

# TOGETHER FOR EQUALITY & RESPECT

Regional Evaluation  
Framework

July 2016



## Women's Health East

Date of Publication - July 2016

An electronic version of this publication can be found on the Together For Equality & Respect website

[www.whe.org.au/tfer](http://www.whe.org.au/tfer)

Women's Health East

[health@whe.org.au](mailto:health@whe.org.au)

+61 (03) 9851 3700

## Suggested citation

WHE (2016). Together For Equality & Respect (TFER) Evaluation Framework. Available from URL:

<http://www.whe.org.au> cited [insert date cited].

This document has been prepared by Dr Belinda Crockett (EACH/Swinburne University/City of Boroondara), Dr Sue Rosenhain (Women's Health East), Ms Rebecca Morgan (Inner East Primary Care Partnership), Ms Ruth Klein (Monash University), Ms Véronique Roussy (EACH), Ms Laura Newstead (Outer East Primary Care Partnership (OEPCP)), Ms Kelly Naughton (OEPCP), Ms Sophie Allen (Inner East Primary Care Partnership) and Ms Catherine D'Arcy (EACH).

## Acknowledgements

Women's Health East would like to acknowledge all those who contributed to this Evaluation Framework, in particular the current and former members of the Evaluation Working Group listed below:

- Kristine Olaris – Women's Health East
- Sue Rosenhain – Women's Health East
- Belinda Crockett – City of Boroondara
- Jill Exon – Women's Health East
- Vanessa Czerniawski – Women's Health East
- Annette Rudd – EACH
- Ruth Klein – Monash University, formerly EACH
- Veronique Roussy - EACH
- Kate Vrljic – Inner East Primary Care Partnership
- Rebecca Morgan – Inner East Primary Care Partnership
- Deborah Cocks – Outer East Primary Care Partnership
- Laura Newstead - Outer East Primary Care Partnership
- Kelly Naughton – Outer East Primary Care Partnership
- Bronwyn Upston – WHE, Link
- Kate Gibson – WHE, formerly Outer East Cluster for the Prevention of Violence Against Women in Our Community
- Libby Hargreaves - Whitehorse Community Health
- Catherine D'Arcy - EACH
- Jayde McBurnie - EACH
- Lauren Alberico - EACH

# TABLE OF CONTENTS

<b>TABLE OF CONTENTS .....</b>	<b>3</b>
Acronyms and Abbreviations .....	5
<b>EXECUTIVE SUMMARY .....</b>	<b>6</b>
<b>1. BACKGROUND AND CONTEXT .....</b>	<b>7</b>
1.1 Introduction .....	7
This Framework Document is divided into a number of sections, each of which can be accessed as separate documents. The current section (Section 1) provides the context and background for the TFER Evaluation Framework. Section 2 outlines the TFER evaluation framework and describes the design. Section 3 provides the evaluation framework in table format, Section 4 provides a summary of methods at a number of levels including summarising both primary and secondary collection processes and summarising in terms of dates. Section 5 summarises dissemination and Section 6 lists references for the document. Tools and resources for data collection are available separately in the Resources section of the TFER Website.....	7
1.2 The Primary Prevention of Violence Against Women.....	7
1.3 Evaluation of Primary Prevention of Violence Against women .....	8
1.4 Theoretical Context of the Evaluation .....	8
1.4.1 Collective Impact.....	8
1.4.2 Developmental Evaluation.....	9
1.5 The Development of the Regional Evaluation Framework .....	11
<b>2. AN OVERVIEW OF THE EVALUATION FRAMEWORK .....</b>	<b>13</b>
2.1 Principles underpinning the evaluation .....	13
<b>3. THE REGIONAL EVALUATION DESIGN .....</b>	<b>15</b>
3.1 Evaluation Purpose and Scope.....	15
3.2 Aims and Objectives.....	16
3.3 Key Evaluation Questions.....	17
<b>4. SUMMARY OF THE REGIONAL EVALUATION FRAMEWORK .....</b>	<b>18</b>
<b>5. METHODS: REGIONAL EVALUATION DATA COLLECTION .....</b>	<b>25</b>
<b>6. DISSEMINATION .....</b>	<b>32</b>
<b>7. CONCLUSION .....</b>	<b>32</b>
<b>8. GLOSSARY.....</b>	<b>33</b>
<b>9. REFERENCES .....</b>	<b>34</b>
Appendix 1: Membership of Together for Equality and Respect Governance and Action Groups .....	36
TFER Steering Group .....	36
TFER Leadership Group Membership: .....	36
TFER Evaluation Working Group.....	37

TFER Evaluation Working Group Membership 2014 ..... 37

TFER Evaluation Working Group Membership 2015/6..... 37





## List of diagrams

Table 1.1: Features of “traditional” and “developmental” evaluation both of which have informed the TFER evaluation framework (Patton, 2006).....	10
Table 1.2: Intervention Mapping for the development of regional objectives .....	12
Table 2.1 Principles underpinning the evaluation .....	14
Table 4.1 A summary of Evaluation Framework Goals, Objectives, indicators and methods .....	18
Table 5.1: Data collection by Regional EWG (primary collection) vs Partner Organisations (secondary collection) .....	25
Table 5.2: A summary of Regional Evaluation data collection methods by dates: “Bird’s eye view” .....	26
Table 5.3: A Summary of the TFER “Two-tiered” data collection methods for TFER evaluation .....	28

## Acronyms and Abbreviations

<b>ANROWS</b>	Australian National Research Organisation for Women’s Safety
<b>CC</b>	City Council
<b>CH</b>	Community Health
<b>DE</b>	Developmental Evaluation
<b>EMR</b>	Eastern Metropolitan Region
<b>EWG</b>	Evaluation Working Group
<b>EWG</b>	Evaluation Working Group
<b>IEPCP</b>	Inner East Primary Care Partnership
<b>OEPCP</b>	Outer East Primary Care Partnership
<b>OEPCP</b>	Outer East Primary Care Partnership
<b>PCP</b>	Primary Care Partnership
<b>PVAW</b>	Prevention of Violence Against Women
<b>RO</b>	Regional Objective
<b>TFER</b>	Together For Equality and Respect
<b>WHE</b>	Women’s Health East

## EXECUTIVE SUMMARY

# TOGETHER FOR EQUALITY & RESPECT

Together for Equality and Respect (TFER) is a four year strategy (2013-2017) aimed at preventing violence against women in Melbourne's Eastern Metropolitan Region (EMR). The Strategy provides partner organisations with the opportunity to work together to prioritise, coordinate, integrate and evaluate our collective efforts to prevent men's violence against women across the EMR.

All seven Local Governments and all Community Health Services, both Primary Care Partnerships (PCPs), both of the former Medicare Locals (and more recently, the Eastern Primary Health Network which has replaced the Medicare Locals) and the Regional Family Violence Partnership have all been actively involved in the consultation and/or development of this Strategy. The TFER partnership is furthermore continuing to expand as others become part of the Strategy. Most recently this has included, for example, the Victorian State Government Department of Health and Human Services and the Eastern Community Legal Centre. Together, these partners created a powerful vision, articulating what they believe this Strategy can achieve for the EMR.

The TFER Regional Evaluation Framework, described in this document, has been developed to sit alongside the Action Plan for implementing the TFER Strategy. In the same way that the Action Plan articulates shared partner commitments for collective and co-ordinated actions for achieving the TFER vision, the Evaluation Framework outlines shared commitments for evaluating the Strategy.

The Evaluation Framework outlines the underlying principles, theories and concepts guiding the evaluation as well as its questions, methods and processes.

The major purpose of the Framework is twofold:

- to guide TFER partners involved in undertaking the shared evaluation
- to support a process that enables contribution to the PVAW evidence base in the context of a regional, multi-partner approach

The Evaluation Framework is intended to be a dynamic document. As TFER partners learn over time and as contexts change it is anticipated that regular monitoring of the evaluation methods described as well as evaluation findings will inform reflection and future refinement of the Framework.

In accordance with developmental evaluation principles (Cabaj, 2014; Patton, 2008; Patton, 2011), the implementation of the framework will continue to be a collaborative effort, inclusive of all partners, and spearheaded by Women's Health East and EACH. An Evaluation Working Group (EWG), commissioned by the TFER Leadership Group, continues to provide additional support and guidance. This group brings together key partners with specific expertise in PVAW and includes representatives from Women's Health East, Community Health agencies, Primary Care Partnerships and Councils in the Inner and Outer East of Metropolitan Melbourne (further detail in Appendix 1).

Whilst the current TFER Strategy, Action plan and Evaluation Framework run until 2017, it is acknowledged that the TFER vision for "A society where women live free from men's violence – where every girl and boy grows up to be equally valued, heard and respected, and with equal access to opportunities, will not be achieved in this time. 2017 therefore reflects a time at which there will be a major review and reflection on achievements of the 2013-2017 Strategy and Action plan. At that time it is anticipated that the Strategy, Action plan and Evaluation framework will all be updated to reflect the context at that time and the work that will still need to be done to realise the TFER vision.

# 1. BACKGROUND AND CONTEXT

## 1.1 Introduction

This Framework is an evaluation Framework for the Together for Equality and Respect (TFER) Strategy which is a regional Strategy to prevent violence against women in Melbourne's East. The Regional Evaluation Framework aims to guide TFER partners involved in undertaking the shared evaluation while also supporting a process that enables contribution to the Prevention of Violence Against Women (PVAW) evidence base. This Regional Evaluation Framework document outlines the underlying principles, theories and concepts guiding the evaluation as well as its questions, methods and processes.

The TFER Evaluation is one of few evaluations in terms of both its scale (being conducted at the Regional-level involving a range of partner organisations) and focus on the primary prevention of Violence against Women. TFER has a focus on rigorous evaluation at a regional level of the impact of TFER activities to prevent violence against women across a range of settings and population groups (WHE, 2015). The TFER evaluation framework addresses an identified gap in knowledge around the impact of mutually reinforcing primary prevention initiatives within a designated area across multiple settings (WHE, 2015).

The evaluation is enabled through the development of shared objectives and indicators of success, as well as shared resources and tools for data collection. The shared measurement and resourcing of the TFER evaluation is a significant achievement for the Eastern Region of Melbourne and for Women's Health East. It represents a Collective Impact effort of a scale and rigour that has not previously been implemented in the Region.

This Framework Document is divided into a number of sections, each of which can be accessed as separate documents. The current section (Section 1) provides the context and background for the TFER Evaluation Framework. Section 2 outlines the TFER evaluation framework and describes the design. Section 3 provides the evaluation framework in table format, Section 4 provides a summary of methods at a number of levels including summarising both primary and secondary collection processes and summarising in terms of dates. Section 5 summarises dissemination and Section 6 lists references for the document. Tools and resources for data collection are available separately in the Resources section of the TFER Website.

## 1.2 The Primary Prevention of Violence Against Women

The prevention of violence against women is a national and state priority. Men's violence against women is now widely recognised as a global problem and one of the most widespread and serious violations of human rights (Our Watch, 2015). In Australia, approximately one in three women over the age of 15 years have experienced physical assault and one in five women, sexual assault (Our Watch, 2015). Tragically, one woman a week is murdered by a current or former partner and thousands more are injured or made to live in fear (Our Watch, 2015). The social, health and economic costs of violence against women are enormous (Our Watch, 2015).

*Change the Story*, a National framework for preventing violence against women and their children in Australia demonstrates bipartisan commitment of all Australian governments and contributes to the Second Action Plan of the National Plan to Reduce Violence Against Women and their Children 2010-2022 (the National Plan). Led by Our Watch in partnership with ANROWS and VicHealth, the framework draws on international and Australian evidence (including prior work by VicHealth - see for example *Preventing Violence Before it Occurs: A framework to guide the primary prevention of violence against women*) - to identify the core elements required to create a strategic, collaborative and consistent approach to preventing violence against women and their children (Our Watch, 2015, p. 11).

*Change the Story*, at its core, recognises extensive evidence that *gender inequality is a key underlying cause of violence against women and that gender inequality is interlinked with other types of inequality and discrimination*

such as racism, discrimination on the basis of disability or sexuality (Our Watch 2015). It identifies that primary prevention of violence against women needs to work on multiple reinforcing levels that include addressing the gendered drivers of this violence. Such drivers include rigid gender roles and stereotyped constructions of masculinity and femininity (Our Watch, 2015). In addition it is strengthened by addressing the reinforcing factors such as addressing other inequalities, reducing problematic use of drugs and alcohol and addressing broader cultures tolerating violence.

### 1.3 Evaluation of Primary Prevention of Violence Against women

The complexities of evaluating primary prevention of violence against women interventions are well established (Ellsberg et al 2014; Wall 2013; Batliwala & Pittman 2010). To some extent these reflect broader challenges of evaluating complex multileveled interventions which involve the collective efforts of multiple partners (Jolley 2014). In addition to these however, evaluation of primary prevention of violence against women interventions face further challenges. These include the still emerging theory and evidence base and the subsequent lack of a sensitive indicators and tools to measure change in the issue's underlying drivers (Wall 2013; Batliwala & Pittman 2010).

In the face of such challenges, key recommendations from the literature have been taken into account in this Regional Evaluation Framework. These include the importance of having multiple evaluation levels and approaches to match the discrete elements of the PVAW intervention (Batliwala & Pittman 2010), of including women's voices from within the community of focus and including perspectives at an organisational as well as a community level. It further includes the importance of taking the often changing context into account (Jolley 2014; Batliwala & Pittman 2010). An example of a potentially changing context relevant to violence against women is the potential for backlash within organisational or the community contexts. If such context is not acknowledged, there is potential that negative changes related to the broader context are inaccurately attributed to interventions (Our Watch 2015; Batliwala & Pittman 2010).

The TFER evaluation framework outlines a primary prevention approach based explicitly on the *Change the Story* Framework which explicitly acknowledges the role gender inequality plays in setting the social context for violence against women (Our Watch, 2015). Building on the multiple levels and approaches taken by partner agencies within the TFER Action Plan, the evaluation has been developed alongside the TFER Action Plan (WHE 2014). It include multiple approaches which take account of the specific theories underlying each part of the Action Plan (WHE 2014).

### 1.4 Theoretical Context of the Evaluation

#### 1.4.1 Collective Impact

Collective Impact is an approach to bringing cross-sector organisations together to focus on a common agenda which aims to result in long-lasting change (Kania & Karmar 2013). It is informed by theory and evidence regarding the importance of multifaceted community interventions for addressing complex population health issues such as violence against women. It is informed by social ecological theory and complex systems thinking and has a central focus on facilitating collaborative partnership work across organisations and sectors towards achieving large scale social change.

Evidence of the effectiveness of Collective Impact approaches is still limited but demonstrates its potential for substantially greater progress in regards to many of the most serious and complex social problems (Kania & Karmar, 2011). Key enabling conditions identified by Kania & Kramer (2011) for Collective Impact include: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organisations.

The common agenda and shared measurement systems are key elements of effective Collective Impact approaches. In defining the shared focus of partners, an important question to decide is what changes they seek to gain as a result of their shared efforts and subsequently to agree on how this will be measured. Collaborative decisions are



made for key project elements including project success indicators and data collection processes relevant to these indicators, with the ideal process for collecting data being one that is co-ordinated across partners.

Mutually reinforcing activities are a further important element of Collective Impact work and therefore an important focus for their evaluation. Kania & Kramer (2011) identified that in evaluating Collective Impact approaches it is important to collect data on the multiple dimensions of change relevant to complex systems. This might include, for example, broader regional data as well as community level reach and engagement data.

Partnership is a further important dimension that is key to effective Collective Impact work and therefore as a focus for evaluation. Within this area of understanding and evaluating effective partnership are a number of other themes, including effective communication and supportive facilitation structures. Continuous communication are integral to partnership work as is the allowance of time for strong and effective relationships to develop. Trust needs time to develop and often develops in the context of many meetings over a number of years. Communication includes a common vocabulary needing to be developed, which itself can take time. Such vocabulary is however an essential component of the shared measurement systems needed for full Collective Impact work to occur.

A Backbone organisation is an important enabler which provides the basis for all of the above described factors. “Backbone organisation” as described by Kania & Kramer (2011), an essential aspect of Collective Impact, refers to the dedicated staffing, usually provided by one of the partner organisations separate from participating in partner specific activities, who plan, and manage co-operative processes, support communications and data collection.

### 1.4.2 Developmental Evaluation

*“Doing evaluation for the way we work” (Patton, 2011)*

The TFER regional evaluation accords with principles of Developmental Evaluation (DE) (Patton, 2012). DE is an evaluation approach defined by its purpose of supporting program development with a focus on innovation and adaptability within complex environments. Similar to a Collective Impact approach, DE is informed, by systems thinking and social ecological approaches. It has an inherently values-based commitment to sustainable, long term, systems change (Patton, 2012). As such, DE shares with empowerment evaluation its commitment to certain principles including inclusion and participation of key stakeholders (Charles, 2015).

Characteristically, the developmental evaluator works collaboratively with participants and other stakeholders to conceptualise, design and test new approaches in a long-term, on-going process of adaptation, intentional change and development (Patton, 2012). This ensures the intervention is tailored to fit the complex and continually changing context. The DE is necessarily part of the intervention itself, evolving and adapting alongside simultaneous processes of planning, implementation and evaluation<sup>1</sup> (Patton, 2012). The focus is on *development* and *process* versus improvement or summative judgement (Patton, 2012). In this sense, it represents a shift in evaluation thinking to accommodate the complexity (or “adaptive” nature) of the work (which is in this instance multi-level, multi-purpose, multi-partner, etc.). It represents a shift from a paradigm of pre-determined solutions towards a dynamic, iterative, context-responsive, “open” approach. Instead of asking “*does the program work*”, the evaluator seeks to understand “*what works for whom in what ways and under what conditions?*” (Patton, 2012).

Whilst traditional and DE approaches to evaluation reflect distinct paradigms (as demonstrated in Table 1.1 below), the TFER evaluation design purposefully brings aspects of the two approaches together in order to benefit from what each has to offer and to address the limitations of more rigid designs applied in complex contexts. TFER does not therefore reflect DE in its purist form nor traditional evaluation designs in their intentions. Rather, this framework describes pre (yet collectively) developed objectives and indicators whilst also embracing an ever-evolving evaluation as it responds to real life situations and the implementation stories and experiences shared by partners.

<sup>1</sup> Representative of a continuous quality improvement process of “development loop”.

**Table 1.1: Features of “traditional” and “developmental” evaluation both of which have informed the TFER evaluation framework (Patton, 2006)**

Traditional Evaluation	Developmental evaluation
<b>Purpose:</b> Supports improvement, summative tests and accountability	<b>Purpose:</b> Supports development of innovation and adaptation in dynamic environments
<b>Roles and relationships:</b> Positioned as an outsider to assure independence and objectivity	<b>Roles and relationships:</b> Positioned as an internal team function integrated into the process of gathering and interpreting data, framing issues, surfacing and testing model developments
<b>Accountability:</b> Focused on external authorities and funders based on explicit and pre-ordinate criteria	<b>Accountability:</b> Centered on the innovators’ values and commitment to make a difference
<b>Options:</b> Rigorously options-focused, traditional research and disciplinary standards of quality dominate	<b>Options:</b> Utilisation focused: options are chosen in service to developmental use
<b>Measurement:</b> Measure performance and success against pre-determined goals and SMART outcomes	<b>Measurement:</b> Develops measures and tracking mechanisms quickly as outcomes emerge; measures can change during the evaluation as the process unfolds
<b>Evaluation results:</b> Detailed formal reports; validated best practices, generalizable across time and space. Can engender fear of failure	<b>Evaluation results:</b> Rapid, real-time feedback; diverse, user-friendly forms of feedback. Evaluation aims to nurture learning
<b>Complexity &amp; Uncertainty:</b> Evaluator tries to control design implementation and the evaluation process	<b>Complexity &amp; uncertainty:</b> Learning to respond to lack of control; staying in touch with what’s unfolding and responding accordingly
<b>Standards:</b> Methodological competence and commitment to rigor, independence; credibility with external authorities and funders; analytical and critical thinking	<b>Standards:</b> Methodological flexibility, eclecticism and adaptability; systems thinking; creative and critical thinking balanced; high tolerance for ambiguity; open and agile; teamwork and people skills; able to facilitate rigorous evidence-based perspectives

## 1.5 The Development of the Regional Evaluation Framework

The Regional Evaluation Framework has been developed alongside the development of the TFER Action Plan (WHE 2014). The first stage of this development began in June 2013 when the TFER Partners decided to undertake a process known as Intervention Mapping (Bartholomew, Parcel & Kok, 1998) to develop the Action and Evaluation plans. This process facilitated the regional mapping of existing and planned PVAW activities, including those at the levels of primary, secondary or tertiary prevention. Through this mapping the partnership were then facilitated to identify shared priorities and articulate regional goals, objectives and strategies based on the work they had already planned to do. This process led to the development of the TFER Regional Action Plan. A summary of this process is represented in Table 1.2.

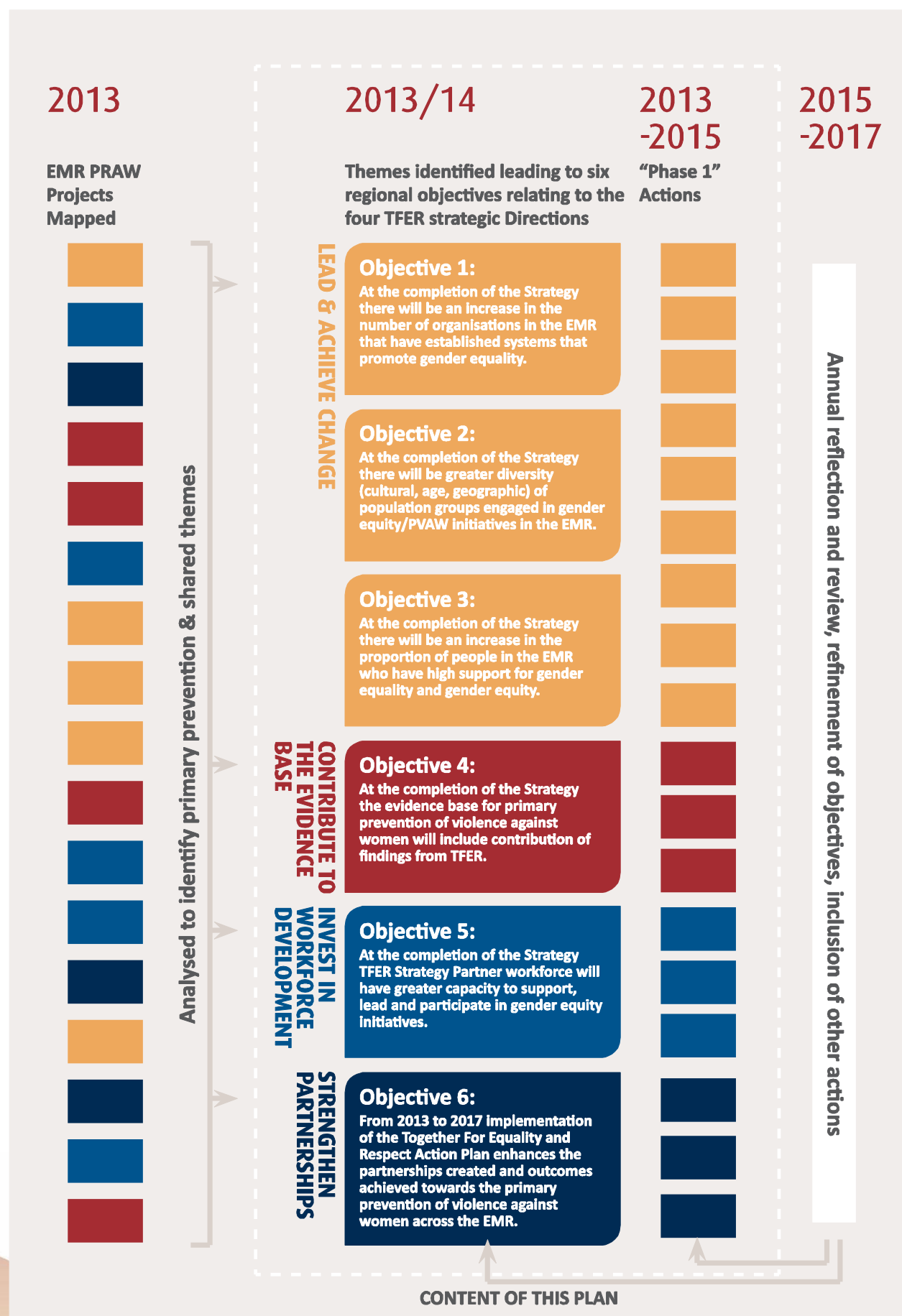
The Evaluation Working Group was convened by the Leadership Group to develop the Evaluation Plan (and eventually the current Framework) at the same time as the Action Plan (WHE 2014) was being developed. Throughout the development of the Action Plan the Evaluation Working Group worked on a corresponding evaluation plan, developing or sourcing tools to measure achievements against the objectives and related indicators. When this plan was finalised, ethics approval was sought and gained through the Deakin University Human Ethics Advisory Group.

As part of developing the evaluation plan the evaluation working group developed a comprehensive set of tools and resources which were then provided to TFER partners and placed on the TFER Website. This both supported organisations in their data collection and promoted a consistent approach to data collection. The tools enabled organisations to both gather data for internal evaluation and contribute to the Regional evaluation. In so doing it would enable them to compare their results with the results across the EMR.

In the development of the Regional Evaluation Framework, an extensive literature review was also undertaken of regional primary prevention of violence against women evaluation methodology and tools. This review both informed the selection of tools and indicators as well as the evaluation framework's principles and design. A key principle informing the TFER evaluation, for example, as is discussed further in the following section, is that of participatory processes. Participatory processes reflecting this principle has been informed by the work of the Northern Region Prevention of Violence Against Women Strategy (WHIN and Monash University, 2013)].

Throughout the development of the Regional Evaluation Framework, WHE provided the "Backbone organisation" required for effective Collective Impact work. Staff were employed with the specific focus of supporting the Regional Strategy development which included organising the workshops, Leadership Group and Evaluation Working Group meetings and ensuring communications and collaborations across these governance groups and with the broader group of participating partners.

Table 1.2: Intervention Mapping for the development of regional objectives





## 2. AN OVERVIEW OF THE EVALUATION FRAMEWORK

### 2.1 Principles underpinning the evaluation

The Regional Evaluation Framework is informed by a range of key principles and assumptions outlined in table 2.1 below. These include a feminist-informed perspective/conceptual viewpoint, and theories of participation and empowerment (Mulvey, 1988; Rissel, 1994; Broom, 1998). These principles are especially important when working in primary prevention where regional backing, community ownership and knowledge are essential in the design and implementation of strategies for eliciting change in communities. These principles are in turn reflected in the developmental approach to the evaluation (see section above). In accordance with these principles and conceptual frames, a core assumption driving the work is that sustainable change is most likely to occur when the people who will be affected by the change, are involved in shaping, developing, implementing and evaluating the change process (Minkler & Wallerstein, 2008). Similarly, notions of power and influence are inherently assumed in regards to social positioning in respect of gender, class, age, organisational positioning.

Table 2.1 Principles underpinning the evaluation

<b>Inclusion</b>	Inclusion refers to the level to which diverse groups and individuals are included in structures and activities. It refers to different facets of inclusion such as leadership and decision making as well as attendance and engagement in activities. Inclusive activities and structures pay attention to and minimise potential barriers (including structural and cultural barriers) which would otherwise exclude some communities and groups.
<b>Capacity Building</b>	Processes focused on sustained community and workforce development in a particular area. The aim includes working to tap into existing abilities and knowledge, increasing involvement, decision-making and ownership of issues, as well as building skills, confidence and ability to address the issues of concern.
<b>Participation and Empowerment</b>	Empowerment is both a process and outcome. It refers to processes of enabling people, organisations and communities to gain mastery over their affairs (Rappaport, 1984) and to a key outcomes sought by programs such as TFER, focused on addressing social inequities: that of empowering individuals and groups experiencing inequities. Participation is inextricably linked to empowerment given the crucial need to include those who currently experience powerlessness in the decisions and processes which seek to make a difference in their lives (Wallerstein, 2006).
<b>Social Justice and Equity</b>	Social Justice and equity are a mindset and approach which values and works towards fairness in society by addressing inequities in distribution of wealth, opportunities, and privileges which underlie inequalities.
<b>Organisational learning</b>	A process of creating, retaining, and transferring knowledge within the organization to achieve organisational improvement over time.
<b>Diversity/ Intersectionality</b>	The impacts and consequences that the interplay of gender, ethnicity, age, ability, class and sexuality may have on women's experiences of violence, inequality, oppression and exclusion (Pallotta-Chiarolli, refs; WHIN, 2013). An understanding of women's diversity enables us to recognise that violence is experienced differently by different women. Aboriginal and Torres Strait Islander women experience both far higher rates and more severe forms of violence compared to other women (Steering Committee for the Review of Government Service Provision, 2014 cited in Our Watch, 2015).
<b>Systems thinking Continuous Quality Improvement</b>	Seeks to capture systems and organisational dynamics. Feedback loop; real-time or close to real-time, feedback to program staff is facilitated (providing a continuous development loop or quality improvement process). Crucially, the rapid feedback of findings permits the infusion of resources in support of emergent outcomes. The follow-up and tracking of network connections and actions (in this case, of TFER partner organisations and their activities) becomes an important part of the intervention and evaluation. The findings will allow adaptations to be made in how the stakeholders are included in the process in future.
<b>Feminism</b>	Feminist principles include an action orientation, including impacts in terms of gendered drivers, acknowledging the contribution of previous feminist efforts, ensuring diverse women's voices are included and incorporating a critical lens (or in other words exploring ways the evaluation may be blind to, support or challenge gender and other inequities).

### 3. THE REGIONAL EVALUATION DESIGN

The evaluation employs a mixed methods (concurrent triangulation) design (Creswell, 2003), drawing on both quantitative and qualitative methodologies. An evaluation framework which combines different approaches and methods allows for inter-disciplinary approaches and insights to be gleaned from a range of perspectives (Bauman & Nutbeam 2014).

The evaluation design is informed by socio-ecological frameworks (i.e. which identify the multi-level influences on health and the need for multi-pronged approaches to prevention) and systems evaluation approaches including participatory, developmental evaluation principles (Patton, 2011; 2012). This design necessarily accommodates the scale and complexities of the nature of this kind of work. Within this context, the Regional Evaluation Framework demonstrates a “two-tiered” approach, inclusive of data collection at both the organisational, partner-level and the over-arching, regional level. Thus, at the regional level, this evaluation will collect, analyse and report on both primary data (data collected by the TFER Regional Evaluation Working Group) and secondary data (data collected by TFER strategy partner organisations<sup>i</sup> and provided to the regional Evaluation Working Group). A form of intervention mapping (Bartholomew, Parcel & Kok, 1998) was used to arrive at this “hierarchical” design. For further explanation of this process, please refer to the Background and Context section above.

The Regional Framework also fits within a Development Evaluation approach in its focus on evaluation as part of contributing to adaptive, innovative program development while also seeking to rigorously evaluate the process and impacts themselves. The Regional evaluation design, within this context, includes both impact and process level evaluation. In accordance with approaches for evaluating Collective Impact, each regional objective has its own evaluation design, representing a score of distinct yet interrelated evaluation projects (Cabaj, 2014).

Also consistently with the Developmental Evaluation approach, the design uses an adaptive design. Whilst there is a planned evaluation design to determine the extent to which each objective has been achieved, there is also flexibility in this approach enabling an evolving methodology to promote engagement by partners in the process.

#### 3.1 Evaluation Purpose and Scope

The purpose of this evaluation is manifold, and is being conducted to meet the following key functions:

1. To demonstrate the effectiveness<sup>2</sup> of a multi-sectoral regional approach to the primary prevention of violence against women under the leadership of Women’s Health East.
2. To measure the extent of change that occurs at a regional level in relation to the shared indicators.
3. To document the processes and actions that have been undertaken as part of the TFER regional partnership in a systematic and meaningful way that can be accessed for planning and evaluation purposes of future regional initiatives or those seeking to address violence against women.
4. To collect and make available EMR specific data and information related to the primary prevention of violence against women that has not previously been available to practitioners planning interventions.
5. To enhance the skills and competencies of the TFER workforce and organisations for evaluating primary prevention interventions that address violence against women.
6. To support TFER organisations in meeting their evaluation and reporting requirements.
7. To make a meaningful contribution to the evidence base on primary prevention interventions that addresses the underlying determinants of violence against women.

<sup>2</sup> Demonstrate the effectiveness to future funders, governments, the auditor general, etc.

8. To demonstrate the role, contribution, regional efficacy and impact of Integrated Health Promotion (IHP) on health and wellbeing in the EMR.
9. To provide a case study example of a developmental approach to evaluation.

### 3.2 Aims and Objectives

The overall aim of the TFER evaluation is to determine the impacts, at a regional level, of the collective health promotion efforts of partners for the primary prevention of violence against women across the Eastern Region of Melbourne (EMR) for the period 2013-2017. The long term goal sought through these collective activities is the reduction in gender inequity as measured by indicators or aspects of gender equity pertaining to community attitudes, role expectations, relationships, gendered power differentials, employment conditions and opportunities, and women's participation in decision making, which are reflected in the indicators underpinning the TFER regional objectives. Refinement of these indicators will take place over time and will build on the work currently being done in this evolving space. This work necessarily extends beyond the scope of the current evaluation but is a constant reminder of the purpose of the work and what our collective efforts are leading towards. The range of activities to be evaluated with the timeframe of the Strategy span across six regional objectives (ROs) articulated in the Strategy and its Action Plan (WHE 2014):

1. At the completion of the Strategy, there will be an increase in the number of organisations in the EMR that have established systems that promote gender equality;
2. At the completion of the Strategy, there will be greater diversity (cultural, age, geographic) of population groups engaged in gender equity/PVAW initiatives in the EMR;<sup>3</sup>
3. At the completion of the Strategy there will be an increase in the proportion of people in the EMR who have high support for gender equality and gender equity;
4. At the completion of the Strategy, the evidence base for primary prevention of violence against women will include contribution of findings from TFER;
5. At the completion of the Strategy, the TFER Strategy partner workforce will have greater capacity to support, lead and participate in gender equity initiatives; and
6. From 2013 to 2017 implementation of the TFER Action Plan enhances the partnerships created and outcomes achieved towards the primary prevention of violence against women across the EMR.

The Framework should be viewed as a living document with refinement likely to occur on a yearly basis as initiatives progress and as a result of reflective practice on how to best carry out regional-level evaluation. It is important to bear this in mind when viewing the Program Logic diagram below. In other words, this is not firmly set and will necessarily adapt and evolve with the process of the evaluation over time.

<sup>3</sup> NB. There are two versions of Objective 2, enabling a general focus and a targeted focus.



### 3.3 Key Evaluation Questions

To meet the purpose of this evaluation, the following key evaluation questions will be investigated and explored.

1. To what extent has there been an increase in the number of organisations in the EMR with gender equitable policies, procedures and practices that reflect best practice?
2. To what extent has there been an increase in the capacity of the TFER workforce to support, lead, participate in and evaluate gender equity initiatives?
3. What organisational characteristics and contexts were facilitative or limiting of the development of systems to promote gender equality?
4. To what extent have partner organisations made a commitment to resource and sustain gender equity initiatives beyond TFER?
5. What were the perspectives and experiences of the TFER workforce in relation to capacity building initiatives including training?
6. What methods of engagement with diverse communities around the prevention of violence against women were successful and unsuccessful?
7. What factors enabled or acted as barriers to the delivery of interventions with the general EMR community in relation to the prevention of violence against women?
8. What are the features of a social marketing campaign and associated messages that are acceptable and relevant for the target population/community?
9. What contextual factors are required to enable the TFER organisations to evaluate interventions that aim to prevent violence against women?
10. Has the TFER Strategy and its “developmental” evaluation provided an effective mechanism for organisations to work together collaboratively and sustainably for addressing men’s violence against women?
11. Has the TFER Strategy provided a platform for advocacy and knowledge sharing?
12. In what ways has the TFER Strategy contributed to the evidence base for the primary prevention of violence against women?

## 4. SUMMARY OF THE REGIONAL EVALUATION FRAMEWORK

This section sets out the Regional Evaluation Framework in summary tables.

**Table 4.1 A summary of Evaluation Framework Goals, Objectives, indicators and methods**

<b>Strategic direction</b> Lead and achieve change	
<b>Goal</b> Organisations will lead initiatives that promote equal and respectful relationships and prioritise the prevention of violence against women in their plans, policies and practices (both internally and externally).	
<b>Regional Objective 1</b> At the completion of the TFER Strategy, there will be an increase in the number of organisations in the EMR that have established systems that promote gender equality.	
<b>Key evaluation question</b> 1. To what extent has there been an increase in the number of organisations in the EMR with gender equitable policies, procedures and practices that reflect best practice?	
<b>Impact indicators</b> <ul style="list-style-type: none"> <li>Proportion of TFER partners with a gender equity policy OR a written commitment to gender equality in the workplace.</li> <li>Proportion of TFER partners with a gender equity procedure.</li> <li>Proportion of TFER organisations with policies that meet all 7 quality criteria outlined in the EMR organisational gender equity tool.</li> <li>Proportion of TFER partner organisations that use sex disaggregated data for planning purposes.</li> </ul>	<b>How will data be collected?</b> By Regional Evaluation Working Group (EWG): Regional level focus group discussions  By partners: Organisational Gender Equity Audit Tool and accompanying Self-Assessment Tool.
<b>How will this be evaluated?</b> A pre/post evaluation design will be adopted (where realistically achievable), using mixed methods. Individual partner organisations will share data on the above indicators with the Regional EWG. The latter will undertake quantitative data analysis and thematic analysis of qualitative data, using a combined regional de-identified data set. It is acknowledged that for many partners only one “time-point” may be completed within the timeframe of the Strategy. Whilst we encourage “two time-points,” this is not a strict expectation and your contribution to the regional evaluation will be no less valuable where only one gender audit has been completed. The gender audit tool is designed to assist your organisation to identify opportunities and gaps in your approach to gender equity and can be implemented periodically to enable you to track your organisation’s progress over time towards promoting gender equality. It is important to maximise the opportunities afforded through the gender audit process and we therefore encourage organisations to implement it in a considered, meaningful way, with planned repeated audits ideally taking place within an ongoing monitoring cycle every two to four years, for example.	
<b>How will the findings be disseminated?</b> Findings will be shared with partners in the form of an evaluation report (and summary report), and disseminated more broadly via the TFER website, contributions to the regional Family Violence paper on The Well, TFER forums, newsletters and networks and/or conference presentations, and journal publications (where relevant). Interim findings will also be reported back to partners on an annual basis.	

**Regional Objective 2 (general focus)**

At the completion of the TFER Strategy, there will be greater diversity (cultural, age, geographic) of population groups engaged in gender equity and/or PVAW initiatives in the EMR.

**Key evaluation question**

1. What methods of engagement with diverse communities around the prevention of violence against women were successful and unsuccessful?

**Performance indicators**

The extent of perceived population diversity among those participating in TFER initiatives.

**How will data be collected?**

By Regional EWG: Short interview (phone-based or face to face) with project workers and practitioners.

By partners: Registration forms and/or staff journal and observation notes.

**How will this be evaluated?**

Qualitative thematic and content analysis will be carried out on notes taken during interviews. The Regional EWG will collate the (socio-demographic) data provided by individual organisations into a regional profile of the diversity of those engaged in TFER interventions/strategies.

**How will the findings be disseminated?**

Findings will be shared with partners on an annual basis (via the TFER website, forums, face to face communication, etc.). A regional-level report will also be provided back to individual agencies.

**Regional Objective 2 (for specifically targeted initiatives)**

At the completion of the TFER Strategy, there will be greater diversity (cultural, age, geographic) of population groups engaged in gender equity and/or PVAW initiatives in the EMR.

**Key evaluation question**

1. What methods of engagement with diverse community around the prevention of violence against women were successful and unsuccessful?

**Impact indicators**

- The extent to which gender equity initiatives reflect the target community's specific needs, strengths, cultural norms, language and expression of family.
- The extent that both male and female bilingual cultural workers are involved in the development and/or delivery of gender equity initiatives.

**How will data be collected?**

By Regional EWG: Semi-structured in-depth interviews with project workers and practitioners

By partners: Registration forms and/or staff observation notes/journaling AND focus group discussions.

**How will this be evaluated?**

A qualitative impact evaluation using a case study approach will be adopted. Data will consist of transcripts of focus groups with community members (conducted by participating organisations) and transcripts of in-depth interviews with project workers and practitioners (conducted by the Regional EWG). The latter will examine this de-identified and combined data set using thematic analysis.

**How will the findings be disseminated?**

A case study report will be prepared. This will be disseminated through regional PVAW networks and contributed to the regional Family Violence paper on The Well. The findings will also be fed back through TFER forums, including a final Dissemination-focussed forum to be held in early 2017.



**Regional Objective 3**

At the completion of the TFER Strategy, there will be an increase in the proportion of people in the EMR who have high support for gender equality and gender equity.

**Key evaluation questions**

1. To what extent were social marketing campaigns effective in increasing positive attitudes relating to gender equality among the target population/community?
2. What are the features of social marketing interventions and associated messages that are acceptable and relevant for the target populations/communities?

**Impact indicators**

- Reach: Estimated number of community members exposed to each campaign.
- Reach: Diversity of community groups targeted by each campaign.
- Proportion of TFER partner organisations utilising centrally-developed messages as part of social marketing campaigns.
- The extent to which messages promoting gender equity and challenging rigid gender stereotypes are consistently utilised as part of social marketing campaigns across the EMR.

**How will data be collected?**

By Regional EWG: Annual document review AND Semi-structured interviews with key informants.

By partners: Message log and Internet and social media access statistics (e.g. using Google Analytics).

**How will this be evaluated?**

A mixed methods approach will be used. Data from the various data collection methods will be analysed (ie. organisational documentation and semi-structured interview transcripts will be thematically analysed) and combined to create a profile of message (co-)design, dissemination, reach and alignment across the region.

**How will the findings be disseminated?**

Findings will be shared with partners on an annual basis (via the TFER website, forums, face to face communication, etc.). The overall findings from the evaluation will be shared with partners in the form of an evaluation report (and summary report), and disseminated more broadly via the TFER website, contributions to the regional Family Violence paper on The Well, newsletters and networks and/or conference presentations and journal publications (where relevant).

**Strategic direction**

Contribute to the evidence base

**Goal**

Organisations will adopt evidence-informed primary prevention approaches to prevent men's violence against women and rigorously evaluate initiatives.

**Regional Objective 4**

At the conclusion of the TFER Strategy, the evidence base for primary prevention of violence against women will include contribution of findings from TFER.

**Key evaluation questions**

1. To what extent have partner organisations contributed to the evidence base for the primary prevention of violence against women through TFER-related activities?

**Impact indicators**

- Number of organisations that contribute to a shared regional evaluation.
- Number of TFER and prevention of violence against women presentations completed at National, State and local conferences by TFER partners.
- Number of articles published in peer reviewed and industry journals.
- Number of articles published in Prevention of Violence Against Women network newsletters.
- Number of TFER representatives contributing to state and national PVAW initiatives.
- Number of reports produced about TFER-related programs (e.g. case studies).

**How will data be collected?**

By Regional EWG: Tracking dissemination activities using spreadsheet; mapping (pre and post) against VicHealth PVAW framework; AND records of partner meetings.

By partners: Annual dissemination audit to be completed by partners (tab in message log spreadsheet).

**How will this be evaluated?**

The extent of dissemination activities and contributions to the evidence base by TFER-related activities will be documented through an annual audit (an online survey) to be completed by TFER partner organisations as well as through a spreadsheet for monitoring of activities (by the Regional EWG).

**How will the findings be disseminated?**

Findings on the contribution of TFER initiatives to the evidence base will be reported back to partners on an annual basis through a brief summary report and via a final Dissemination-focussed forum to be held in early 2017. The design and implementation of the regional evaluation itself (ie. The "story behind the evaluation") will be captured and published in a peer reviewed journal article. Additionally, opportunities will be sought to present at relevant conferences.

**Strategic direction**

Invest in workforce development

**Goal**

Organisations will invest in building the capacity of their workforce to effectively address the determinants of men's violence against women.

**Regional Objective 5**

At the completion of the TFER Strategy, Partner workforce will have greater capacity to support, lead and participate in gender equity initiatives

**Key evaluation questions**

1. To what extent has there been an increase in the capacity of the TFER workforce to support, lead and participate in gender equity initiatives?
2. What contextual factors are required to enable the TFER workforce to implement and evaluate interventions that aim to prevent violence against women?

**Impact indicators**

- Change in the proportion of those that attended training whom understand the determinants of gender-based violence.
- Change in the proportion of those who attended training that report positive attitudes to gender equity.
- Change in the proportion of those who attended training that can identify how gender is relevant to their work.
- Change in the proportion of champions/managers who attended training that report having the capacity to lead and engage others in considering gender in their work.
- Proportion of those that attended training that report an increased confidence to apply a gender lens to their work.
- Proportion of those who attended training who report having made changes to their practice six months after completion of the training.

**How will data be collected?**

By Regional EWG: Focus group discussions (as detailed below) and semi-structured interviews with key informants; AND regional focus group discussions and semi-structured phone interviews with selected staff from across partner organisations.

By partners: Gender equity training survey (pre-, post- to be conducted either immediately post training or up to one month post training), standardised across the region).

**How will this be evaluated?**

A mixed methods design will be adopted. A pre/post evaluation questionnaire of a quantitative nature will be administered either online or via paper-based format, where the 'post' phase will take place either immediately following the gender equity training event or up to 1 month from completion of the training. There are two survey tools available enabling an approach to the training which can "target" management/executive level staff and general staff separately. Data will be gathered by partner organisations and contributed to the Regional EWG. The latter will undertake quantitative data analysis to assess levels of change. Regional focus groups and semi-structured phone interviews with a selection of staff from across partner organisations (to be facilitated by representatives from the Regional EWG) will take place at two time points (between July and December in 2015 and 2016). A focus group discussion and semi-structured interviews with the Leadership Group and other leaders from each organisation on perceived changes will complement the quantitative findings. These will be transcribed and analysed thematically. These methods will be triangulated with a capacity building audit (a brief online survey) to be conducted annually with the aim of capturing the extent and range of capacity building initiatives taking place in organisations.

**How will the findings be disseminated?**

Findings will be shared with partners in the form of an evaluation report (and summary report), and disseminated more broadly via the TFER website, newsletters, forums, contributions to the regional Family Violence paper on The Well and/or via conference presentations and journal publications (where relevant).

**Strategic direction**

Strengthen partnerships

**Goal**

Organisations will work in partnership to prevent men's violence against women and to reinforce consistent approaches across the Eastern Metropolitan Region.

**Regional Objective 6**

From 2013 to 2017, implementation of the TFER Action Plan enhances the partnerships created and outcomes achieved towards the primary prevention of violence against women across the EMR.

**Key evaluation question**

1. Has the TFER Strategy provided an effective mechanism/platform for organizations to work together collaboratively for addressing men's violence against women?

**"Proxy" impact indicators**

Reach and sector representation of organisations engaged in TFER has broadened between 2014 and 2017.

Change in the level of engagement of TFER partners in TFER activities and planning between 2014 and 2017, as indicated by:

- Number of partners participating in the Regional EWG
- Number of partners participating in the Leadership Group
- Number of partners attending TFER forums
- Number of partners contributing resources to the TFER website
- Number of partners contributing data to enable regional evaluation
- Number of partners actively collaborating on shared TFER activities

Membership of the Strategy has amplified PVAW outcomes achieved by partner organisations.

Increase in the number and diversity of PVAW-related activities and strategies included in organisational plans of TFER partners.

**How will data be collected?**

By Regional EWG: Semi-structured interviews with Leadership Group and other key informants; AND regional focus group with key stakeholders; AND visual mapping (pre and post); AND document review/analysis.

**How will this be evaluated?**

Emphasis will be placed on longitudinal comparison of the proxy impact indicators, which are of a descriptive nature. Assessment of change will be carried out through analysis of the captured data as part of a group process involving members of the Regional EWG. Data to be generated as part of the interviews and focus groups will be transcribed and thematically analysed.

**How will the findings be disseminated?**

Findings will be shared with partners in the form of an evaluation report (and summary report), and disseminated more broadly via the TFER website, contributions to the regional Family Violence paper on The Well, TFER forums, newsletters and networks and/or conference presentations, and journal publications (where relevant). Interim findings will also be reported back to partners on an annual basis.



## 5. METHODS: REGIONAL EVALUATION DATA COLLECTION

This section of the Regional Evaluation Framework summarises the data collection processes. Overall, the data collection methods employed by the Regional EWG will include focus group discussions, semi-structured interviews (short and in-depth) by phone and face to face, small group interviews, document reviews and audits, visual mapping, informal interviews and consultations. Depending on the extent of the commitment made to TFER by partner organisations (i.e. how many ROs they have agreed to align their activities with), they will undertake surveys, consultations, focus group discussions, and journaling and observation techniques.

The tables below provide data collection method summaries. Table 5.1 summarises data collection in terms of processes for the regional EWG (primary data collection) and those of partner organisations (secondary data collection). Following this, data collection methods are summarised in terms of data for each section in the “bird’s eye view” found in table 5.2. Finally, a detailed description of the evaluation methods and tools for each RO (using the IHP evaluation planning template) can be found in table 5.3.

**Table 5.1: Data collection by Regional EWG (primary collection) vs Partner Organisations (secondary collection)**

Data collection methods		
<b>Data collection methods to be employed by Regional EWG</b>	Primary Data Collection	Focus Group Discussions RO1: n=1-2 (including 1 FG with practitioners involved in supporting external agencies to undertake gender equity audit) RO5: n=1 (with Leadership Group and leaders) PLUS n=1-2 RO6: as above
		Semi-structured Interviews RO2: Short by phone (at two time points): n=5-10 total RO2: In-depth face to face (at two time points): n=5-10 total RO3: In-depth face to face: n=4-6 RO5&6: In-depth face to face (or small group interviews n=10-12 and at two time points): 20-25 total
		Document audits RO3,4,5&6: At two time points
		Mapping RO4&6: At two time points
		Informal interviews and consultations All ROs: With all partners at various time points
<b>Data collection methods to be employed by Partner Organisations<sup>4</sup></b>	Secondary Data Collection	RO1: Gender Equity Audit (involving a staff survey at minimum but may also include staff consultations and policy audit)
		RO2: Focus group discussions with community members PLUS journaling and observations
		RO3: Focus group discussions with community members (to pilot test messages for example) PLUS documentation of campaign reach and engagement via social media (i.e. use of Facebook, twitter and google analytics)
		RO5: Staff training survey (pre and post-test)

<sup>4</sup> Data yielded to be shared where possible with the Regional EWG. For the Gender Equity Audit for RO1, partner organisations will share their data pertaining to 10 shared indicators.

Table 5.2: A summary of Regional Evaluation data collection methods by dates: “Bird’s eye view”

2013 – 2014 Planning		2015 - 2017 Implementation (Data Collection and Analysis)				2017 Reporting	
		2015		2016		2017	
		January - June	July - December	January - June	July – December	Jan - April	
	Objective 1	Gender Equity Audit				Gender Equity Audit*	
						Regional FGs with key stakeholders PLUS focus group with project workers involved in this work with external agencies	
	Objective 2	Initial meetings around reach data collection (as above)		Short semi-structured interviews (phone or face to face) with project workers & practitioners (A)		Short semi-structured interviews with project workers & practitioners (A)	
			In-depth interviews with project workers & practitioners (via phone) (B)			In-depth interviews with project workers & practitioners (B)	
				FGs with Community members (B)		FGs with Community members (B)	
		Journaling/ Observations	Journaling/ Observations	Journaling/ Observations	Journaling/ Observations	Journaling/ Observations	
	Objective 3		Annual document review (T1~Oct)**	FGs to pilot messages	Annual document review (T2~Oct)**	Semi-structured interviews with key informants and project workers	
			Documentation of Social media statistics and		Documentation of Social media statistics and		

	Objective 4		Annual dissemination audit***		Annual dissemination audit*** (repeat)	
		Forum	Forum	Forum	Forum	Dissemination forum
		Mapping against VicHealth and Our Watch PVAW framework				Mapping against VicHealth and Our Watch PVAW framework
	Objective 5	Staff Training, pre-test survey and post-test survey	Staff training post-test survey up to 3 months post training			Regional FGs with key stakeholders
			Annual capacity building audit		Annual capacity building audit (repeat)	
			Semi-structured in-depth phone & small group interviews with selection of staff from across partner organisations		Semi-structured in-depth phone & small group interviews with selection of staff from across partner organisations	
			FG with Leadership Group and leaders		Semi-structured in-depth interviews with Leadership Group & leaders	
	Objective 6		Annual document review (~Oct)		Annual document review (~Oct)	
		Visual mapping (proxy indicators)			Visual mapping (proxy indicators)	
			FG with Leadership Group and leaders 		Semi-structured in-depth interviews with Leadership Group & leaders	Regional FGs with key stakeholders

Data to be collected by Partner organisations

Data to be collected by Regional EWG

\*Earliest possible time for repeat/follow up audit. The audit is designed to be conducted periodically as a mechanism for ongoing quality improvement and reflection.

\*\*Review of social marketing resources and key messages; Google analytics statistics, etc.

\*\*\*Information on dissemination and capacity building activities also to be captured through partner meetings

Table 5.3: A Summary of the TFER “Two-tiered” data collection methods for TFER evaluation

RO	Evaluation Design	Data Collection Method(s)	Purpose	Analysis
<b>Data to be collected by the Regional Evaluation Working Group (EWG) – Primary Data Collection</b>				
January – February 2017				
<b>1</b>	<b>Process:</b> Qualitative focus groups (n=2-3) with key stakeholders and leaders from partner organisations	At the regional level, focus group discussions (n=2-3) will be conducted by the researchers.	The purpose of the focus groups is to explore the perspectives and experiences of key stakeholders from partner organisations in relation to the gender audit process.	Qualitative – thematic analysis of data derived from the focus groups with representatives from partner organisation.
<b>Data to be collected by partner organisations - Secondary Data Collection</b>				
NB: Partner organisations have been provided with ethical guidelines for the conduct of this work based on NHMRC guidelines (see attachment 13).				
<b>1</b>	<b>Impact:</b> Pre and post-test audit	Gender equity audit undertaken by each participating organisation, involving a questionnaire at minimum. Other possible methods may include document analysis and focus groups with staff. NB. Each organisation is taking a different approach to their gender audit however as a minimum, they will provide data collected on 10 shared items for analysis and comparison at the regional level. Further, not all organisations will be in a position to undertake both a pre and post-test audit, meaning detection of changes over time may not be possible in all cases.	Partner organisations will undertake the gender equity audit to identify opportunities and gaps in their approach to gender equity and to inform the development of an action plan to promote gender equality. The gender equity audit process would ideally be implemented periodically within organisations to enable them to track their organisation’s progress over time (ie. Within an ongoing quality improvement cycle). The purpose of capturing a shared data set from across the region is to enable a regional level baseline for future benchmarking and to build an understanding of organisational systems across the Eastern region and how they can be enhanced for the promotion of gender equity and gender equality.	Quantitative – paired t-tests (comparing pre and post where possible). Descriptive statistics will be used to draw comparisons between partner organisations. Qualitative – thematic analysis of data derived from the focus groups undertaken as part of the gender audit process and where this data has been able to be shared with the Regional Evaluation Working Group.

RO	Evaluation Design	Data Collection Method(s)	Purpose	Analysis
<b>Data to be collected by Regional EWG – Primary Data Collection</b>				
Short interviews Jan – June 2016 and Jan-April 2017; In-depth interviews Sept – Dec 2015 and Jan – April 2017				
<b>2</b>	<b>Qualitative impact:</b> Pre and post	Short semi-structured phone or face to face interviews (A) (n=5-10) Semi-structured in-depth interviews (B) (n=5-10)	The interviews will explore the experiences and perspectives of project workers and practitioners involved in the community engagement work.	Thematic and content analysis.
<b>Data to be collected by partner organisations - Secondary Data Collection</b>				
<b>2</b>	<b>Process:</b> Mixed methods	Registration forms Staff journals and observations	The registration forms and staff journals and observations will capture socio-demographic and contextual data to inform the development of a regional profile of the diversity of those engaged in TFER interventions/strategies.	Thematic and content analysis and some basic descriptive statistical analysis.
<b>Data to be collected by Regional EWG – Primary Data Collection</b>				
Document analysis Dec 2015 and 2016; Interviews Jan - April 2017				
<b>3</b>	Mixed methods	Document analysis - message log audit at two time points Semi-structured interviews (n=10-15)	The document tracking and analysis across partner organisations will enable a combined data set to create a profile of message (co-) design, dissemination, reach and alignment across the region. The semi-structured interviews will explore the perspectives and experiences of key informants and project workers in relation to their work in engaging communities and developing appropriate and consistent messaging.	Thematic and content analysis and basic descriptive statistical analysis
<b>Data to be collected by partner organisations - Secondary Data Collection</b>				
<b>3</b>	Qualitative	Focus group discussions to pilot messages (formative evaluation) Journaling (process evaluation)	Partner organisations will conduct focus group discussions (5-10) with community groups to ensure relevance and appropriateness of the messages	Thematic and content analysis and basic descriptive statistical analysis



RO	Evaluation Design	Data Collection Method(s)	Purpose	Analysis
<b>Data to be collected by Regional EWG – Primary Data Collection</b>				
Audit December 2015 and 2016; Visual mapping July 2015 and April 2017; Forum attendance ongoing				
<b>4</b>	<b>Impact:</b> Pre/post test	Tracking spreadsheet – audit annually Visual mapping	The tracking spreadsheet will document and monitor the dissemination activities of partner organisations in relation to the primary prevention of violence against women, over time.	Basic descriptive statistics
	<b>Process:</b> Mixed methods	Forum attendance records Forum evaluation questionnaires (with some open-ended items)	The visual mapping at 2 time points will enable the tracking of progress of the TFER activities against the VicHealth Framework for the Prevention of Violence Against Women. This will provide evidence to make a judgement about the extent to which the TFER activities reflect best practice approaches.	Content analysis  Content analysis
<b>Data to be collected by Regional EWG – Primary Data Collection</b>				
Focus groups, interviews and audit Sep – Dec 2015 and 2016; Regional Focus Groups Jan - April 2017				
<b>5</b>	Mixed methods	Focus group discussion and semi-structured interviews with key informants and leaders from across the partner organisations (n=1 focus group and n=5-10 interviews) Regional focus group discussions (n=2-3) with representatives from partner organisations Semi-structured phone interviews (at two time points) and focus groups or small group interviews with staff members from partner organisations who have completed the training (n=10-20 for interviews and n=4-6 for focus groups/small group interviews) Annual capacity building audit	The focus group discussions and semi-structured interviews with key informants and leaders will happen at various time points and will aim to capture the perspectives and experiences of staff in relation to the gender equity training, but also in relation to additional capacity building initiatives that extend beyond the training. Semi-structured phone interviews (as above). The phone interviews will facilitate the participation of clinicians who may be limited in their capacity to attend the focus group discussions. The capacity building audit will be a brief survey conducted face to face with partner contacts, designed to capture the extent and range of capacity building initiatives that are taking place within organisations. This audit will be completed annually.	Thematic analysis   Basic descriptive statistics

**Data to be collected by Partner organisations - Secondary Data Collection**

NB: A number of the partner organisations intend to combine items from the Gender Equity Audit Tool (RO1) with the Gender Equity Training Survey (described below) to streamline the data collection process.

<b>5</b>	Pre and post design	Gender equity training survey	The gender equity training survey aims to capture any changes in knowledge and attitudes as a result of the training.	Paired t-tests to assess levels of change
----------	---------------------	-------------------------------	---	---

**Data to be collected by Regional EWG – Primary Data Collection**

Visual mapping July 2015 and April 2017;  
Document analysis, Interviews and Focus Groups Sep – Dec 2015 and 2016;  
Regional Focus Groups Jan – April 2017

<b>6</b>	Mixed methods with a focus on longitudinal comparison (time series design) of proxy impact indicators and qualitative methods	<p>Visual mapping</p> <p>Document analysis</p> <p>Regional focus group discussions (n=1-2) with representatives from partner organisations (post only)</p> <p>Semi-structured interviews (n=15-20)<sup>5</sup> and focus groups (n=2-3) with Leadership Group and other leaders/champions (at various time-points – see “Bird’s eye view”)</p>	<p>The visual mapping will seek to represent the levels of partnership and engagement of partners in the TFER Strategy at two time points to demonstrate change over time.</p> <p>The regional focus group discussions will explore the perspectives and experiences of key representatives and leaders from partner organisations in relation to the partnership and the barriers and enablers to coordination.</p> <p>The semi-structured interviews and focus groups will take place at various time points and will aim to capture the perspectives and experiences of key stakeholders and leaders in relation to the partnership</p>	Thematic analysis
----------	---	--	--	-------------------

<sup>5</sup> Six to eight of the semi-structured interviews will be undertaken as part of a Swinburne University Honours project and the findings shared with the Regional EWG.

## 6. DISSEMINATION

The overall findings from the regional evaluation will be shared with partners and a broader audience in the form of an evaluation report (and summary report), including a case study combining the findings from Objectives 1, 5 and 6, as well as via the following dissemination mechanisms:

- The TFER website (i.e. case studies of the implementation of the gender equity audit, for example)
- Contributions to the regional Family Violence paper on *The Well*;
- TFER forums, newsletters and networks;
- Face to face communication through regular partner visits and engagement;
- Conference presentations; and
- Journal publications (where relevant).

In summary, the following dissemination activities are planned;

- 1 x complete Evaluation report (inclusive of 2 x case study reports) (available electronically)
- 1 x Executive summary report (available both electronically and in hard copy)
- Presentation(s) at Partner Forums (and updates to be provided at other forum opportunities)
- Ongoing updates via Newsletters, networks and the TFER website etc.
- 2 x Academic journal articles
- 3 x Industry-based journal articles
- Up to 5 conference presentations at various conferences
- Contribution to the paper on *The Well*
- Victorian branch of AHPA updates, Our Watch, etc.

Interim findings will be reported back to partners on an annual basis via a summary report. Summary reports will be disseminated alongside annual iterations of the Action Plan. Moreover, the process of the design and implementation of the regional evaluation itself (ie. The “Story behind the evaluation”) will be captured and published in a peer reviewed journal article.

## 7. CONCLUSION

In conclusion the TFER Regional Evaluation Framework was developed collaboratively by TFER Strategy partners alongside development of the TFER Regional Action Plan (WHE 2014). It is informed by the latest theory and evidence regarding primary prevention of violence against women and Collective Impact approaches to sustainable regional social change. The design is informed by Developmental Evaluation and includes multiple levels of evaluation and multiple methodologies (some of which are traditional in their approach). It includes both process and impact evaluation focus as well as qualitative and quantitative methods.

The Framework recognises the importance of describing change in the context of the specific and often changing environments in which interventions are implemented. The evaluation questions, design and methodology outlined within this Regional Evaluation Framework aim to provide the basis both for partner agencies to implement consistent and high quality evaluation processes as part of this shared evaluation as well as providing the basis for an evaluation which will contribute to the broader evidence base in this important area of primary prevention. A key part of the evaluation framework will therefore be regular review and adaption as well as disseminations of findings both locally and within the broader community outside the Region.

## 8. GLOSSARY

<b>Collective Impact</b>	Collective Impact is a framework for facilitating and achieving large scale social change. It is an approach to bringing cross-sector organisations together to focus on a common agenda which aims to result in long-lasting change
<b>Concurrent Triangulation</b>	A mixed methods design characterised by two or more methods used to confirm, cross-validate or corroborate findings within a study. Data collection is concurrent.
<b>Feminism</b>	Feminism is a vibrant tradition crossing 5 centuries, which has touched most countries and cultures of the world. While being a broad term inclusive of diverse types of action, its key concern is with eliminating women's economic, social and political subordination. Feminist actions include critiquing or challenging established power relations, theorising alternative possibilities and activism to change social relations (Hawkesworth 2013).
<b>Developmental Evaluation</b>	A type of evaluation designed to support innovative program development within complex and often changing environments. It is consistent with systems thinking and socioecological theories (defined below) given its focus on being adaptive and useful to the program's implementation in ways which support innovation and support their responsiveness to changing, complex environments.
<b>Gender Equity</b>	Entails the provision of fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalances between the sexes.
<b>Gender Equality</b>	The result of the absence of discrimination on the basis of a person's sex in opportunities and the equal allocation of resources or benefits or in access to services.
<b>Participatory Evaluation</b>	This refers to the processes by which those who are the focus of evaluation work including the stakeholders for which the program is seeking to effect change, are involved in the processes for evaluating that program.
<b>Socio-ecological model</b>	Understands individual behaviour as based within a complex interconnection of individual and environmental factors. Improving individual behaviour therefore requires attention to factors in families, structures, environments and cultures in addition to individuals.
<b>Systems thinking</b>	A system can be defined as "an interconnected set of elements that is coherently organised in ways that achieve something" Building on this definition, systems thinking involves using the understanding of these interconnections to achieve a desired outcome.

Jolley, G 2014, 'Evaluating complex community-based health promotion: Addressing the challenges', *Evaluation And Program Planning*, vol. 45, no. 0, pp. 71-81.

## 9. REFERENCES

- Bartholomew, L., Parcel, G. and Kok, G. (1998). Intervention Mapping: A Process for Developing Theory and Evidence-Based Health Education Programs. *Health Education & Behavior*, 25(5), pp.545-563.
- Batliwala, S and Pittman, A., (2010) Capturing Change in Women's Realities: A Critical Overview of Current Monitoring and Evaluation Frameworks. Association for Women's Rights in Development (AWID) Dec 2010. Accessed 5/4/2016. Available at:  
<http://www.eldis.org/go/home&id=57731&type=Document>
- Bauman A and Nutbeam, D (2014). Planning and evaluating population interventions to reduce non-communicable disease risk – reconciling complexity and scientific rigour? *Public Health Research Practice* 25 (1).
- Broom, D. (1998). Facing Facts, Facing Futures: Challenges to Women's Health. *Australian Journal of Primary Health*, 4(3), p.40.
- Cabaj, M (2014). Evaluating Collective Impact: Five Simple Rules. *The Philanthropist*, 26 (1).
- Ellsberg, M, Arango, D, Morton, M., Gennari, F, Kiplesund, S, Contreras, M and Watts, C (2015). Prevention of violence against women and girls: what does the evidence say? *Lancet*; 385: 1555–66
- Glasgow, R, Vogt, T. and Boles, S (1999). Evaluating the Public Health Impact of Health Promotion Interventions: the RE-AIM framework. *American Journal of Public Health*, 89 (9), pp.1322-1327.
- Hawkesworth, M (2013). *Feminist Practices: Signs on the Syllabus*. University of Chicago Press. Chicago.
- Kania, J, and Karmar, M (2013) Embracing Emergence: How Collective Impact Addresses Complexity. *Stamford Social Innovation Review*. January, 2013.
- Kania, J, and Karmar, M (2011). Collective Impact. *Stamford Social Innovation Review*. Winter 2011. Accessed 2/3/2016. Accessed 5/4/2016. Available at:  
[http://ssir.org/articles/entry/collective\\_impact](http://ssir.org/articles/entry/collective_impact)
- Minkler, M and Wallerstein, N (2008). Introduction to Community Based Participatory Research: New Issues and Emphases. Jossey: Bass. San Francisco.
- Mulvey, A (1988). Community psychology and feminism: Tensions and commonalities. *Journal of Community Psychology*, 16(1), pp.70-83.
- Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015). Change the story: A shared framework for the primary prevention of violence against women and their children in Australia. Our Watch. Melbourne, Australia. Accessed 5/4/2016. Available at:  
<http://www.ourwatch.org.au/getmedia/0aa0109b-6b03-43f2-85fe-a9f5ec92ae4e/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx>
- Patton, M (2006). Evaluation for the Way We Work. *The Nonprofit Quarterly*. 13 (1), pp 28-33. Accessed 29/7/2016. Available at:  
<https://nonprofitquarterly.org/2006/03/21/evaluation-for-the-way-we-work/>
- Patton, M. (2008). *Utilization-focused evaluation*. 4th ed. Thousand Oaks: Sage Publications.
- Patton, M.Q. (2011). Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use. Guilford Press:
- Patton, M. (2012). A utilization-focused approach to contribution analysis. *Evaluation*, 18(3), pp.364-377.
- Rappaport J. (1984) Studies in empowerment: Introduction to the issue. *Prevention in Human Services*, 3, pp 1–7.
- Rissel, C. (1994). Empowerment: the holy grail of health promotion? *Health Promotion International*, 9 (1), pp.39-47.



- VicHealth, 2009. Preventing Violence against Women: A Framework for Action. Victorian Health Promotion Foundation. Melbourne. Accessed 5/4/2016. Available at:  
<http://assets.justice.vic.gov.au/ccp/resources/84bff852-e0d3-4731-867b-5d3ba166399a/vichealthframeworkforrvawc.pdf>
- VicHealth, 2011. The Partnerships Analysis Tool, Victorian Health Promotion Foundation, Melbourne. Accessed 10/10/2014. Available at:  
[https://www.vichealth.vic.gov.au/~/\\_media/ResourceCentre/PublicationsandResources/General/Partnerships\\_Analysis\\_Tool\\_2011.pdf?la=en](https://www.vichealth.vic.gov.au/~/_media/ResourceCentre/PublicationsandResources/General/Partnerships_Analysis_Tool_2011.pdf?la=en)
- Walden, I. and Wall, L (2014). Reflecting on Primary Prevention of Violence against Women: The Public Health approach. *ACSSA Issues (19)*. Australian Domestic and Family Violence Clearinghouse and Australian Centre for the Study of Sexual Assault. Canberra. Accessed 5/4/2016. Available at:  
<https://aifs.gov.au/sites/default/files/publication-documents/i19.pdf>
- Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health? WHO Regional Office for Europe's Health Evidence Network (HEN).
- Women's Health East (2014). Together for Equality & Respect: Action Plan 2013-2017, WHE. Melbourne. Available at: [http://whe.org.au/tfer/wp-content/uploads/sites/2/2014/06/TFER\\_Action-Plan-September-2015.pdf](http://whe.org.au/tfer/wp-content/uploads/sites/2/2014/06/TFER_Action-Plan-September-2015.pdf)
- Women's Health East (WHE) (2013). Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017, WHE, Melbourne. Available at:  
<http://whe.org.au/tfer/about-us/strategy-overview-document/>
- WHIN and Monash University (2013) Evaluation of the Northern Region Prevention of Violence against Women Strategy: Evaluation Report, Women's Health In the North, Thornbury. Accessed 10/10/2014. Available at:  
<http://www.whin.org.au/images/PDFs/PVAW%20Evaluation%20REPORT%202013.pdf>

## Appendix 1: Membership of Together for Equality and Respect Governance and Action Groups

### TFER Steering Group

This group gave direction to the development of the Strategy from October 2012 until September 2013

- Kristine Olaris – Women's Health East
- Liz Smith – Women's Health East
- Jill Exon – Women's Health East
- Libby Hargreaves – Inner East Primary Care Partnerships to March 2013
- Deborah Cocks – Outer East Primary Care Partnership
- Jacky Close – Outer East Primary Care Partnership
- Jo van Dort – Manningham Community Health Service
- Olive Aumann – Whitehorse Community Health Service (now Carrington Health)
- Narelle Algie – Inspiro
- Nicole Meinig – Monash City Council to February 2013
- Bridget Ruff – Manningham City Council
- Rosie Tuck – Knox City Council
- Kiri Bear – VicHealth from November 2012
- Natalie Russell – Monash City Council from March 2013
- Raymond Burnett – Inner East Primary Care Partnership from April 2013
- Kate Vrljic – Inner East Primary Care Partnership from April 2013
- Laura Wood – Monash City Council from April 2013

### TFER Leadership Group Membership:

- Kristine Olaris – Women's Health East
- Sue Rosenhain – Women's Health East
- Jacky Close – Outer East Health and Community Support Alliance
- Nicole Hunter – Knox City Council
- Annette Rudd – Knox Social and Community Health Service (A service of EACH) to January 2015
- Marg D'Arcy – EACH to January 2015
- Jill Exon – Women's Health East to January 2014
- Vanessa Czerniawski – Women's Health East from January 2014
- Kate Vrljic – Inner East Primary Care Partnership to June 2014
- Rebecca Morgan – Inner East Primary Care Partnership from August 2014
- Deborah Cocks – Outer East Health and Community Support Alliance to March 2014
- Natalie Russell – Monash City Council to June 2014
- Jane Torney – Monash City Council from July 2014
- Erica Robertson – Whitehorse City Council from October 2013 to May 2014
- Narelle Algie – Inspiro to February 2014
- Julia Blackburn – Yarra Valley Community Health from March 2014 to April 2015
- Mandy Geary – Inner East Melbourne Medicare Local to October 2013
- Chris Bates – Inner East Melbourne Medicare Local to December 2013 – February 2014
- Debbie Neill – Inner East Melbourne Medicare Local from February 2014 to April 2015
- Belinda Crockett – Eastern Melbourne Medicare Local to July 2014
- Denise Robertson – Regional Family Violence Partnership to November 2013

- Jelena Djurdjevic – Regional Family Violence Partnership from May 2014
- Rachel Messer – Inspiro from July 2015
- Jess Pendlebury – Inner East Melbourne Medicare Local from April 2015, Eastern Melbourne Primary Health Network from July 2015

### **TFER Evaluation Working Group**

This working group was commissioned by the Leadership Group to: Give advice in respect of TFER evaluation to support the principles and values of the Strategy to be realised and coordinate a shared approach to evaluation of prevention of violence against women initiatives in the EMR

### **TFER Evaluation Working Group Membership 2014**

- Kristine Olaris – Women's Health East
- Sue Rosenhain – Women's Health East
- Jill Exon – Women's Health East to January 2014
- Vanessa Czerniawski – Women's Health East from January 2014
- Annette Rudd – Knox Social and Community Health Service (A service of EACH)
- Ruth Klein – Knox Social and Community Health Service (A service of EACH) to August 2014
- Veronique Roussy - Knox Social and Community Health Service (A service of EACH) August - December 2014
- Kate Vrljic – Inner East Primary Care Partnership to June 2014
- Rebecca Morgan – Inner East Primary Care Partnership from August 2014
- Deborah Cocks – Outer East Primary Care Partnership to March 2014
- Laura Newstead - Outer East Primary Care Partnership Sept 2014 – Jan 2015
- Bronwyn Upston – Women's Health East; Link
- Kate Gibson – Outer East Cluster for the Prevention of Violence Against Women in Our Community
- Libby Hargreaves - Whitehorse Community Health

### **TFER Evaluation Working Group Membership 2015/6**

- Kristine Olaris – Women's Health East
- Sue Rosenhain – Women's Health East
- Vanessa Czerniawski – Women's Health East
- Jill Exon – Women's Health East
- Belinda Crockett – City of Boroondara (formerly employed by EACH)
- Laura Newstead- Outer East Primary Care Partnership
- Rebecca Morgan – Inner East Primary Care Partnership
- Kelly Naughton – Outer East Primary Care Partnership
- Bronwyn Upston – Women's Health East; Link
- Libby Hargreaves – Carrington Health
- Sophie Allen – Inner East Primary Care Partnership
- Catherine D'Arcy-EACH
- Jayde McBurnie – EACH
- Lauren Alberico - EACH