


Introduction ... check that it is my bio from [aes16.sched.org](http://aes16.sched.org).

Three aspects of the evaluation but first some words about the program's context and the program itself.



## Prevalent and serious

- Almost two in five women in Australia (39%) have experienced physical or sexual violence at the hands of a male perpetrator at least one time in their lives (ABS 2013)
- Violence against women costs the Australian economy \$21.7 billion a year (PwC et al. 2015)
- Intimate partner violence is the leading contributor to death, disability and illness for Victorian women aged 15 to 44 years (VicHealth 2004)

Violence against women is a matter of national urgency. It is prevalent. And it is serious.

Note for PriceCooperWaterhouse ... The figure reflects cost to victims (e.g. pain, suffering, premature mortality and lost opportunity) and cost to governments (funded services).

Note for BoD ... This figure has recently been revised by Australia's National Research Organisation for Women's Safety (ANROWS) and will be out late 2016.




Violence against women is **preventable** ... as long you tackle it at the source – the root causes or underlying determinants – and have a shared framework for how to do this.

- Publications by the Victorian Health Promotion Foundation (VicHealth) in 2007 and more recently Our Watch, our national organisation to prevent violence against women, consistently show that the first or primary cause of violence against women is **gender inequality** in public and private life; and that violence against women can never be stopped from happening in the first place **unless** its first or primary cause is tackled.
- These publications also present the types of actions that can be taken on the first or primary cause of violence: actions in everyday settings in which or through which people live, work, socialise and interact (e.g. schools, workplaces, community groups, sports clubs, media).

For both VicHealth and Our Watch, actions that tackle the first or primary cause are known as **primary prevention**.

Note for the Our Watch framework ... The Our Watch framework is a significant advancement on the VicHealth framework in its recognition of **intersectionality** and what this means for our starting points in primary prevention. The Our Watch framework is particularly strong on acknowledging the relationship between multiple forms of systemic discrimination, exclusion and disadvantage arising from the historical legacy of colonialism and the differential impacts of intersecting drivers on Aboriginal and Torres Strait Islander women's experience of violence, compared with women from other groups. Our Watch, in collaboration with Aboriginal and Torres Strait Islander communities, is currently developing a dedicated resource for the primary prevention of violence relevant to these communities.



## Generating Equality and Respect 2012–2015

- Community-based primary prevention program of action in Melbourne's east (Municipality of Monash)
- GOAL: To build communities, cultures and organisations that are gender equitable and foster equal and respectful relationships
- Beyond single settings to 'site-based saturation' ... multiple settings-based activities in one location (suburb of Clayton) with a view to their collective continuation in the longer term
- Two local partners – a local government and community health service – demonstrating leadership to the site through their own program of organisational culture change for gender equitable workplaces, services and programs

The program was hugely innovative in a field characterised by innovation.

## Application of theory



- Investment of time and resources to identify a best fit approach
- Practical participatory evaluation theory; feminist methodology
- Participatory, learning oriented ... with ECB at the centre
- Comprehensive theory paper: rationale for the program's evaluation

Onto the evaluation features. Violence against women is pervasive, its first or primary cause is entrenched. Changing the story of violence is intense, challenging and incremental work. It is also innovative work. This was all the more so for Generating Equality and Respect's multi-setting saturation of primary prevention action in a single site.

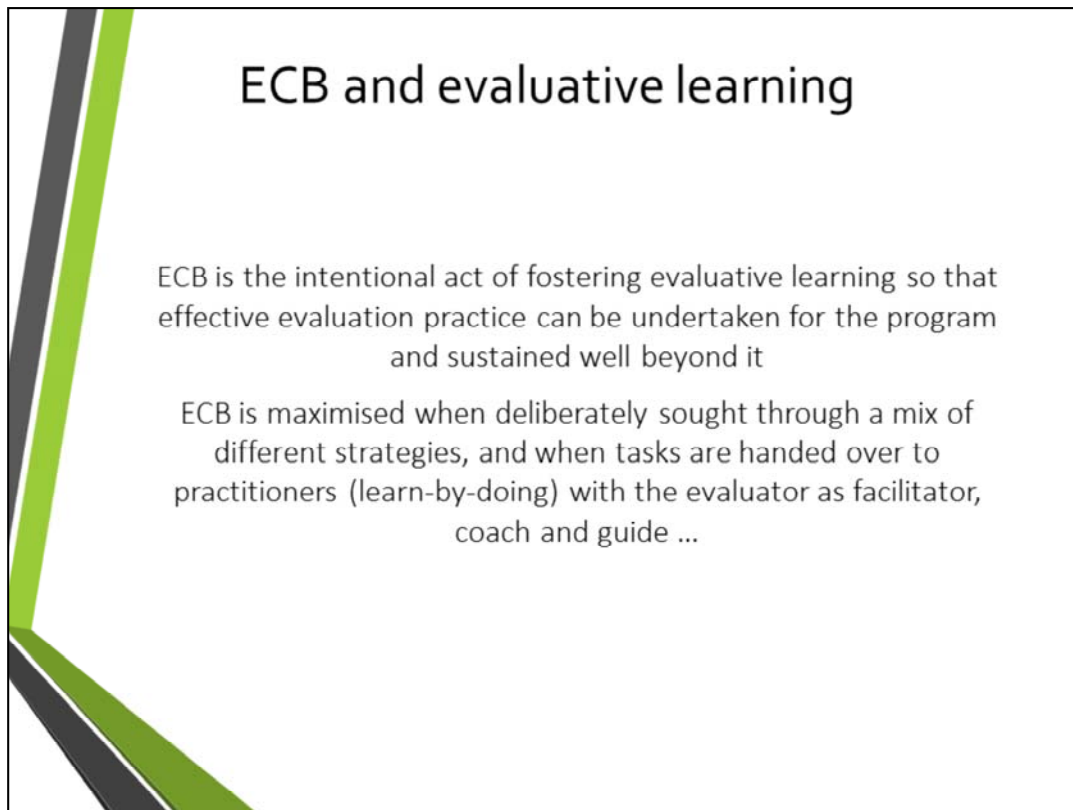
These contexts raised an important question: how to ensure a best fit evaluation for the program and primary prevention innovation?

The answer was time and investment. As the commissioning organisation, VicHealth gave me room to examine contemporary evaluation theory, in order to build an evaluation approach that could capture the program's diverse achievements **and** translate these into useable knowledge for a field hungry for such insights (intended user and users).

Where my investigations took me was to the rich tradition of practical participatory evaluation, which I aligned with feminist methodology to build the case for **a participatory and learning-oriented evaluation approach** that had evaluation capacity building at the centre.

- I found that an evaluation that engages practitioners (or practice-based personnel) **every step of the way in its process**, so that their values and their views on what counts as success infuse the endeavour, increases intended use by intended users.
- I found that an evaluation that **exploits opportunities for evaluative learning** (or learning to think evaluatively) through its process, supports the habitualisation of evaluation so that practitioners keep on evaluating and keep on producing useable knowledge.

I brought together my findings into a comprehensive paper which was subsequently published by VicHealth. The paper then became the **rationale** for the evaluation of Generating Equality and Respect, or how we went about it.



There were few steps involved in how we went about it, but I'll focus on one: the ECB at the heart of our shared endeavour.

READ the program's understandings of ECB ...

To this end I engaged the program team in customised evaluation capacity building from beginning to end of the evaluation process, delivering activities through workshops, formal instruction, technical advice, troubleshooting. During the course of our shared endeavour, we were involved in 5 half-day planning workshops over a three-month period (program logic model, SMART indicators of success, evaluation framework) and a further 17 ECB meetings with each dedicated to specific tasks associated with the conduct of the evaluation (with support and resourcing in between as needed).

Engaging those with direct and immediate experience of the



program, and driving evaluation capacity building through every part of that process, meant the evaluation stayed deeply attuned to what was going on at ground level and thoroughly owned by practitioners. I saw this first hand. While all ECB activities were led by me, **the evaluation belonged to the program team**. Their recruitment of over 150 people to the evaluation's activities, their skilful execution of the evaluation tasks, and their co-authorship of a high quality full evaluation report replete with program achievements and practice insights for the prevention field, speaks to the strength of this connection and ownership.



## Practitioner voices

*Everything we covered in our workshops has been relevant and useful. Everything has had practical application, and was applied by us.*

*It was really challenging work; but we were so well supported and it got us to the point where we produced an evaluation report that we're immensely proud of.*

*We learned a lot; the whole thing has been a big learning curve. The next time we're involved in program evaluation, we'll be completely across it.*

*The lessons learned and skills gained by us have significantly influenced and informed our evaluation practice, and will continue to do so in our future roles.*

Transformational all around ...



We are all proud of the full evaluation report written **by practitioners for practitioners** precisely to facilitate product use.

As an evaluator, I'm equally proud of the **five-step guide for funders, evaluators and partners** I was able to develop – a product about our process – so that others can replicate our participatory and learning-oriented approach as a best fit evaluation for primary prevention programs (and indeed other social innovation programs). Both products have been published by VicHealth, along with a couple of others produced by VicHealth (summary report, webinar).

**HOLD UP THE THREE REPORTS: THEORY PROCESS PRODUCT**



# Acknowledgements

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I do have one take-away message and you can ask me in the Q & A!