co-operation and Development (OECD), International Task Force on Justice and the World Justice Project have identified the justice gap: 5 billion people do not have access to basic justice.<sup>1</sup> One half of these problems have a strong negative impact on people's lives, yet only one third of those affected by them are able to obtain a solution. There is a demand from users to improve the process of getting a fair solution to make it more user-friendly. Meanwhile, justice workers such as judges, lawyers, and prosecutors are looking for ways to help more people with better quality services. Courts and legal systems want to reduce their caseloads. Traditional ways of working - which focus on applying legal norms and sanctions - are increasingly seen as outdated and inconsistent with people's needs.<sup>2</sup>

The justice sector is ready for new ways of sharing, acquiring, and applying knowledge about what works when it comes to solving legal problems. The five most common types of justice problems they are working on are crime, family, land, employment and neighbour disputes. Justice workers and users alike want to avoid counterproductive interventions and ensure that justice services are of a high quality. An evidence-based approach to justice provides a path forward.

---

<sup>1</sup> Task Force on Justice, *Justice for All*, accessible via: <https://www.justice.sdg16.plus/report>

<sup>2</sup> HiiL, *Understanding Justice Needs, The Elephant in the Courtroom*, p. 6, accessible via: <https://www.hiil.org/projects/understanding-justice-needs-the-elephant-in-the-courtroom/>

## **‘What works’ in the medical sector**

In the medical sector, professionals are trained to refer to a shared evidence base when making decisions about how to best serve their patients. Treatments and medicines are researched and tested by academic and medical professionals. This knowledge is widely shared through clinical guidelines. Clinical guidelines are a collection of systematically developed statements that support practitioners and patients to make decisions about appropriate treatment in specific circumstances.<sup>3</sup> Medical professionals and policy makers see these guidelines as a tool for offering better care. Guidelines bridge the gap between professional practice and scientific evidence.<sup>4</sup>

The individual statements contained in a guideline are referred to as recommendations. Recommendations are clear and actionable in that they tell practitioners what to do or not do. Guidelines promote recommendations that are most effective in improving patients’ well-being. Ineffective interventions, which have negative effects on well-being, are discouraged. Guidelines help to improve the quality of clinical decisions, improve the overall quality of interventions, and offer a more standardized way of working. By developing justice guidelines, these benefits can be brought to the justice sector.

## **Now is the moment to empower the justice sector to do what works**

There is a paradigm shift towards evidence-based working taking place in the justice sector. This approach is being adopted internationally and led by organisations like the Organisation for Economic Co-operation and Development (OECD) and the International Task Force on Justice. On a national level, early adopters in family courts, the corrections sector, and youth care are showing how evidence-based working can be implemented in practice. Donors and investors are looking for ways to allocate their funds more effectively and increase the social impact of their investments. The sector is more open and ready now to adopt the evidence-based approach than ever before.

## **Empowering people to move on**

In order to support people resolve and prevent their problems, we should focus on interventions that are most likely to solve their problems. They want to know whether the professionals they interact with can provide high-quality service. Users also need justice to be close to home and accessible through the channels that best meet their

---

<sup>3</sup> As defined by the Institute of Medicine (US). See: Woolf, Grol, Hutchinson, Eccles and Grimshaw, *Potential benefits, limitations, and harms of clinical guidelines*, accessible via: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114973/>

<sup>4</sup> Woolf, Grol, Hutchinson, Eccles and Grimshaw, *Potential benefits, limitations, and harms of clinical guidelines*, accessible via: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1114973/>

needs, whether formal or informal. Evidence-based working can improve the quality and accessibility of justice for users in both rural and urban settings.

## **Empowering justice workers to provide and receive more**

Justice workers want to help people. Being recognized as professionals and delivering the best quality of services they can are important. Professionals in justice sector organizations like the courts and the police look for ways to communicate in a shared language, so that choices about appropriate interventions can be made efficiently. They want to ensure that their services are grounded in what works, whether in the formal or informal sector. Improving the quality of services can also help unlock new streams of funding and become more financially sustainable. In order to be able to work with the guideline approach they need the institutions where they work to adopt evidence-based working in their procedures. Only with the support of their institutions and the procedures that they have to follow can they truly apply the guideline approach at scale.

## **Empowering regulators to make informed decisions**

Regulators of legal services, such as ministries, judicial associations, and bar associations, want to know how legal professionals can serve people in the best way possible. Evidence-based working can help regulators gain an understanding of what works. This helps them to make more informed decisions about policy and funding for justice services.

Evidence-based working can also help financial regulators like the national Court of Auditors ensure that justice services are funded in the most effective and responsible way. Spending on justice services that have not been rigorously tested might then be reduced or re-allocated to those that have.

## **Empowering justice reformers to make change**

Evidence-based working can facilitate justice reform efforts on the part of ministers, politicians, NGOs, and other large donors. It does so through the gradual development of a shared quality standard, against which justice practices in both formal and informal sectors can be tested. This shared quality standard serves as a starting point for developing international, evidence-based practices.<sup>5</sup> Practices that meet the quality standard can be shared between justice workers and promoted by reformers.

---

<sup>5</sup> OECD, *Equal Access to Justice for Inclusive Growth*, p. 190, accessible via: <http://www.oecd.org/gov/equal-access-to-justice-for-inclusive-growth-597f5b7f-en.htm>

## **Empowering researchers to find answers**

The evidence-based approach to justice relies on research. As the demand for evidence-based working rises, the demand for research rises as well. This may result in a greater number of funding opportunities for institutions doing justice research.

The evidence-based approach may also make research institutions more competitive applicants for funding. By identifying gaps in existing justice research, the evidence-based approach can help to identify where new or improved studies will have the greatest impact. By contributing to an evidence base that contains clear and actionable recommendations for justice workers and users, research institutions can benefit society in practical ways. Universities and think tanks with the capacity to conduct evidence-based, action-oriented research may be able to make a stronger case for funding.

## **Empowering funders to maximize social impact and ROI (Return on Investment)**

Entrepreneurs in the justice sector are better positioned to succeed if they know what works. In order to scale, a justice innovation must be supported by research and have a data-driven track record of success. Evidence-based working can help entrepreneurs offer user-centered justice innovations that scale and attract impact-focused funders and investors.

An evidence-based approach to justice can also help public and private funders identify what justice innovations are most likely to succeed and have the greatest social impact.

# What

## We take the guideline-approach from the medical sector

The World Health Organization (WHO) and national governments have developed a range of clinical guidelines containing actionable recommendations that support medical professionals in their daily work.<sup>6</sup> This approach can be applied and modified for the justice sector. In this document, we assume HiiL is organising the process of developing the guideline. Usually, this is done in cooperation with an organisation working in the field, where HiiL and this organisation will share the tasks allocated to HiiL in this document.

## Country-by-country, supported by international research

Justice workers need access to knowledge on what works. We collect internationally available evidence about what works for people (the ‘evidence-based practice’) and gather best practices from local justice workers (‘practice-based evidence’). This is done on a country-by-country basis.



**Evidence-based practice (EBP):** These are practices that are identified from international literature. The practices have been studied, tested and analyzed extensively. Relevant literature includes meta-studies, randomized controlled trials and expert opinions.  
Example of a family justice intervention supported by evidence-based practice: Parents should apply an authoritative parenting style.



**Practice-based evidence (PBE):** These are practices suggested by practitioners. We simply ask justice workers what works when dealing with a particular justice issue. We do this at a national or local level, both in the formal and informal sector, in order to better understand the local context and approach to justice.  
Example of a family justice intervention supported by practice-based evidence: In times of separation, practitioners suggest that both parents live close to each other, to enable their children to visit both parents on a regular basis.

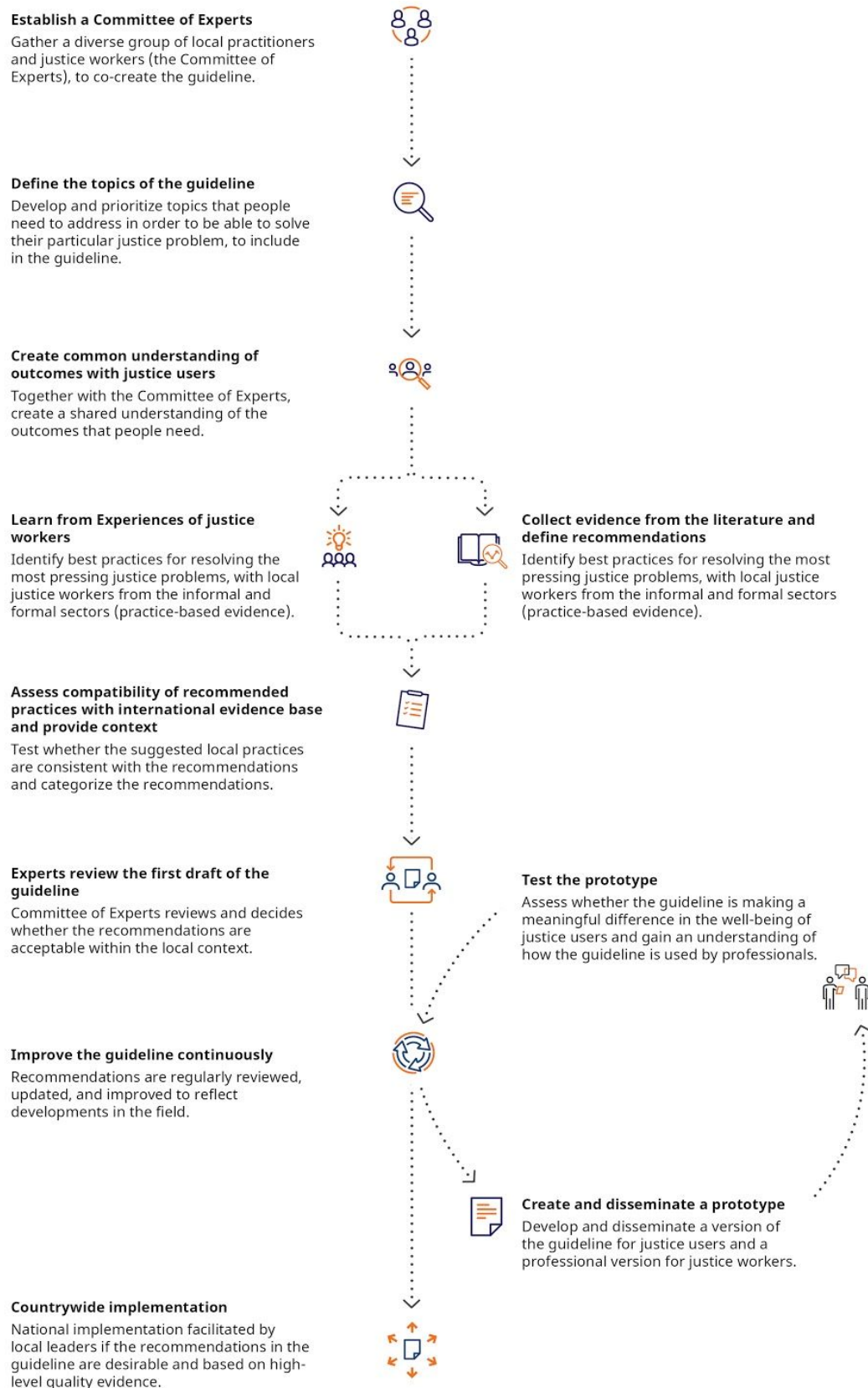
Then follows testing, grading, and combining these two types of knowledge with the help of local justice experts. This forms an evidence base. We then define clear and practical recommendations that put this knowledge about what works into action. Together, these recommendations make up a justice guideline.

---

<sup>6</sup> A list of examples of medical guidelines developed by the WHO can be found here: [https://www.who.int/medicines/areas/quality\\_safety/quality\\_assurance/projects/en/](https://www.who.int/medicines/areas/quality_safety/quality_assurance/projects/en/)

# One method for every justice guideline

HiiL designed a method for developing justice guidelines in 11-steps.





# How



## 1. Establish a Committee of Experts

The guideline development process starts by gathering a diverse group of local practitioners and justice experts. This group is referred to as the guideline's Committee of Experts (CoE). The Committee of Experts co-creates the guideline, performs quality control, and helps to create local ownership. Assembling and engaging a Committee of Experts at an early stage helps to increase buy-in from local justice workers.

The Committee is composed of twelve to eighteen members. The Committee should include academic experts, legal professionals, judges, government officials, NGO workers, and users of the justice system. A Chair is appointed with full endorsement of the Committee. The Chair will serve in that capacity for three years, and may extend his or her term on the Committee for up to six years.

### **The Committee of Experts also reviews and advises on:**

- a. Overall scope and purpose of the guideline
  - i. Topics are clearly defined
  - ii. Target group is clearly defined
- b. Stakeholder involvement
  - i. Users were sufficiently included developing the common understanding of outcomes
  - ii. Throughout the development process, individuals from all relevant professional groups were included
  - iii. Tests of the guideline have been conducted with the target group
- c. Rigour of development
  - i. Systematic methods were used to gather evidence
  - ii. Criteria for selecting and grading evidence are clearly described
  - iii. The methods for formulating and categorizing recommendations are clearly defined
  - iv. The desirable and undesirable outcomes for recommendations have been clearly described
  - v. Links between the evidence base and recommendations are explicit
  - vi. The guideline has been reviewed externally prior to publication
- d. Clarity of presentation
  - i. The recommendations are specific and unambiguous
  - ii. Key recommendations are easily identifiable
  - iii. Suggested best practices are easily identifiable
- e. Applicability
  - i. The guideline is supported with tools for application (such as sufficient introductions, categorizations and infographics)
  - ii. The guideline clearly presents opportunities for further research
  - iii. The guideline clearly presents opportunities for further development (adding topics, justice area or geographical area)
- f. Editorial independence

- i. The views of the funding body have not influenced the content of the guideline
- ii. Competing interests of guideline developers have been recorded and addressed



## 2. Define the topics for the guideline

HiiL develops a comprehensive list of topics to include in the guideline. Topics are subject matters that people need to address in order to be able to solve their particular justice problem.

We make a distinction between three different categories of topics:

**Issues:** These are the substantive topics that people have to deal with regularly.

*For example, in order for people to be able to separate they must agree on housing arrangements.*

**Process:** These relate to the procedural steps that people must take to solve their justice problem.

*For example, in order for people to be able to separate they should receive a diagnosis from a neutral third party.*

**Complications:** These include complications that need extra attention.

*For example, a complication in separation could be the existence of domestic violence (how to deal with that?).*

The list of topics is based on years of experience and interaction with justice workers and users of the justice sector. HiiL has conducted extensive research on what the most prominent problems are and what kind of solutions people are looking for.<sup>7</sup>

From this initial list, the Committee of Experts identifies the topics that they believe should be prioritized. Additional topics can be included if the Committee considers it necessary. Based on the Committee's input, the resources and staff available, and HiiL's mission and values, HiiL decides on the final list of topics to be covered by the guideline.

**HiiL's mission:** We aim to empower 150 million people to prevent and resolve their most pressing justice problems by 2030.

<sup>7</sup> HiiL, *Justice Needs and Satisfaction in Uganda*, accessible via: <https://www.hiil.org/projects/justice-needs-and-satisfaction-in-uganda/> and HiiL, *Understanding Justice Needs, The Elephant in the Courtroom*, p. 54, accessible via: <https://www.hiil.org/projects/understanding-justice-needs-the-elephant-in-the-courtroom/>



### 3. Create common understanding of outcomes with justice users

Identifying and working towards needs-based outcomes is essential for delivering high-quality justice.<sup>8</sup> Outcomes suggested by research (victimology, criminology, empirical research on effective interventions) and practice are listed in the following table.

---

#### *Outcomes per type of justice problems:*

**Family:** 1. Children are cared for 2. Secure housing for all 3. Secure incomes for all 4. No violence 5. Respectful communication 6. Division of debts 7. Division of property

**Land:** 1. Compensation for loss of income or property 2. Sharing of benefits 3. Allocation of land ownership 4. Agreement on the use of land 5. Protection

**Neighbour:** 1. Respectful communication 2. Less nuisance 3. Repair or compensation 4. Repairing relationships 5. Solutions for border issues (buildings, fences, trees)

**Employment:** 1. Respect for achievements 2. Financial compensation 3. Adjustment of roles 4. Employment prospects 5. Maintaining good relationships 6. Timeline

**Crime:** 1. Understanding what happened 2. Return of property, repair or compensation 3. Perpetrator is caught 4. Protection, preventing it will happen again 5. Apology or explanation 6. Punishment 7. Both parties being able to move on

---

HiiL leads a workshop with the CoE to create a common understanding of the outcomes that people need in their local context, backed by international literature research on user needs. The goal is to create a shared understanding of the relevant outcomes in the local context. The outcomes stated above are tested with the CoE to ensure that it is in line with the local context and needs. A common understanding of outcomes will help to identify what practice-based evidence and evidence-based practice we need to identify (steps 4 and 5).



### 4. Learn from the experiences of justice workers (collect practice-based evidence)

After the outcomes are defined, we identify what local justice workers from the informal and formal sectors consider best practices for resolving their most pressing justice problems. We organize workshops and invite government, local, and civil society leaders to share their experiences on what works. The workshops are conducted in mixed groups of around 20 participants of justice workers from the formal and informal sectors from a specific area. It is recommended that at least 5 separate workshops take place in 5 different locations, collecting information from around 100

---

<sup>8</sup> OECD, *Equal Access to Justice for Inclusive Growth*, p. 190, accessible via: <http://www.oecd.org/gov/equal-access-to-justice-for-inclusive-growth-597f5b7f-en.htm> and Task Force on Justice, *Justice for All*, accessible via: <https://www.justice.sdg16.plus/report>

practitioners. Each workshop is facilitated as full-day workshops and ample time is given to not only collect suggested best practices on specific interventions, but also how they relate to each other.

**Workshops are conducted according to a standard format:**

1. Define goals and expectations
2. Reflect on the data of the Justice Needs and Satisfaction survey: what are the most pressing justice issues?
3. Reflect on the common understanding of outcomes
4. Together identify:
  - a. What is a guideline?
  - b. What is a recommendation?
  - c. What is a best practice?
5. Group sessions: Government, local, and civil society leaders share their experiences
6. Share feedback in interactive setting
7. First working session: Define best practices for issues
8. Second working session: Define best practices for process
9. Third working session: Define best practices for complications
10. Reflect on the workshop and conclude

In order to ensure that workshops are representative of the national population, HiiL conducts several workshops throughout the country the guideline is being developed for. Geographical coverage depends on the resources available, and is determined in partnership with the Committee of Experts.



## **5. Collect evidence from the literature and define recommendations (evidence-based practice)**

There are many different steps in the path to resolving a justice problem. Each problem is broken down into a broad range of topics (such as mediation, adjudication, arrangements for raising children etc.) For each of these topics a number of possible interventions can be identified to help prevent or resolve the problem. Internationally available literature contains evidence which supports or invalidates interventions to justice issues. We test these interventions, rate the quality of evidence that underlies them, and define actionable recommendations. The following steps explain this process.

### **i. First literature search: Identifying the most common interventions**

HiiL conducts a first literature search to identify all possible interventions for each topic. This is done in accordance with the search strategy (explained in step three). For each topic, the team selects the two or three most effective interventions. Two

interventions are then compared with each other in PICO format and - if applicable - similarly compared to a third intervention.

## **ii. Defining the PICO question<sup>9</sup>**

In order to assess the effectiveness of interventions, HiiL compares selected interventions using PICO questions. The PICO-approach is used in the medical sector to help define the effectiveness of an intervention. PICO stands for:

- Population
- Intervention
- Comparison
- Outcome

These four elements should always be present in the PICO questions. The standard structure of a PICO question is: For [population/person], is [intervention 1] more effective than [compared intervention 2] for [outcome/goal]?

## **iii. Search strategy<sup>10</sup> and literature selection<sup>11</sup>**

After identifying the PICO question, HiiL reviews and selects the literature. HiiL first defines which keywords are used for the literature search.

The literature search is conducted in a hierarchical manner. HiiL starts with looking into existing evidence-based guidelines, systematic reviews and meta-analyses. In case this results in insufficient evidence, the search extends to randomized controlled trials. If this is not available, the team searches for observational studies and empirical research. Lastly, if needed, HiiL gathers relevant opinions by international experts.

Steps taken in the process of selecting literature are (in this order):

1. Screening of titles and abstracts: A first selection is made where non-relevant titles are excluded.
2. Selection on methodology, based on titles and abstracts: The researcher selects sources according to their methodology.

---

<sup>9</sup> How to phrase a PICO question is explained in: Schunemann, Brozek, Guyatt and Oxman, *GRADE Handbook*, Chapter 2, accessible via:

<http://gdt.guidelinedevelopment.org/app/handbook/handbook.html#h.1yd7iwhn8pxp>

<sup>10</sup> The search strategy is similar to the strategy used in developing guidelines for family doctors in The Netherlands, accessible via:

[https://www.nhg.org/sites/default/files/content/nhg\\_org/uploads/handleiding\\_ontwikkelen\\_nh\\_g-behandelrichtlijnen\\_0.pdf](https://www.nhg.org/sites/default/files/content/nhg_org/uploads/handleiding_ontwikkelen_nh_g-behandelrichtlijnen_0.pdf)

<sup>11</sup> The literature selection-process is similar to the selection-process used in developing guidelines for family doctors in The Netherlands, accessible via:

[https://www.nhg.org/sites/default/files/content/nhg\\_org/uploads/handleiding\\_ontwikkelen\\_nh\\_g-behandelrichtlijnen\\_0.pdf](https://www.nhg.org/sites/default/files/content/nhg_org/uploads/handleiding_ontwikkelen_nh_g-behandelrichtlijnen_0.pdf)

3. Selection on substance: A substantive and definitive selection based on the title, abstract and the substance.
4. Rating of selected literature: The quality and quantity of the literature are assessed. If not sufficient, the search strategy and criteria are altered.

HiiL consults several (legal and psychology-related) databases, which are accessible through Google Scholar. The most relevant databases are defined on a topic by topic basis.

#### iv. Assessing and grading the evidence<sup>12</sup>

The literature contains evidence. Following the selection of literature, the quality of the evidence is evaluated. HiiL grades the quality of evidence for each PICO question, based on the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system. The GRADE-manual (accessible on [www.guidelinedevelopment.org/handbook](http://www.guidelinedevelopment.org/handbook)) provides an elaborate description of this method.

GRADE is used extensively by the medical sector for developing guidelines. The GRADE system provides a definition of the quality of evidence. The quality of evidence reflects the level of confidence in the effect of the intervention on people's well-being. The evidence is graded according to a three-step process.

##### A. Rate the entire study design

Rating the quality of evidence starts with the study design. The evidence is categorized by the type of study, using the four GRADE classifications:

High	Existing evidence-based guidelines, meta-analyses, systematic reviews
Moderate	Random Controlled Trials (RCTs), medium-sized/large empirical research (including observational studies and experimental studies)
Low	Small empirical studies (including observational studies and experimental studies)
Very low	Opinions of international experts

<sup>12</sup> The assessment and grading of evidence in the medical sector is explained in: Schunemann, Brozek, Guyatt and Oxman, *GRADE Handbook*, Chapter 5, accessible via: <http://gdt.guidelinedevelopment.org/app/handbook/handbook.html#h.1yd7iwhn8pxp>

## B. Take into account factors for downgrading and upgrading

Next, HiiL looks for factors that reduce the quality of evidence. These being:

Risk of bias of the publication, such as: <ul style="list-style-type: none"><li>- Use of evidence by the author to support one favoured intervention (for example: the author is clearly in favour of mediation or supporting completely equal roles of men and women in family life as a matter of principle)</li><li>- Reporting of outcomes is selective</li><li>- Samples used in the study to back up arguments are not representative</li></ul>	1 or 2 levels down
Risk of true effects reported being different in other culture/location, <ul style="list-style-type: none"><li>- For example: the Uganda city population may not experience the same effects of an intervention as the Texas rural sample in the study</li></ul>	1 level down
Inconsistent results from different studies, such as those based on: <ul style="list-style-type: none"><li>- Geographical area (different studies report different outcomes for different geographical areas)</li><li>- Interventions (different studies report different interpretations of the same intervention)</li><li>- Outcomes (different studies report different effects of the same intervention)</li></ul>	1 or 2 levels down
Studies only present indirect evidence, such as: <ul style="list-style-type: none"><li>- Different results in different geographical areas in one study</li><li>- A difference in how the intervention is applied in one study</li><li>- A difference in the effects of the intervention in one study</li></ul>	1 or 2 levels down
Imprecision <ul style="list-style-type: none"><li>- Uncertainty about the study results</li></ul>	1 or 2 levels down

HiiL also looks at factors that increase the quality of evidence:

A large magnitude of the effect of the intervention: <ul style="list-style-type: none"><li>- The effects are consistent across different samples</li><li>- Consistency in the studies on the magnitude of the effect</li></ul>	1 or 2 levels up
Unanimous endorsement of the Committee of Experts	0 or 1 level up
All suggested best practices are in line with the recommendation	0 or 1 level up

Studies may report different outcomes. All outcomes of the studies that are essential to a recommendation are graded separately.

Until now, the upgrading and downgrading process has not been evaluated individually. In future iterations of the guideline, HiiL will provide reasons for upgrading or downgrading a recommendation and explain the reasons.

### C. Rate the quality of evidence of the entire recommendation based on step A and B

After taking into account the rating of the study design and the factors for down or upgrading the quality of evidence, HiIL determines the overall quality of evidence. HiIL provides a single grade of quality of evidence for every recommendation. The quality of evidence can be classified into the following four categories of the GRADE model:

High	There is much confidence that the true effects of the tested intervention are close to the estimations of the effects
Moderate	The true effects of the intervention are likely to be close to the estimates of the effect. There is a possibility that it is different
Low	The confidence in the estimates of the effects is limited. The true effects can be substantially different from the estimates
Very low	There is very little confidence in the estimates of the effects

Because the GRADE approach rates the quality of evidence separately for each important outcome of the studies, quality might differ across outcomes. When determining the overall quality of evidence across outcomes, Only the outcomes that are assessed as being most important are considered. These critical outcomes have been identified for each recommendation in the guideline. If the quality of evidence is the same for all critical outcomes, then this becomes the overall quality of the evidence supporting the answer to the question. If the quality of evidence differs across critical outcomes, then the overall confidence in effect estimates cannot be higher than the lowest confidence in effect estimates for any outcome that is critical for a decision. Therefore, the lowest quality of evidence for any of the critical outcomes determines the overall quality of evidence.

### v. Making recommendations<sup>13</sup>

The recommendations can be established following the answer to the PICO question and assessment of the quality of evidence by applying GRADE.

The strength of the recommendation depends on whether the desirable effects of an intervention outweigh the undesirable effects, and on the strength of evidence.

---

<sup>13</sup> How to go from evidence to recommendations in medical guidelines is explained in: Schunemann, Brozek, Guyatt and Oxman, *GRADE Handbook*, Chapter 6, accessible via: <http://gdt.guidelinedevelopment.org/app/handbook/handbook.html#h.1yd7iwhn8pxp>



Recommendations are categorized into four groups:

<i>Strongly recommended</i>	Clear balance towards desirable outcomes of the intervention and a high/moderate quality of evidence <b>Apply recommendation and advise parties accordingly</b>
<i>Recommended</i>	Clear balance towards desirable outcomes of the intervention and a low/very low quality of evidence <b>Apply recommendation and advise parties accordingly</b>
<i>Context-specific recommendation</i>	Unclear balance towards desirable outcomes of the intervention (where desirable effects do not apply to all situations) and a high/moderate level of evidence <b>Apply recommendation only in the right circumstances and advise parties accordingly</b>
<i>Not recommended</i>	Clear balance towards undesirable outcomes of the intervention and a high/moderate level of evidence <b>Beware of non-recommended practice</b>

Key factors that influence the direction and strength of a recommendation are:

Domain	Comment
The balance between desirable and undesirable outcomes (trade-offs) taking into account: <ul style="list-style-type: none"> <li>- Best estimates of the magnitude of effects on desirable and undesirable outcomes</li> <li>- Importance of outcomes (estimated typical values and preferences)</li> </ul>	The larger the differences between the desirable and undesirable consequences, the more likely a strong recommendation is warranted. The smaller the net benefit and the lower the certainty for that benefit, the more likely a weak recommendation is warranted
Confidence in the magnitude of estimates of the effect of the interventions on important outcomes (overall quality of evidence for outcomes)	The higher the quality of evidence, the more likely a strong recommendation is warranted
Confidence in values and preferences and their variability	The greater the variability in values and preferences, or uncertainty about typical values and preferences, the more likely a weak recommendation is warranted
Resource use	The higher the costs of an intervention (the more resources consumed), the less likely a strong recommendation is warranted



## 6. Assess compatibility of recommended practices with international evidence base and provide context

We make a first draft of the guideline by combining practice-based evidence and evidence-based practice. During this process we:

- a. Test whether the suggested local practices (practice-based evidence) are consistent with the recommendations (evidence-based practice). In other words, we check if the practices favored by practitioners are supported by the research;

Compatible practices are highlighted and categorized as '**best practices in line with international literature**', whereas incompatible suggested practices are categorized as '**other suggested practices**'.

- b. Include an annex where we elaborate on and assess the evidence base and identify remaining gaps in international literature. Identifying the gaps in literature helps research institutes to identify where further research is needed;
- c. Draft comprehensive descriptions of the interventions tested, so that the resulting recommendations are clearly understood. These descriptions are drawn directly from the literature;
- d. Categorize the “strength” of recommendations, taking into account the quality of the evidence and (un)desired effects of the interventions on the target group. As previously mentioned, there are four categories of recommendations (Strongly Recommended, Recommended, Context-specific Recommendation and Not Recommended). The strength of a given recommendation is intended to inform whether and to what extent it is applied by justice workers and users.



## 7. Experts review the first draft of the guideline

HiiL submits the guideline to the Committee of Experts for review. The Committee decides whether the recommendations are acceptable within the local/national context. They report their findings within three months of submission. If the Committee of Experts determines that a recommendation is incompatible with local practice, the Committee and HiiL collectively review the recommendation and

<sup>14</sup> See: Schunemann, Brozek, Guyatt and Oxman, *GRADE Handbook*, Chapter 6, table 6.2, accessible via:  
<http://gdt.guidelinedevelopment.org/app/handbook/handbook.html#h.1yd7iwhn8pxp>

determine whether it should remain the same, be modified, or be removed from the guideline entirely.



## 8. Create and disseminate a prototype

HiiL develops a version of the guideline for justice users and a professional version for justice workers. Depending on user needs, available resources, and the target audience, these versions are put into digital form (by means of an app), hardcopy, or both.

An example of a hardcopy guideline we developed is the **Family Justice Catalogue** in Uganda.



Together with local designers, HiiL develops visual infographics for every recommendation. Culturally-competent visuals are essential because they increase the user-friendliness of the guideline and make it accessible to a broader audience. Once the visuals are included and the review is completed, HiiL can finalize the prototype and develop a dissemination plan in partnership with the Committee of Experts. The dissemination plan is dependent on local context and will therefore vary across guidelines.

The prototype dissemination strategy depends on:

- The target group of the guideline
- The format of the guideline (app or hardcopy)
- Available budget
- Timeline
- Volume of the guideline
- Dissemination channels



## 9. Test the prototype

Three to six months after dissemination, HiiL assesses whether the guideline is making a meaningful difference in the well-being of justice users. We also want to gain an understanding of how the guideline is used and how it fits into the daily practice of justice workers. Data collection methods vary depending on the project circumstances and dissemination strategy, but may include surveys, interviews, focus group discussions, or direct observation. Using these methods, and in partnership with the Committee of Experts, HiiL tests whether the guideline is creating changes in the knowledge, attitudes, and practices of the target community.

We ask:

1. Has the target group gained useful knowledge from the guideline?
2. Does the target group value the information in the guideline?
3. Has the behavior of the target group changed because of the guideline?

This feedback from justice users and workers directly informs improvements to the recommendations in the guideline as well as the way that information is presented and disseminated. We incorporate the feedback into the next version of the prototype.



## 10. Improve the guideline continuously

The guideline is a living document. This means that the recommendations are regularly reviewed, updated, and improved to reflect developments in the field. It is recommended that updates happen on a yearly basis. Both new findings that support previous research and new findings that contradict it are added to the evidence base and used to reassess the accuracy of the guideline. The strength of the recommendations and the recommendations themselves are modified accordingly.

Initially, HiiL is responsible for updating and improving upon the guideline. Over time, local ownership is built to take ownership of this process. The role of HiiL is gradually reduced to a solely supervisory/quality control one. The process for creating local ownership is explained separately in the sustainability strategy.

In addition to supervising the improvement of existing guidelines, HiiL develops guidelines for new populations and new categories of justice problems. The development strategy of new guidelines is informed by data highlighting the most urgent justice problems in countries around the world.



## 11. Countrywide implementation

Implementation is an important element for the success of any guideline.<sup>15</sup> National implementation can take place once HiiL and the Committee of Experts have ensured the recommendations contained in the guideline are desirable and based on high-level quality evidence. Moreover, the support and willingness from formal as well as informal institutions working on solving justice problems is crucial to the success of the countrywide implementation.

Each guideline and each country needs its own implementation plan that takes into consideration the local needs. We already know from the medical sector that new guidelines take several years to be implemented and become common practice. In the justice sector this can be even harder as a paradigm shift needs to happen to convince justice workers and institutions to work with a guideline approach.

Guideline implementation is facilitated by the support of local leaders. Justice workers in influential roles are involved from the beginning of the guideline development process (in the CoE and the early workshops). By involving them early and creating ownership they are asked to commit to working with the guidelines and promoting an evidence-based approach to justice within their respective organisations.

It is important to involve all those who have contributed to the development of the guideline in the CoE as well as in the workshops. They can be champions of the evidence-based approach and be drivers of the implementation process. Feedback is collected every 3 months to understand how/if the guideline is being used and whether there are any potential barriers or nodule-necks that need to be addressed.

Possible barriers to guideline implementation that need to be addressed are:

- Factors related to the target audience (such as their attitude and knowledge)
- Guideline-related factors (such as bad quality of recommendations or design)
- External factors (such as social norms)

---

<sup>15</sup> Rauh, Arnold, Braga, Curca, Eckert, Fröbe, Karamouzis, Lakatos and Molitor, *Challenge of implementing clinical practice guidelines. Getting ESMO's guidelines even closer to the bedside: introducing the ESMO Practising Oncologists' checklists and knowledge and practice questions*, accessible via: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6069906/>

The Committee of Experts tracks implementation progress and works together with HiIL to modify the implementation plan where needed.

## Contact information

**Tim Verheij**, Justice Sector Advisor

T: +31 (0) 70 762 0700 | E: [tim.verheij@hiil.org](mailto:tim.verheij@hiil.org)

Fluwelen Burgwal 58, 2511 CJ The Hague, The Netherlands

P.O. Box 93033, 2509 AA The Hague, The Netherlands

[www.hiil.org](http://www.hiil.org)