



A guide to evaluating interventions related to violence against women

CELINA McEWEN

Australia's National Research Organisation for Women's Safety

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Introduction

Evaluation is a standard requirement for most community-based services, programs and projects. Ideally, they are done by evaluators, but often they are done by those delivering the services, who may have little evaluation knowledge and skills. There are many useful resources to help service agencies evaluate their projects (e.g. Wadsworth, 2011). One of the most comprehensive set of resources produced to evaluate projects that relate to violence against women (VAW) was commissioned by VicHealth (Kwok, 2016; VicHealth, 2015).

This guide, *Evaluating interventions related to violence against women*, can be seen as a companion to other evaluation guides, such as that produced by VicHealth. It is a resource for community and health workers, clinicians, as well as educators, activists, policy-makers, academics and others. It is designed to help them evaluate interventions related to violence against women (VAW), so they can use the findings to improve services, secure funding and acknowledge the quality of work delivered by practitioners.

This guide also provides information to assist non-professional evaluators with commissioning or assessing evaluation processes and outputs. It explains the importance of understanding the context of evaluation, and determining the “evaluation-readiness” of an organisation. Finally, it seeks to help evaluators who do not have specific VAW experience to consider key issues and challenges in evaluating interventions that address issues of domestic and family violence (DFV) and/or sexual assault (SXA). It provides some ideas to help evaluators plan and design evaluations that are ethically robust, culturally sensitive and gender-responsive.

Understanding evaluation

Evaluation is used to find answers to questions such as: How well did we do? What difference did we make? How much did we do? Evaluation helps produce evidence about how well services, programs or projects reached specific aims. It is a process used to determine the level of success of activities undertaken, and/or to measure the quality of the results of interventions or interactions. For example, practitioners might need to evaluate a project, program or service to assess progress, reflect on practice, confirm compliance, and/or to determine cost-effectiveness. Patton (2008, p. 39) defines it as: “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program effectiveness, and/or inform decisions about future program development”.

There are many benefits to evaluating interventions. Funding bodies often require evaluations in the form of acquittal reports to outline the ways in which their funds were spent. Clients or participants need evaluation to increase the quality of the services they receive. Managers of VAW services need evaluations to secure financial support for their programs and projects. Findings can help ensure accountability, but also add value to services, programs and projects; contribute to the effectiveness of practice; improve decision-making processes; and increase staff knowledge and skill. The ultimate benefit is, however, to provide evidence of how to improve our chances of reducing the level of violence perpetrated against women through DFV and SXA.

The context of evaluation

Evaluation is not a value-free practice. What is measured and how it is measured depends on the aims of the intervention, but also the stakeholders’ needs for, interests in, and assumptions about evaluation. These contextual elements might seem irrelevant to evaluation, but they tend to play an important role in understanding how to develop and conduct an evaluation project. As stated in W. K. Kellogg Foundation’s *Evaluation Handbook* (1998, p. 9):

When we look at the impacts of a program by using the scientific method only, we miss important contextual factors. This, coupled with the fact that statistical theories can lull us into thinking that we are looking at the neutral and objective truth about the initiative, can mask the fact that evaluation is a political and value-laden process.

How and when we evaluate is often taken for granted and presented as good or standard practice. However, this ignores the fact that these conventions were developed based on specific social, political and economic ideas or theories. To be able to make the most of evaluation processes and findings, it is important to understand where evaluation approaches fit in the broader social and organisational context. For example, if the evaluation is driven by government needs or demands, it is advisable to understand how the evaluation output might be used in the political landscape. If the evaluation is to help advance a particular debate in a given sector, then it is important to understand how your evaluation project will compare with others or what your findings will contribute to the debate. Also, having a more contextual approach to evaluation helps manage internal processes, activities and goals. Organisations that evaluate interventions by locating this activity within the broader social, scientific and political context can then use evaluation to:

- name realities and/or clarify misconceptions about their core practices and processes;
- document positive and negative trends;
- determine their capacity to implement an intervention;
- strengthen their relationships with funding agencies;
- establish and develop an organisational knowledge-base; and/or
- better support and advocate for the work they do.

For example, when evaluating interventions related to VAW, adopting a contextual approach to evaluation can help organisations make better judgements and decisions about which standards to adopt to maintain engagement with men participating in offender rehabilitation programs; and it can help organisations determine which strategies to include in interventions to successfully change adolescents’ understanding of what constitutes sexual harassment.

Commitment and readiness

For evaluation projects to reach their full potential of “proving” and “improving” projects, programs and services, they need to be a valued practice at an organisational level, as well as at a sector and government level. There also needs to be a consistent and ongoing approach to evaluation. Finally, there is a need for establishing a shared responsibility for

evaluation and a common understanding of the purpose, processes and outcomes of evaluation adopted by evaluators, policy-makers and practitioners.

Such a positive evaluation culture requires embedding evaluation in all interventions and programs as a routine activity that directly feeds back into practice. To achieve this, organisations and governments need to be committed and ready to support and promote evaluation practices. Of course, this means providing adequate resources and investing time and effort to plan and implement an evaluation practice that is cyclical and meaningful to practice. This includes investing time and effort in ensuring staff and policy-makers have the relevant knowledge and skills to conduct, commission or outsource the evaluation of interventions (see [Appendix A](#) for an overview of evaluation knowledge and skills). This also means that evaluation needs to be seen as a collaborative and transparent practice between policy-makers, practitioners, managers, evaluators and clients/participants. Furthermore, this means extending the practice beyond the reporting of findings to funding bodies, to build on findings and follow through with recommendations within an organisation as well as at a government level.

Such a commitment to evaluation will ensure that the evaluation practices adopted reflect stakeholders' values and interests. Such an informed approach to evaluation will also help produce more reliable and credible evaluation outcomes and help build an organisation's reputation as truly accountable.

Evaluation processes

In deciding whether to conduct an evaluation, which parts of an evaluation project to delegate, how to contract out, or how to assess evaluation output, practitioners, policy-makers, and others undertaking evaluation, need to have the appropriate knowledge-base and skill set. This can be obtained by attending formal training sessions or participating in communities of practices, such as those on offer at the Australasian Evaluation Society¹ or Better Evaluation.² These communities of practice may be virtual or physical, or at a local, national and/or global level, and help create a network of resources (e.g. survey tools, recorders, videos, data management software), as well

as provide a space to seek advice or assistance to address emerging issues in cost-effective ways.

Another way for staff who are not primarily evaluators to build their capacity to manage or commission evaluation projects is to focus on the processes or steps required to implement such projects. Within this guide, we propose an eight-step approach to evaluation (scoping, establishing management structures and teams, designing a framework, engaging with participants, collecting data, analysing data, reporting and disseminating findings, and feeding back findings), which we have grouped under three distinct stages (planning, producing evidence and incorporating findings), as shown in Figure 1.

In addition to the eight steps of evaluation, we recommend including an additional monitoring activity. Monitoring is an activity that occurs throughout the life of an evaluation project. It can help keep track of the project's progress. On longer evaluation projects, monitoring can be a formal activity used to provide progress updates to reference committees or boards. On shorter projects, this can be done in an informal way with verbal reports at staff meetings. Also, monitoring can help organisations become more responsive to unforeseen events, enabling evaluators to address emerging issues and project needs, and seize opportunities as they arise. For example, by carefully planning the evaluation, issues such as the misallocation of time and resources, the mismatch between evaluation aims and approach, or the misalignment between roles and skills can be avoided or minimised. By monitoring the processes used to recruit participants and to gather and analyse data, problems such as low numbers of participants or the misalignment between the findings and the recommendations can be addressed before they can jeopardise the integrity of the evaluation project. In addition to that, it can help determine what evaluation activity is needed next, or when to work on different steps or tasks at the same time.

It is important to note that although these steps and stages are presented in a linear fashion, the actual processes may be less ordered, because, at times, activities within different steps may need to be conducted simultaneously rather than one after the other. The rest of this publication provides details about these steps and how to implement, manage, and assess them.

1 www.aes.asn.au

2 www.betterevaluation.org

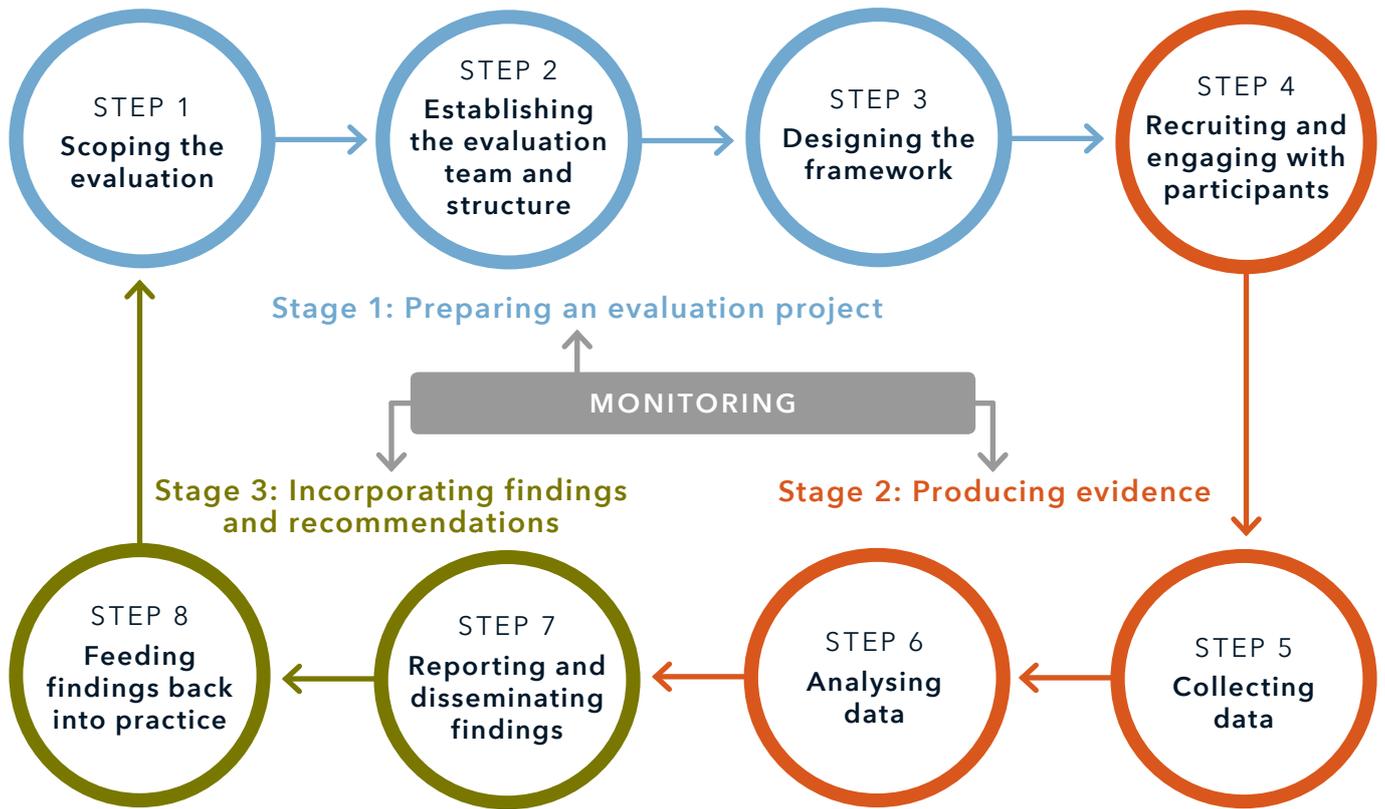


FIGURE 1 Evaluation and monitoring stages and steps

STAGE 1

Preparing an evaluation project

Evaluation is a rigorous practice that requires planning. Whether it is to commission, manage or conduct an evaluation project, preparation begins with raising and addressing many questions to scope and clarify the context of the evaluation project. This process will help bring to light the constraints and limitations that might exist around a specific evaluation project. It will also help ensure evaluations are conducted in an independent, or, at least, a transparent way. This first stage of preparing an evaluation, therefore, includes imagining and clarifying the evaluation's aim (Step 1); establishing the evaluation team and structure (Step 2); and designing the evaluation framework (Step 3). As a result of these steps, the evaluation plan produced should help guide the development of ethical practice, and risk management, communication and dissemination strategies. The evaluation plan can then be used to make future decisions, as an external evaluator's "terms of reference"³, and to manage internal conflicts. This plan can also be used to monitor progress. Stage 1 monitoring activities will help ensure there is a shared understanding of what is required at a project level and that participation in the organisational culture of evaluation is consistent.

Step 1: Scoping the work

Scoping an evaluation project requires that you first determine whether an intervention can be evaluated. This includes establishing an organisation's readiness (discussed under [Commitment and readiness](#)) as well as the availability (e.g. accessibility, reliability and adequacy) of relevant information and stakeholders (UN Women, 2015), the timing (i.e. when to start evaluating) and the timeframe (i.e. from end to end of the processes and by the required deadline, if applicable).

If an intervention can be evaluated, it is then necessary to define what will and will not be included by focusing on why, what, who, how, where and when. For example, this can be done by answering some of the following questions (see [Setting project aims](#) under Appendix A for more questions):

- **Why** is the evaluation being done: to improve, to inform, to make sense of a situation or something else?
- **What** are the practice, process, or outcome questions that need to be answered? What is the purpose of the intervention (e.g. project, program, service) being

evaluated? What data can be collected? What constitutes an independent and ethical approach to evaluation in the given context? What is the desired outcome for clients and/or participants, as a result of the project? What kinds of information will be included in evaluation reports? What level of resourcing can we allocate to the project? What is the budget? What is expected from this type of evaluation? What are the shared and working definitions of VAW, DFV and/or SXA?

- **Who** will provide access to data? Who will the evaluation participants be? Will stakeholders be involved as experts and/or evaluation participants? Will clients be involved as experts and/or participants? Who will evaluate the intervention? Who will be interested in the results of the study?
- **How** long should the evaluation be? How in-depth should it be? How should it be conducted? How will clients or participants be involved? How will participants be selected and recruited? How many participants will be required? How much data should be gathered? How will data be gathered? How (and whether) to reward participants for their contribution to evaluation projects (e.g. payment, refreshments or gifts)? How will the information be used? How to report and disseminate the findings? How does it fit in with overall plans of the organisation? How does it fit with other projects? How SMART (i.e. Doran's (1981) Specific, Measurable, Assignable, Realistic and/or Time-related) are the evaluation objectives?
- **Where** will you find data participants, expertise, resources, and other evaluation components?
- **When** is the most opportune time to conduct the evaluation? At what stages of the intervention: at the planning stage, at the beginning, middle, once completed or at multiple stages? When is the best time to disseminate the findings?

This scoping exercise should then result in clearly formulated main evaluation questions. It should also help highlight the types of risks to the organisation and participants that may occur because of the evaluation and identify how to address them. This assessment of risks will help embed a certain level of flexibility in the evaluation plan and framework design to respond to anticipated (e.g. human error) as well as unforeseen changes (e.g. incongruent or contradictory findings). For example, conducting a risk assessment might be useful to think about what might happen if the evaluation

³ This is usually a document that outlines the aims and objectives of a project as well as its structure.

data is subpoenaed. How would the organisation respond? What would the implications be for participants? This process will also help inform the ethical parameters of the evaluation (e.g. assessing potential harm, the re-occurrence of trauma, the risk of perpetrators re-offending, the need for evaluators to obtain criminal history or working with children checks) and how to avoid or minimise risks. Some of these ethical issues are discussed in more detail in the section on [Engaging with participants](#), but they include ensuring that potential participants are not re-traumatised or feel forced into taking part in an evaluation project. In instances where you wish to disseminate your evaluation results publicly, you might need to apply for approval to do this work from an appropriate Human Research Ethics Committee (HREC). The National Health and Medical Research Council (NHMRC) provides a list of registered HRECs (NHMRC, 2016).

Processes in Step 1 should result in the development of an evaluation plan or “terms of reference”, which could also include a risk management and a dissemination strategy, as well as a basic budget. [Appendix A](#) provides some templates and links to tools to help scope a project. [Appendix D](#) presents the key questions that need to be addressed in a human research ethics application.

Step 2: Establishing teams and management structures

Once there are clearly stated evaluation aims and goals, it is important to establish who will conduct the work and what their roles and responsibilities will be. This will depend on the knowledge, skills and resources available within an organisation as well as the staff’s capacity to engage easily with participants and conduct an independent evaluation. Other things to consider when deciding whether the evaluation should be led by an individual or a team, internally or externally, include the relationship with participants in the evaluation projects who will be the source of the evaluation’s data (e.g. staff, clients and patients). Using staff to undertake the evaluation could be beneficial to an evaluation project as they already have an understanding of the professional context and of the complex issues clients present with (see [Engaging with participants](#)). Contracting consultants or external evaluators might be required in cases of potential, likely or actual conflict of interests between staff and participants, when there is a

risk of staff influencing the reliability of data gathered, or when the skills are not available in-house and there are no resources to build staff’s capacity. It is important to note that this option would require estimating the cost of hiring such a consultant and including it in the intervention’s budget item. Bernice Taylor & Associates (Taylor, 2009) provide a useful resource to help consider this issue and, more broadly, whether to engage an external evaluator. They also help determine what an internal evaluator can do and whether the evaluation task should be conducted by one person or a team of evaluators. While based on US models and with a focus on democratic participation in the evaluation processes, Cox, Keener, Woodard, & Wandersman’s (2009) manual is a useful tool for recruiting evaluators and preparing contracts. Staff working in partnership with an external evaluator can also be an option; this allows for organisations to make the most of trusting relationships previously established between staff and clients or patients, while safeguarding participants from the potential risks of coercion linked to those close relationships with staff.

Next, there is a need to put in place a structure to support the management of the evaluation. This structure could be based on an organisation’s existing hierarchy (e.g. evaluator, manager, director, board). It could also include the use of reference or advisory groups constituted by internal and/or external members of the organisation. This management structure will depend on the size and duration of the evaluation project, who is conducting it, and the organisation’s resources. For instance, if the evaluation is conducted by the same staff who managed the intervention being evaluated, we would suggest using a reference group to ensure the evaluation process is as independent and transparent as possible.

The following questions can help determine who will conduct the evaluation and how it will be managed:

- **Who** needs to know what about the evaluation? Should the evaluation be undertaken by an individual or team? Should the evaluation be undertaken by insiders or outsiders? Who should be responsible for which part of the evaluation? Who will manage the evaluation?
- **How** will stakeholders be informed of the progress or asked for advice? How should competing interests be prioritised? How will we manage the project (e.g. as an organisational project team, or as a partnership)? How

can potential problems (e.g. conflicts, difficulties) be best managed? How to ensure the independence of the evaluation process?

By the end of Step 2, you should be able to produce a work plan that outlines the resources needed and the milestones of the evaluation project. This work plan could include a Gantt chart. This type of chart is a useful tool to map evaluation activities against resources, roles and responsibilities over the course of a project. Some sample tables and charts are included in [Appendix B](#).

Step 3: Designing the framework

During Step 3, the instruments used to gather and analyse data are designed and brought together with the assumptions about the purpose of evaluation, the work conducted, the population targeted and the outcomes sought, as well as the evaluation questions, in the evaluation framework. This process helps ensure alignment between the aims of the evaluation and of the intervention, as well as between the kind of data needed and how it will be collected and analysed.

The instruments used to gather or capture data include the method (e.g. questioning, documents analysis, reflection or observation) and the tools (e.g. feedback sheets, questionnaires, surveys, interviews, focus groups, workshops, videos, photographs, notebooks, drawings and logs). The instruments used to analyse data include the evaluation model (e.g. process, performance, feasibility, and outcome evaluation) and the indicators (i.e. criteria used to measure success, change and quality). These instruments are interrelated, as the evaluation model used helps to develop the indicators; and the indicators refer directly to the evaluation questions that are addressed through the analysis of data gathered using the specific methods and tools decided for this purpose.

Though an existing framework can be used, it should not be assumed that one approach will fit all types of evaluation. The aims and context of both the evaluation and intervention evaluated will help determine the type of evaluation required as well as the models and tools used to gather and analyse data. Additionally, the organisation's conceptual position on VAW, its definitions and approaches to DFV or SXA (Wathen, Harris, Ford-Gilboe, & Hansen, 2015), and the

nature of the population groups being targeted (in terms of numbers and demographics) will inform decisions around the most appropriate evaluation framework design (including language use). Table 1 provides some examples.

Models

There are many evaluation models, and not one model has been found to be intrinsically better, or more effective in evaluating interventions related to VAW (Breckenridge, 2016). However, two models often used in the health and community sectors are potentially useful to evaluate the outcomes or impact on participants in such interventions and their communities: the logic model and action research.

The logic model is frequently recommended by funding bodies in Australia as a robust and practical approach to evaluation. Logic models can easily be contextualised or adapted to suit a range of purposes. There are many types of logic models to choose from. The choice of model can be made according to the focus of the evaluation, such as an input model to measure the effort involved in running a set of activities, an output model to judge the quality of the materials or performance produced, or an outcome model to determine the level of success of change sought. The creation of a hybrid model that combines different elements of those logic models is also a possible approach (see [Appendix C](#)). Action research is well suited to the overall aims and goals of measuring change and performance beyond the anecdotal evidence or the acquittal report. It is:

a cyclical, iterative approach to designing research in which a range of methods are used to inform action, produce knowledge, and generate new evidence in the course of everyday work. Action research makes explicit its aims to pursue and implement change—action—during the processes of studying the things that it is seeking to change (Wicks, Reason, & Bradbury, 2008). (Orr, Backhouse, & La, 2018)

TABLE 1 Examples of frameworks

Context	Context and definition of VAW	Evaluation aims	Target population	Model	Sample questions	Methods and tools
Example 1: Local ante-natal health clinic	Medical pathology of VAW	To determine staff use of the DFV risk assessment kit against best practice	Staff working with pregnant women of all ages	Process or performance	How quickly are staff able to identify risk factors and instances of DFV or SXA? What is staff's understanding of pathological signs? What is their knowledge of referral services?	Staff activity logs Patient records Staff interviews Use of resources
Example 2: Community arts project on respectful relationships with out-of-school young people	Socio-cultural	To acquit a funding grant aimed at increasing young people's understanding of respectful relationships	Project participants	Outcome or impact	What difference did the intervention make in participants' lives? What are participants' experiences of the project? What did they learn from the project? In what ways did the project help change participants' attitudes and beliefs about consent? To what degree did the intervention achieve its intended effect on its participants?	Project application (aims) Participant interviews or questionnaire
Example 3: Aboriginal and Torres Strait Islander legal aid service	Criminal, legal or political	To determine legal staff's training needs in restorative justice practice	Staff working with Aboriginal and Torres Strait Islanders presenting with DFV or SXA	Process or performance Outcome	What is staff's understanding of restorative justice practice? How are restorative justice practices implemented? What have the outcomes been for SXA and DFV cases in the past 5 years?	Client records Observation of restorative justice circles Staff questionnaire
Example 4: Multicultural health service	Socio-cultural	To determine the effectiveness of the translated DFV and SXA prevention resources for a target audience	Newly-arrived migrant and refugee women participants	Output	Are definitions of DFV and SXA lost in translation? Which prevention messages are retained?	Client focus groups

This model is also most useful when one of the evaluation aims is to integrate learning or developmental actions during the evaluation process, rather than once the evaluation project is over. This type of evaluation is underpinned by a spiral of action, observation and reflection (see Figure 2) that informs all stages of planning, implementing and reporting on evaluation outcomes (Kemmis & McTaggart, 1988; 2000).

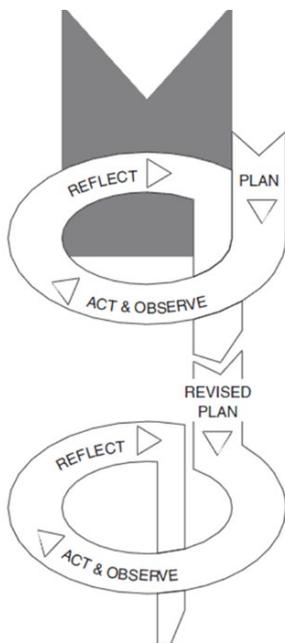


FIGURE 2 Action research spiral (Source: Kemmis & McTaggart, 2000)

Action research is a practical approach that involves planning and documenting what projects are doing; reflecting on the information gathered, and what was effective and not; and changing strategies or plans in response to this learning. It can be a useful model to engage with clients or patients as participants (Whyte, 1991). Though action research encourages the participation of a range of stakeholders, the level and type of participation varies. Participatory action research focuses more specifically on involving participants from the beginning, including to develop tools and indicators. This approach ensures that these tools and indicators are more relatable (e.g. sensitive to specific experiences and backgrounds), accurate and relevant (e.g. grounded in a given time and place) to participants. This approach also allows for a greater sense of ownership over a project as it provides the opportunity to use participants' narratives as evidence.

Further, including clients or patients as participants in the evaluation increases the chances of facilitating change and addressing social needs, because, in the short to medium term, it increases the relevancy of interventions and, in the long term, increases participants' level of reflection and contribution to change (Boyle, 2012).

Other evaluation models that integrate learning and seek to be responsive to evaluation situations as they unfold include Change Theory and developmental evaluation. A list of resources that discuss the range of models, their theoretical underpinning and their usefulness according to various aims is included in [Appendix E](#).

Indicators

The evaluation model will help develop measurement indicators, and determine which components, features and stages of the intervention evaluated and/or questions to focus on. The following questions will also help develop project-specific indicators:

- How can we find out if the aims have been achieved?
- How do we know that knowledge/skills/attitudes/behaviours have changed?
- What will indicate to what extent the intended objectives/effects have been met/achieved?
- How measurable are these indicators?
- How accessible is the information needed to address these indicators?
- Can this information be gathered from one or several sources?
- What is the integrity of this information?
- Should it be cross-referenced or validated?

It should be noted that, although indicators will help assess to what extent objectives have been met, they will not help determine why this is the case. Further analysis is required to establish actual or potential cause. This is, however, often outside the scope of an evaluation project and more in the realm of a research project. For more information about developing indicators, refer to VicHealth's (2015) concise guide to *Evaluating Victorian projects for the primary prevention of violence against women*, which can be accessed at <https://www.vichealth.vic.gov.au/search/a-concise-guide-to-evaluating-primary-prevention-projects>.

Methods and tools

Depending on the aim of the evaluation, one or several methods and tools can be used to collect data. A mixed method allows for a more complex picture to emerge. It can, however, be challenging to implement as it requires bringing together elements that, at times, might be seen as contradictory or duplicating each other. One way of addressing this challenge is to allocate specific tools to the collection of specific data or applying different tools to the collection of similar data to cross-reference findings.

Data gathered can include information previously captured or recorded in reports, books, articles, videos, advertisements, and so on. It can also be new information to be collected from clients, staff or experts. Existing information will be handled in a different way than new information, but whether new or existing information, whether gathered from an object or a person, whether using interviews, surveys or observation as a method, all data gathered will be guided by a series of

specific questions. For instance, when using observation as a method to collect information, it is important to have a series of questions to guide the selection of relevant data. Without specific questions, the method of observation can be overwhelming, as every detail may seem important (for example, who says what; who does what; when; where; how (reactions, attitude, behaviour, cognition); and with whom or what?).

SurveyMonkey is an online software that can provide sample survey questions that can be modified to form the basis of your survey (see Figure 3). Better Evaluation also provides some links and resources to help develop these questions (see <http://www.betterevaluation.org/en/evaluation-options/interviews>).

Post-Visit Patient Satisfaction Template

SUMMARY → DESIGN SURVEY → COLLECT RESPONSES → ANALYZE RESULTS

SCORE MY SURVEY PREVIEW & TEST NEXT →

QUESTION BANK

Search for questions

Recommended Questions

Previously Used Questions

All Categories

Community

Customer Feedback

Customer Satisfaction

Demographics

BUILDER

THEMES

LOGIC

OPTIONS

PRINT

Page Logic More Actions

LOGO

Post-Visit Patient Satisfaction Template

PAGE TITLE

1. How likely is it that you would recommend your provider to a friend or family member?

NOT AT ALL LIKELY EXTREMELY LIKELY

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. Overall, how satisfied or dissatisfied were you with your last visit to our office?

Very satisfied Somewhat dissatisfied

Somewhat satisfied Very dissatisfied

Neither satisfied nor dissatisfied

3. How easy or difficult was it to schedule your appointment at a time that was convenient

Feedback

FIGURE 3 A SurveyMonkey template

To ensure the relevant information is gathered, it is important to consider how well-aligned the questions are with the indicators, and how the answers to each question will address the evaluation aim. It is therefore important to carefully develop these specific questions. This means not only asking the right type of question, both in terms of content (e.g. neutral, unbiased, not judgement-laden, not offensive, appropriate level of disclosure, ability to cross-reference the validity of answers), but also form (e.g. open-ended, multiple choice, rating scales). Indeed, it is also important to ensure that the appropriate language is used according to any given group of participants.

A list of resources is included in [Appendix E](#) to help better understand how to choose the method, tool or question.

The framework generated from Step 3 activities will constitute the final component to be included in the evaluation plan.



STAGE 2

Producing evidence

Stage 2 of an evaluation project is when the methods, tools and framework are used to gather and assemble evidence. This stage includes engaging with participants (Step 4), collecting data (Step 5) and analysing data (Step 6). At this stage of the evaluation a lot of thought and work will have been put into designing a context-appropriate approach and framework; however, it is important to remain flexible and adaptable to the ways in which participants are involved, information is accessed and evidence assembled. At this stage, it is therefore useful to monitor the collecting and analysing activities to determine whether there is a need to expand, diversify or modify the group of participants, methods or tools used. This will be the role of Stage 2 monitoring activities.

Step 4: Engaging with participants

The evaluation of interventions related to VAW based on data gathered from people who have experienced DFV or SXA needs to be underpinned by an ethical approach. As survivors of gendered violence, evaluation participants may belong to one or more groups, including Aboriginal and Torres Strait Islander people, women with disability, women from culturally and linguistically diverse (CALD) backgrounds and older women, which may be particularly vulnerable to VAW. They might also experience multiple levels of systemic discrimination linked to socio-historical developments and/or geopolitical factors, which might compound the experience or impacts of violence. Working with women who have experienced violence requires an ethical, culturally sensitive and gender-responsive approach. It also requires being inclusive, credible and transparent, which is likely to raise issues around relations of power (UN Women, 2015).

Recruiting participants

To gather data from participants requires, first, recruiting them. Recruitment is a crucial part of evaluation, as potential participants need to understand the purpose and value of the exercise without being coerced into taking part. Indeed, participating in an evaluation project should always be on a voluntary basis. Participants need to be able to make an informed decision about whether to take part or not. They also need to be assured that the information they entrust to the evaluator will be well used and that participants' welfare is paramount, ensuring that the evaluation practices are

physically and emotionally safe. For example, when seeking feedback from clients attending a refugee women support group, clients should not feel pressured into providing feedback, regardless of whether one of their local leaders has approved of the project; nor should they fear that rules of confidentiality and anonymity may not be followed and that information provided may be disclosed to members of their local community. They should not feel wary, either, about deciding to stop at any time for fear of being cut off from accessing services in the future. When developing recruitment strategies, it is therefore important to consider what might constitute coercion, control and power from a gender, class and cultural perspective (Riger et al., 2002).

The recruitment strategies used will depend on the type and number of participants sought and whether they have a prior connection with the organisation or not. For example, how participants are contacted and how they give consent will be different if evaluating the usability of a DFV app with a representative sample of the target population, or if evaluating the effectiveness of an SXA campaign on the broader population. In the case of a DFV app, potential participants could be recruited through emails sent by a specialised organisation or sector peak bodies to a large number of people who work in key DFV organisations. This strategy would rely on participants replying to an email containing information about the project, a link to download the app and a survey questionnaire. Completing and submitting the questionnaire form online would equate to consent to participate in the evaluation. This would need to be made clear in the email or print information. In the case of the SXA campaign, potential participants could be recruited by telephone. After a brief explanation of the aims of the project and an eligibility check, people would then be asked whether they consent to answer a few questions or not. Chapter 2 of the NHRMC guidelines (2007) outlines general requirements for consent, which can be found online at www.nhmrc.gov.au/book/chapter-2-2-general-requirements-consent, as well as standardised forms, which can be downloaded from www.nhmrc.gov.au/health-ethics/national-approach-single-ethical-review/standardised-participant-information-and.

Working with people who have experienced DFV and/or SXA

Including end-users (e.g. clients or patients) as participants in the evaluation increases the chances of facilitating change and addressing social needs, because it increases their level of reflection and participation in change. It also allows for interventions to remain relevant. Engaging with people who have experienced DFV or SXA as participants can, however, be a major challenge. Evaluators who wish to work with survivors, children, particular population groups and/or perpetrators will need to understand the associated risks and how to deal with these inherent challenges, including how to address issues of mandatory reporting for child protection purposes. Because evaluation can be intrusive, seeking accounts of and reflections on personal experiences, there is a risk that recounting past experiences can lead to additional emotional stress, new traumatic experiences or the resurgence of past traumatic experiences. It is, therefore, crucial to adopt an ethical, culturally sensitive and trauma-informed approach to evaluation (Williams, 2014). This means that evaluators will need to make sure that there is a strong reason for each question and know how to deal with disclosure, violent behaviours and emotional distress, for instance. This also requires anonymising client details, and only dealing with identified data where the appropriate screening and supports are in place (see for example [Safe Steps' Survivor Advocate Program](#)).

NHMRC (2007)⁴ provides guidelines to help address issues of consent, confidentiality and protection of participants' identity. To prevent the potential (re)occurrence of trauma in participants, in addition to an ethical approach, evaluators also need to adopt a trauma-informed approach. When working with people who have experienced VAW-offences, Elliott, Bjelajac, Fallot, Markoff, & Reed (2005, pp. 465-468) propose implementing strategies that:

recognize the impact of violence and victimization on development and coping strategies [...] create an atmosphere that is respectful of survivors' need for safety, respect, and acceptance [...] emphasize women's strengths,

highlighting adaptations over symptoms and resilience over pathology [...] [and] be culturally competent and to understand each woman in the context of her life experiences and cultural background.

Further, whether engaging with migrants, refugees and other people from CALD groups; people with disability; people who identify as Aboriginal or Torres Strait Islander; or lesbian gay bisexual transgender queer and intersex (LGBTQI) people, evaluations of interventions related to VAW need to be treated as inter- or cross-cultural communication projects (Stewart, 2006). For example, when working with Aboriginal people, Scougall (1997, p. 53) argues that:

Evaluation only becomes relevant to Aboriginal people when it is conceived of as a process that enables communities to understand their situation better, give voice to their own issues and concerns and determine a direction forward.

Especially when working with people from CALD backgrounds, it cannot be assumed that “domestic violence” has a direct equivalent in the translated language or that DFV is seen as a gendered type of violence. When working with people from CALD or LGBTQI people as a group, it is important to remember that these groups cluster the experiences and needs of heterogeneous groups of people. Therefore, when you engage with people under these umbrella terms, it is important to remember that one approach might not suit all within these broad groupings. It is important to make sure that the methods, tools and approaches used to conduct evaluation are relevant to the various needs and experiences of the participants. This includes developing culturally sensitive (e.g. respectful, reciprocal, relevant and responsible) methods, tools and recruitment processes (AIATSIS, 2012; Oxenham, 1999; Williams, 2018), and/or negotiating protocols of engagement with participants, relevant community leaders or other local gatekeepers. This also means that evaluators need to have the relevant cultural competence (Stewart, 2006), and must work with an interpreter or relevant advisory groups, to inform the use of appropriate methodology (e.g. narrative, story-telling approach, symbolic or visual representation, non-direct questioning) and appropriate language (e.g. with an interpreter, in languages other than English, in plain English).

⁴ Please note that the current version of the *National Statement on Ethical Conduct in Human Research* (2007) includes changes made in May 2015 and that the results of a public consultation on the new and revised chapters in Section 3 and amendments to Section 5 will likely lead to further changes to the guidelines. It is therefore recommended to check NHMRC's website for the most up-to-date version before planning and undertaking evaluation work.

Additional considerations are required when working with homeless women or people with disability because of their heightened vulnerability. Also, when seeking to engage with homeless people it is important to factor in the transient nature of their living condition and the effect this might have on recruiting and maintaining engagement with these participants. When working with people with disability there should be special consideration given to issues around their capacity to give full consent and/or to independently access evaluation spaces (e.g. tools and venues) to provide feedback or information. This might also be a consideration when working with older women or children. In cases where evaluators are working directly with children, it is crucial to prioritise their safety and use the correct level of language. This might require evaluators working in partnership with counsellors during interviews or workshops, for instance. The safety of children should also be considered, even when not working directly with them. Taking part in an evaluation project might have some implications for the parent(s) and, therefore, repercussions on their dependent children. When working with perpetrators of VAW it is important to consider the gender of those conducting the evaluation (e.g. a female working with male perpetrators) and the safety of those in direct contact with the participants, as well as to ensure that the strategies used do not reinforce offending attitudes and behaviours. It is also essential to ensure the safety and anonymity of perpetrators' partners, ex-partners and children, who are likely to not have consented to having their information shared. Finally, whether working with survivors or perpetrators of violence it is important not to bring any value judgement or apply a "deficit" lens to the evaluation framework.

Step 5: Collecting data

Step 5 will see evaluators implementing the methods chosen and tools designed during the planning stage. For this step, it is important to be methodical and systematic. To assist with the actual data collection activities, it is important to consider how to manage the sources of data collected as well as storage and access issues.

To better manage data collection activities, it is useful to create logs and registers. For example, whether collecting existing documents (e.g. reports, records, logs) or new information

(e.g. observation, interviews, surveys), it can be useful to maintain a spreadsheet with information about what, when and how data was collected. This log of activities, decisions and choices can be a useful tool to monitor and reflect on the evaluation processes. It is also useful to create a register of any artefacts produced during the project (e.g. photos, videos, participants' notes), including a brief description of the objects and information about how, where and when they were collected and where they are electronically and/or physically stored.

It is also important to agree on where data will be stored and how it will be accessed. These decisions made at the data-gathering step will simplify the next steps of data analysis and reporting. Storing electronic and physical data requires creating space on a computer, a server, in the "cloud" and/or in physical cabinets. If removing the identity of participants from data is needed for confidentiality or safety reasons, it is recommended to decide how data will be de-identified before being stored. For example, names of participants could be replaced with other names or descriptive labels (e.g. participant 1, young woman A). Whatever the system created, this process should also be documented and securely stored, separately from data files. Accessing or retrieving this data relies on implementing coherent and consistent filing and naming conventions. These decisions might have already been made at an organisational level. Whether based on internal policies or created for the sole purpose of the evaluation project, the decisions made about storage locations, labelling or naming of files and folders should be documented. This information should be shared with other members of the evaluation team.

Step 6: Analysing data

Analysing data requires unpacking, laying out, grouping, sorting, selecting, comparing and summarising the mass of information gathered in Step 5. This can be a daunting task. A systematic approach is helpful to make sense of that information. For example, spreadsheets or tables can be used to lay the information flat and help sort and select the most meaningful data. A specialised thematic coding and analysis piece of software, such as NVIVO (see Figures 4 and 5), can be used to categorise extracts from transcripts, evaluation notes or literature, cluster information and create a hierarchy

of themes aligned with the indicators. Data-gathering tools, such as online survey software SurveyMonkey (see Figure 6), can also be used to sort and select information. For example, the internal functions of tools such as SurveyMonkey and

NVIVO can be used to pre-analyse data, such as converting statistical data into visual representations, with the use of pie charts, graphs, word clouds and so on, to report on findings and highlight issues, trends or inconsistencies.

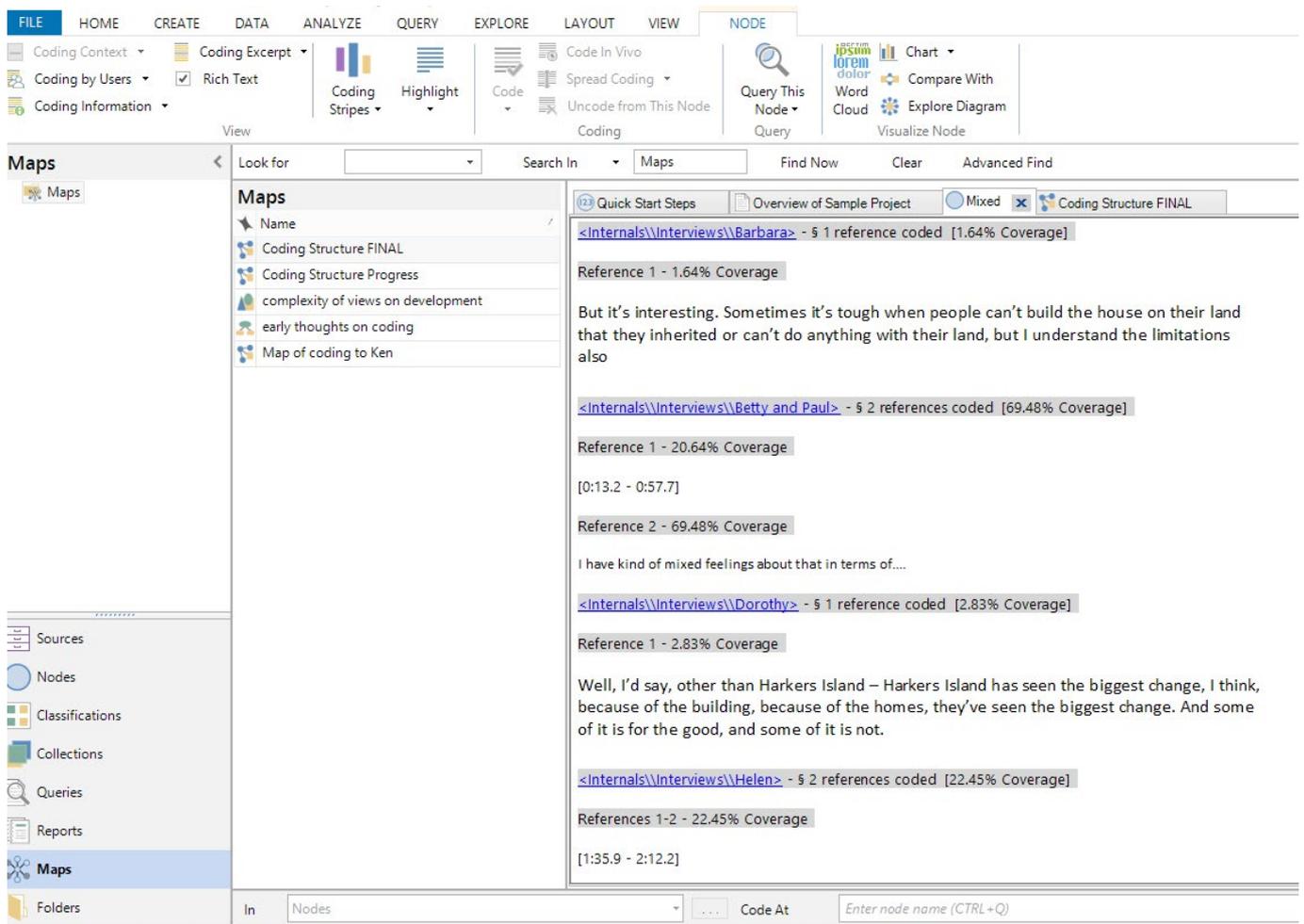


FIGURE 4 NVIVO text analysis function

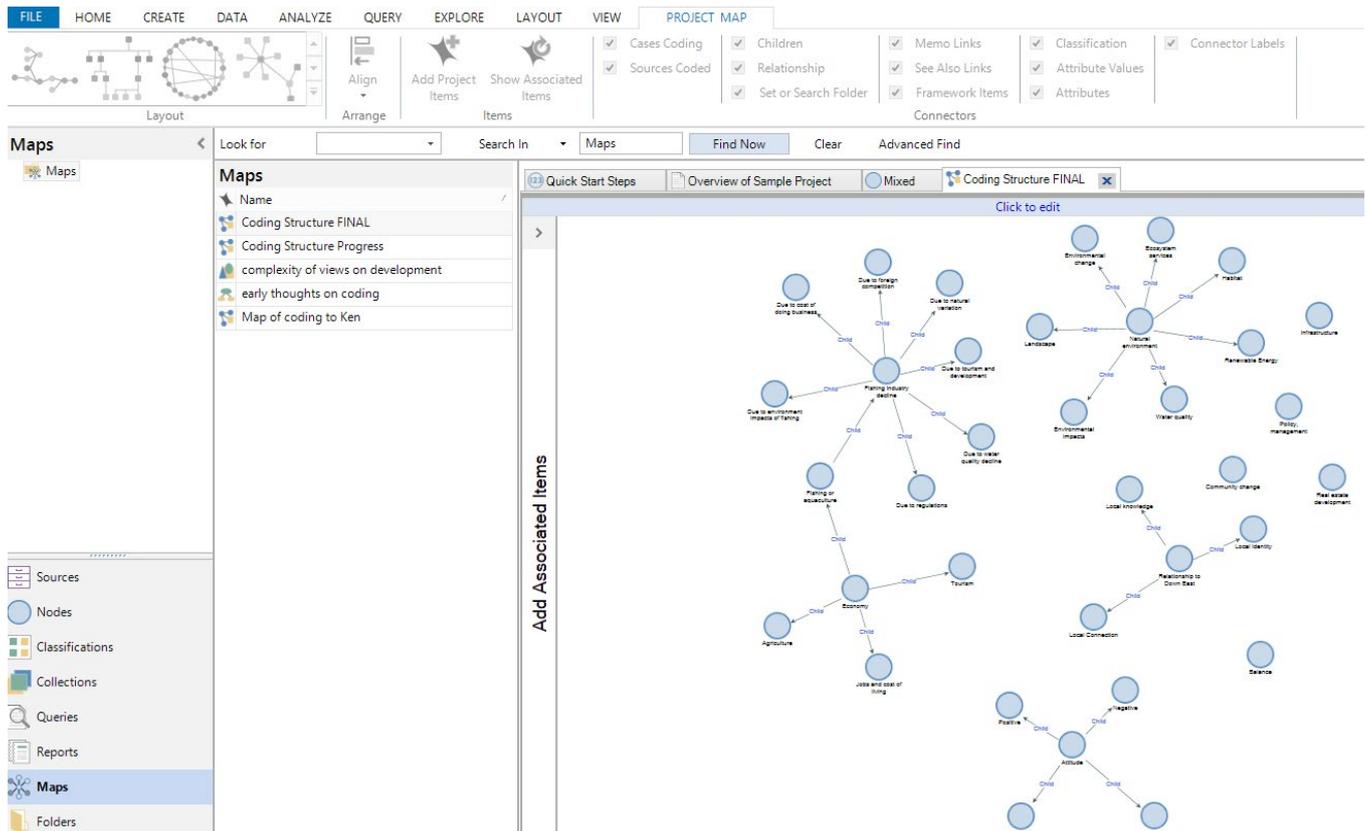


FIGURE 5 NVIVO visual representation themes

As a result of analysing data, key points and themes will have emerged that can be measured against the evaluation indicators developed during the planning stage. By reflecting on how the data gathered compares with the indicators, and what the implications of the findings are for the intervention, the organisation, and/or government policies, recommendations can be made about how to close the gap between the actual (data) and the ideal (indicators) situation, or how to deal with the challenges and opportunities highlighted by the findings. Stage 3 marks the end of an evaluation project. Although this stage concludes the process, it is also the start of the more strategic aspects of evaluation: reporting and disseminating findings (Step 7); and acting on the findings and recommendations (Step 8).

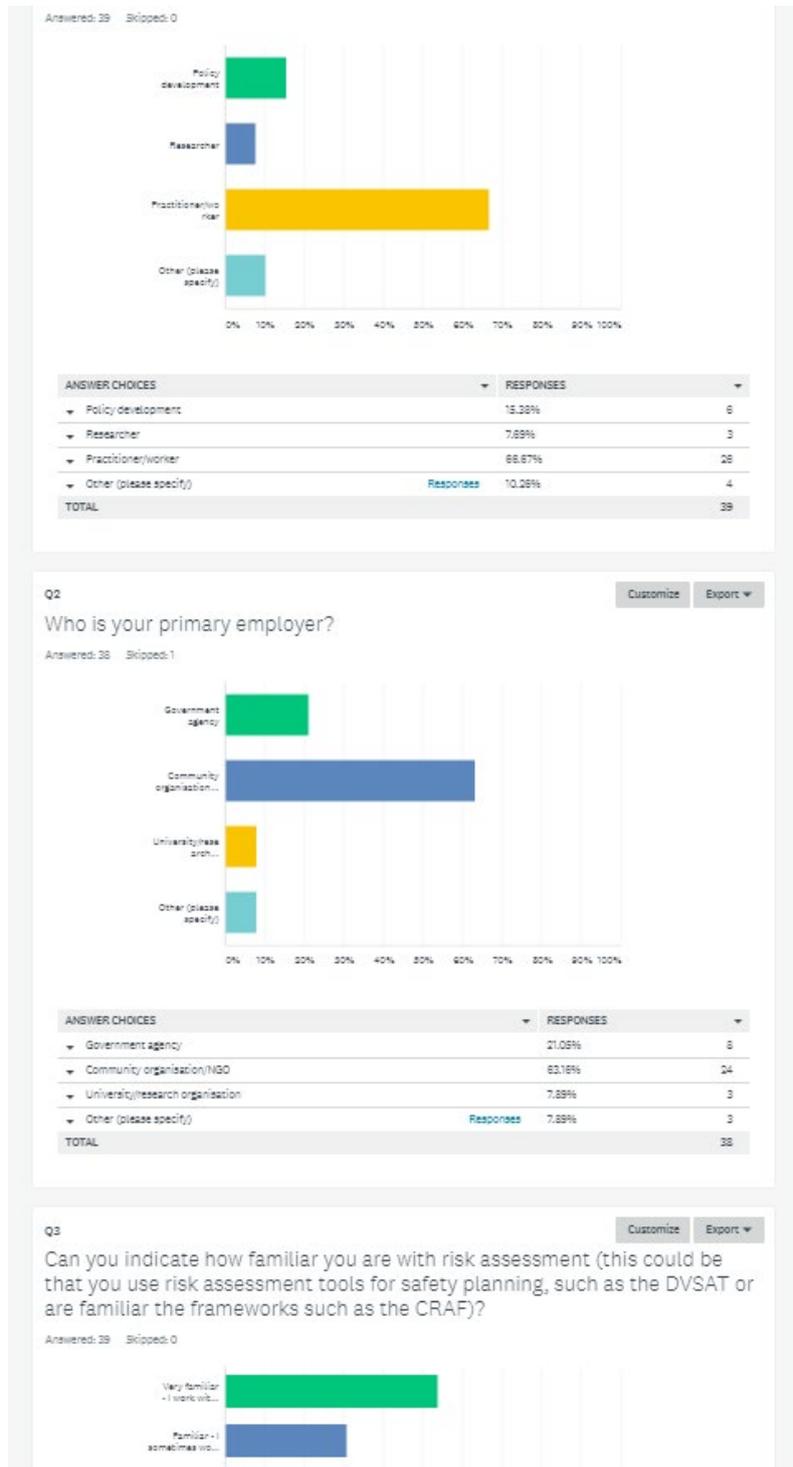


FIGURE 6 Generating charts and basic analysis with SurveyMonkey

STAGE 3

Incorporating findings and recommendations

At this stage of the evaluation project, a common issue is deciding how to report on negative outcomes. Because evaluation is often associated with the need to justify a project's worth and show value for money, or report on what we think will be well-received, we often resist reporting the "unsuccessful", or incomplete, outputs and outcomes. At the risk of producing a less rigorous evaluation, we shy away from discussing the failed processes, contradictory results and negative impact. However, reporting on the whole range of inputs, outputs and outcomes, and feeding this back into an organisation, is the best way to improve practice, design more effective interventions in the future, and strengthen an organisation's learning and evaluation culture.

Monitoring activities at Stage 3 can help adjust dissemination strategies and ascertain the level of engagement with findings and recommendations. It can also enable emerging opportunities to be seized at an organisational level as well as government or sector level.

Step 7: Reporting and disseminating findings

Reports tend to be used as the main output, or means of disseminating the findings, of an intellectual activity. End-of-project reports tend to contain information about the processes and the lessons learnt from a specific activity. In evaluation projects, reports are most commonly used to complete a contractual agreement, including to acquit a grant. As such, they are mostly used as an accountability tool. Whether paper-based or electronic, reports become the reference point of an evaluation project: the material representation of the project in the form of a summary of the processes used and the outcomes achieved.

To produce a report requires a different set of skills than those used to design frameworks, collect information or analyse data. Reporting is a communication and writing task that needs to be approached with the anticipated audience in mind. Reports, therefore, need to be written clearly and in plain English. The format is also important, and needs to be relevant and accessible to the intended audience. As a communication tool, reports can be enhanced by the use of visual representation of findings (e.g. charts, infographics, images of resources). Though writing a report can be a complex

process, it can be simplified by using the various documents produced at different stages of the evaluation project. Indeed, documents such as the evaluation plan, and monitoring or progress reports produced to record Stage 2 processes and decisions can be used as the basis of the report.

As a writing task, producing a report requires more than presenting the most relevant findings: it also requires discussion about the implications of those findings. This last point often leads to the presentation of a series of recommendations, or suggested actions, to improve a situation, activity, or program, at an individual, organisational, sector and/or government level. To decide which recommendations to include in a report, it is important to have a "big picture" approach to what can, may and cannot happen within the organisation and at a sector level as well as what should, could and will happen in stages 2 and 3 of the evaluation. As much effort needs to be applied to writing recommendations as it does to analysing data (see [Step 6](#)). Regardless of the intended audience, recommendations need to be actionable, specific, contained and realistic. They also need to provide options to be implemented according to their level of importance (from essential to desirable), and will ideally outline recommended timeframes and resource requirements.

A standard evaluation report format includes:

- an executive summary that brings all the key elements of the report together at the front of the document;
- an introduction that presents the aims and objectives of the evaluation and provides a brief outline of the content of the report;
- a background section explaining the context within which the project emerged and was conducted, including a summary of the intervention being evaluated;
- a methodology section that presents the evaluation framework, the focus population, and recruitment strategies;
- a discussion of the key findings in the context of the intervention's processes, outputs and/or outcomes;
- a conclusion that includes a series of recommendations or follow-up activities; and
- appendices of supporting material.

A more recent trend in reporting is the 1:3:25 format (CHSRF, 2010). These reports include a one-page visual summary of the aims, framework, key findings and recommendations; a three-page executive summary; and a 25-page report (excluding appendices). This format was developed to standardise and support a logical and consistent presentation of research findings.

An evaluation report can then become the main source of information for other dissemination material beyond the acquittal of a grant. For example, extracts or the executive summary can be used to share the results of the evaluation with all those directly involved with the project, including participants, if possible, and other stakeholders. This constitutes a useful strategy to maintain or strengthen engagement with stakeholders. If using the 1:3:25 format, the one-page visual representation can be uploaded on an organisation's website to disseminate key findings and recommendations to the wider sector.

To be effective, dissemination strategies must be informed by the needs and habits of the intended audience. For example, dissemination strategies used to stimulate debate around practical findings with colleagues will be different to those used to discuss the lessons learnt from an intervention with international stakeholders; to provide access to the materials produced; or to seek support in implementing certain recommendations.

Depending on the context, the following dissemination strategies can be considered:

- journal articles;
- email newsletter items or e-alerts;
- web pages;
- presentations and workshops;
- online forums; and/or
- social media.

The United Nations Evaluation Group manages a repository of evaluation outputs produced by a range of United Nations agencies, including reports on the evaluation of interventions related to VAW. This repository can be accessed from www.unevaluation.org/evaluation/reports. Similarly, UN Women provides access to evaluation resources through its Gender

Equality Evaluation Portal, which can be accessed at <http://genderevaluation.unwomen.org/en>. Beyond their databases of resources, both organisations' webpages and social media feeds are sources of inspiration for ways to disseminate evaluation findings.

Step 8: Feeding findings back into practice

Building on findings and/or implementing recommendations are often missing steps in evaluation projects. Even if they are realistic and actionable, recommendations for changes to internal operations may not be given due consideration, and recommendations to external parties may not be systematically followed up for implementation. This is frequently due to the lack of time and financial resources available to practitioners working at a community or local level. This can also be due to the lack of prescribed ways of implementing Step 8 in the field of VAW (Larrivée, Hamelin-Brabant, & Lessard, 2012).

Although there are knowledge translation and exchange approaches to enhance the uptake of findings and implementation of recommendations, there is often a lack of resources to guide organisations in building on or incorporating findings into practice or future evaluation and research activities (Mitton, Adair, McKenzie, Patten, & Perry, 2007). Depending on whether the intended audience is staff, a whole organisation, or government policy-makers, it might be useful to: create an agenda item for discussion at regular staff meetings until the recommendations have reached a satisfactory outcome; set up inter-professional, or sector-based, working groups tasked with implementing the recommendations; or commission tailored training packages for practitioners.

Acting on key findings and recommendations is an essential part of an evaluation project. Ensuring the “knowledge loop” is closed and that lessons learnt are fed back into practice will strengthen subsequent interventions by enabling future activities to be better designed to achieve their broad aims. Further, this step is also important because it can help ensure an intervention continues to have positive impact beyond the funding period and, ultimately, maximise its contribution to the national effort of reducing the levels of violence perpetrated against women and their children.

Conclusions

Evaluating interventions related to VAW is a challenging and time-consuming activity, but it is also a worthwhile strategic practice. There is no specific “best practice” evaluation process: instead, the best approach will depend upon the individual context of the evaluation, and the characteristics and needs of the evaluation’s participants. With this guide, we have sought to stress the need to use evaluation not only to account for ways in which grant funds are spent, but also: to determine cost-effectiveness; judge the quality of processes and outputs; assess outcomes; promote services; and identify needs for learning and improvement. In this way, evaluation can also help name realities, justify staff practices, clarify misconceptions about practices and processes, determine progress, and ultimately strengthen a sector. However, as mentioned at the beginning of this document, this requires a commitment to evaluation and a readiness to support this type of work beyond an ad hoc approach. An ongoing process of evaluation is needed if it is to reach its full potential in supporting practitioners’ daily work, improving an organisation’s core business practices, and better informing governments’ policies. This also means that evaluations need to be thought of as a collaborative process that builds on the combined efforts of policy-makers, practitioners, managers, evaluators and clients/participants.

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Appendix A: Scoping tools

Setting project aims

The following table includes questions that can be used to help clarify the aims of an evaluation project.

TABLE 2 Setting project aims (modified from Source: Keating, 2002)

Questions	Participants	Project / Organisation	Community
PROCESS (Short term)			
How do we want to conduct the project?			
How will participants be involved?			
Why involve participants in [specify] this way?			
What do we / participants want to happen in doing the project?			
How will we manage the project: <ul style="list-style-type: none"> • as a project? • as a creative process? • as an organisation? • as a partnership? 			
What do we want to achieve through the management of the project?			
What do we mean by "community" for this project? Do we mean the local community? A particular age group? Men? Women?			
How do we involve the community in the project?			
How do we involve the community in the management of the project?			

Questions	Participants	Project / Organisation	Community
OUTCOME (Medium term)			
What do we want to happen for/to participants, as a result of the project?			
What do we want participants to achieve as a result of the project?			
As a result of the project, what do we want to happen to the: <ul style="list-style-type: none"> • project? • creative process? • organisation? • partnership? 			
What do we want to happen in the community, as a result of the project?			
IMPACT (Long term)			
What do we want to happen in the long term, as a result of the project?			
What do we want to happen in the long term to / for participants as a result of the project?			
What do we want to happen in the long term as a result of: <ul style="list-style-type: none"> • this project? • future projects? • creative process? • the organisation? • the partnership? 			
What do we want to happen in the long term to / for the community, as a result of this project?			

Planning an evaluation

The following table includes questions to help plan and define the parameters of an evaluation project.

TABLE 3 Planning questions (Source: Keating, 2002)

Questions	Responses
Why are we undertaking the evaluation?	
Why this project? Are we clear about the aims and objectives of this project?	
How does it fit in with overall plans of the organisation?	
How does it fit with other projects? Why now?	
What are the critical questions we would like answered?	
How do we anticipate using the information? Who is the report for?	
How will we undertake the evaluation?	
Will it be external or in-house?	
Who will be involved from the organisation?	
What level of resourcing can we allocate to the project?	
What level of reporting do we want? How will we use the report?	
How will participants be involved? Others?	
What roles and responsibilities are required?	
Where does overall responsibility for the evaluation lie?	

Who will manage the evaluation?	
How will decisions be made?	
What are the potential problems, e.g. conflicts, difficulties, and how are they best managed?	
Who needs to know about the evaluation, and how will we keep them informed?	
How will we let our key stakeholders know about the evaluation?	
Who is responsible for communication? How often do we need to communicate?	

Planning and commissioning evaluation

[The Managers' Guide to Evaluation and GeneraTOR](#) provide an interactive guide and software to help plan and manage commissioned evaluation projects. The step-by-step approach will result in the development of terms of reference.



FIGURE 7 Steps in the commissioning process (Source: Better Evaluation)

Appendix B: Establishing timelines

Gantt chart

Following is an example of a Gantt chart developed for MS Excel.

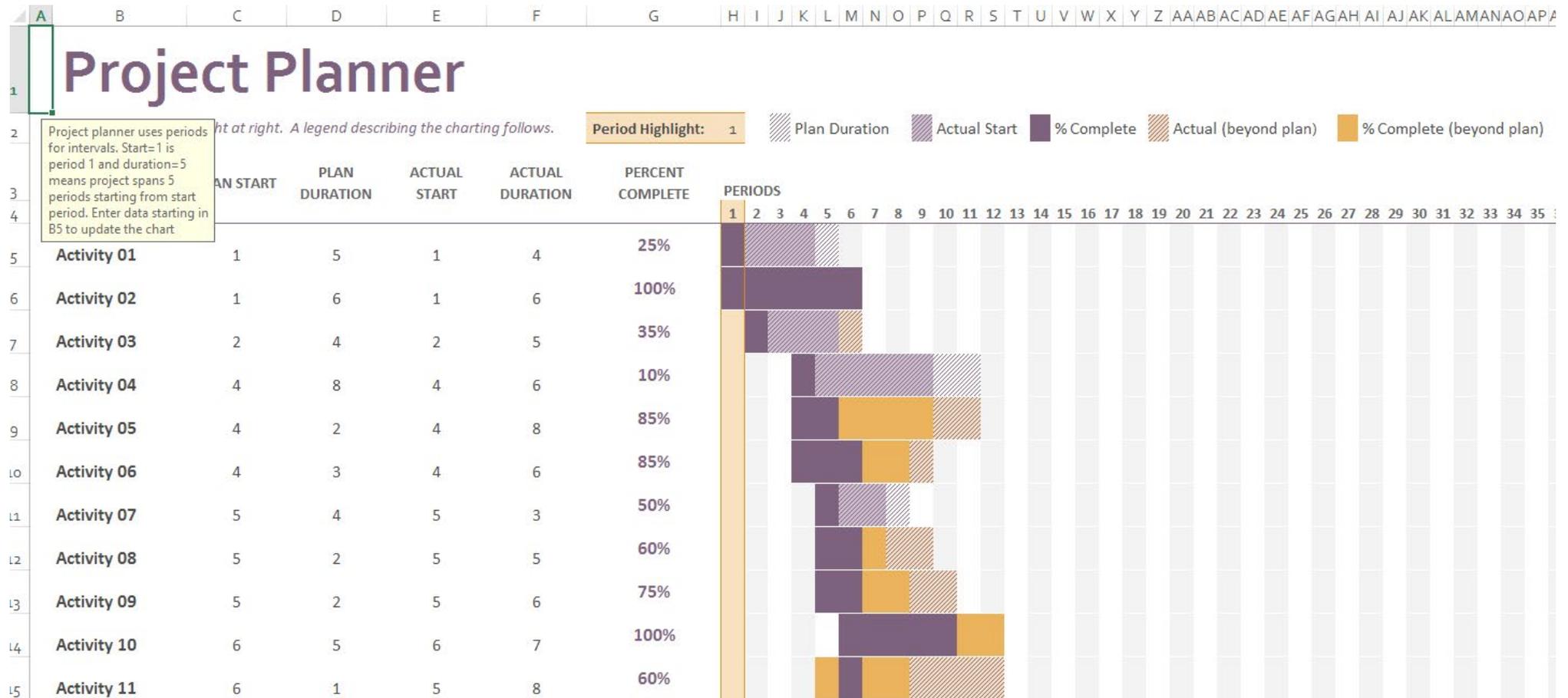


FIGURE 8 Gantt project planner (Source: Microsoft Excel)

Simplified timeline

The following simplified table is useful to establish a project timeline based on a series of evaluation tasks.

TABLE 4 Defining a timeline (Source: ALTC, 2011, pp. 22-23)

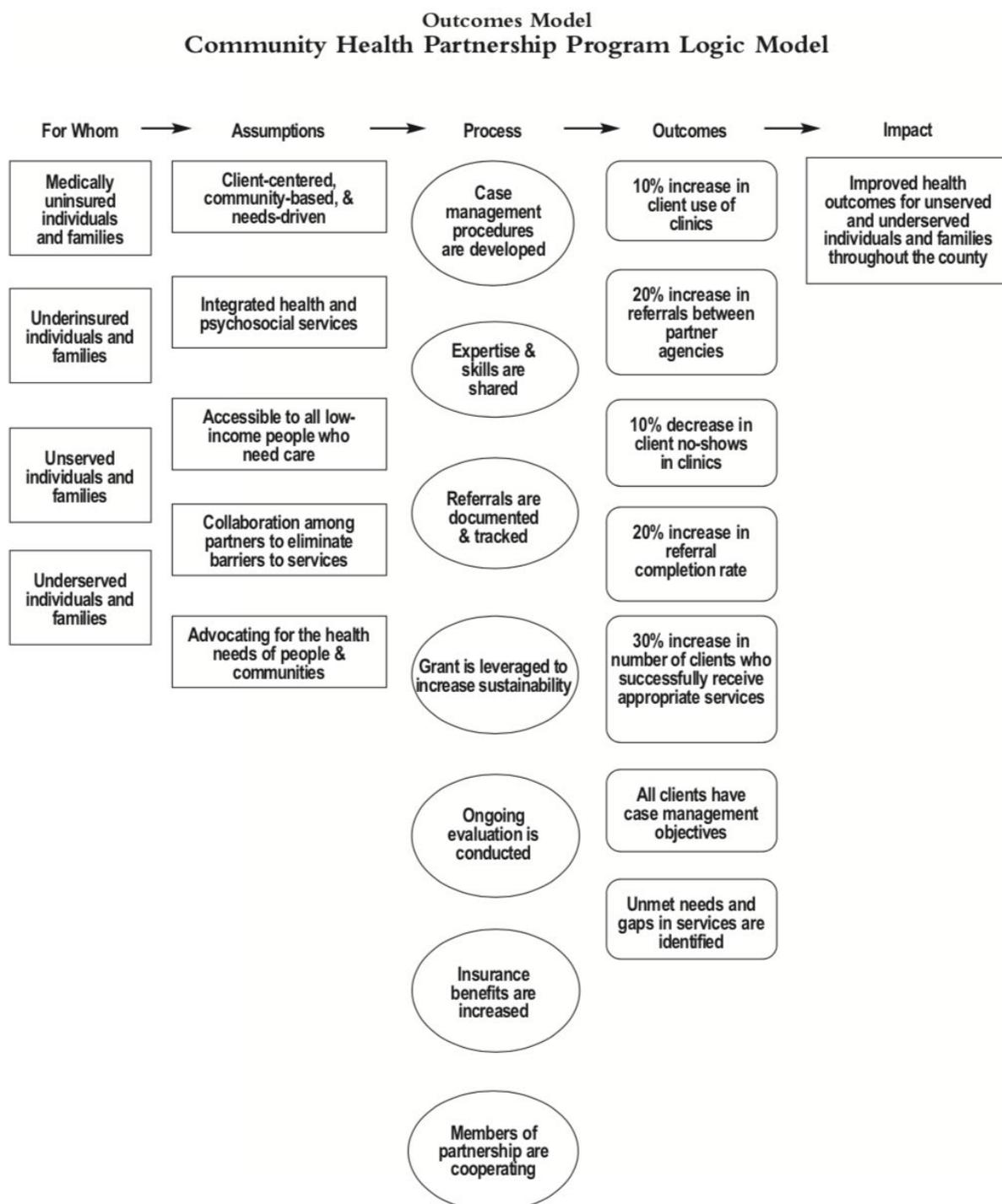
When (weeks/months)	1	2	3	4	5	6	7	8	9
Who									
What									
STAGE 1 Planning									
clarify reason(s) for undertaking evaluation									
decide process for managing the evaluation									
decide roles and responsibilities									
decide scope of evaluation									
develop key evaluation questions									
design data collection tools									
<ul style="list-style-type: none"> • participant interview / survey 									
<ul style="list-style-type: none"> • significant other interview / survey 									
<ul style="list-style-type: none"> • project staff interview / survey 									
<ul style="list-style-type: none"> • creative staff interview / survey 									
<ul style="list-style-type: none"> • audience exit polls 									
<ul style="list-style-type: none"> • other groups 									
develop communication strategy									
prepare and distribute information for stakeholders									
STAGE 2 Collecting and analysing data									
collect existing information - reports, records, etc.									
collect new information									
<ul style="list-style-type: none"> • decide: who; when; how often 									
<ul style="list-style-type: none"> • distribute surveys 									
<ul style="list-style-type: none"> • conduct interviews 									
<ul style="list-style-type: none"> • conduct focus groups 									
<ul style="list-style-type: none"> • conduct exit polls 									

• re-survey / interview if necessary									
reduce data - identify key themes									
present key themes and findings									
draft report on the evaluation									
finalise report on the evaluation									
STAGE 3 Disseminate and feed back data									
prepare summaries for stakeholders / sector									
prepare summaries for participants									
discuss implications for improving current practice									
implement "internal" practice and policy recommendations									
follow up on "external" recommendations									

Appendix C: Logic models

Outcomes model

FIGURE 9 Outcomes model (Source: W.K. Kellogg Foundation, 1998, p. 38)



Activities model

Activities Model
Calhoun County Health Improvement Program Logic Model

<p style="text-align: center;">A Required Input/ Resources</p>	<p style="text-align: center;">B Planning Phase Activities</p>	<p style="text-align: center;">C Planning Phase Outcomes</p>	<p style="text-align: center;">D1 Short-Term Implementation Phase Activities</p>
<ol style="list-style-type: none"> 1. Community leaders committed to the development of a shared vision for improved health status county-wide (A-1-4). 2. Broad base of citizens committed to systemic reform of county health-care service delivery (A-1). 3. Philosophy of continuous program improvement through shared, data driven decision-making and capacity building (A-1-5). 4. Neutral group to catalyze and integrate the reform dialogue into required action. 5. Neutral fiscal agent/convenor and community financial support sufficient to sustain activities post-grant (A-2). 6. Technical expertise on insurance, health care, community advocacy, and telecommunication issues (A-1-5). 7. Strategic planning, management, marketing evaluation, and public relations expertise (A-3-6). 	<ol style="list-style-type: none"> 1. Establishing community decision-making process (B-2). 2. Establishing administrative structure for program (B-3). 3. Establishing workgroups to gather community input and recommend improvement plan (B-4). 4. Conduct community meetings to gain feedback/sanction for vision and planning (B-1). 5. Develop strategic plan to achieve community derived vision for improved health status (B-5). 6. Design and implement preliminary needs assessments, communication and outreach activities (B-5). 	<ol style="list-style-type: none"> 1. Linkages formed among existing community leaders/ stakeholders (C-1). 2. Structure and staff for implementation established (C-2). 3. Implementation teams formed (C-3). 4. Community vision for systemic health-care reform drafted and approved (C-6). 5. Policy changes – health plans, data exchange, service integration, Medicaid-identified to drive planning and aid implementation phase (C-5). 6. Community funding provided to support telecommunications network and other activities (C-3,5,6). 7. Public support evident for community derived vision (C-4, 6). 	<ol style="list-style-type: none"> 1. Development, pilot testing, and promotion of shared decisionmaking model. (D-5). 2. Build stakeholder capacity to influence local policy through recruitment and education (D-6). 3. Consumers, payers, and providers sought and encouraged to serve together on CCHIP convened boards/ working committees to achieve common goals (D-1,2,6). 4. Model development-community access/converge issues identified by research (D-3). 5. Public relations, marketing, and consumer advocacy programs developed to support enrollment strategy (D-4-6). 6. Development of exchange protocols that support expansion of shared network (D-3,4,6). 7. Development of training and support services to facilitate service delivery and growth (D3,4). 8. Contract with CCHIP to implement ongoing community health assessment (D-3,4,6). 9. Support provided for community leadership of health service improvement projects (D-1,2). 10. Development of training and evaluation activities to build capacity of health promotion organizations (D-2,6).

Activities Model
Calhoun County Health Improvement Program Logic Model

<p style="text-align: center;">D2 Short-Term Implementation Phase Outcomes</p>	<p style="text-align: center;">E Intermediate-Term Implementation Phase Outcomes</p>	<p style="text-align: center;">F Long-Range Outcomes</p>	<p style="text-align: center;">G Desired Social Change</p>
<ol style="list-style-type: none"> 1. Shared decisionmaking model disseminated to local health care organizations (E-1, 2). 2. Improved capacity of Membership Organization to influence public policy (E1-3). 3. Improved communication and inter-organizational relations attributed to project activity (E-2). 4. Strategic planning assists stakeholders to achieve their shared vision – improved health status in Calhoun County (E-3, 4). 5. Third party administrator contract solicitation/ award guided by Health Plan Purchasing Alliance board criteria (E-4). 6. Healthplan contracts solicited by the Health Plan Purchasing Alliance Board (E-4). 7. Information exchange protocols and technological/administrative infrastructure have the capacity to support service delivery (E-4). 8. Training and support contribute to Health Information Network system expansion (E-4). 9. Community health assessment data used to inform ongoing community health-care decision making (E-4). 10. “811” primary care management and referral operational (E-4). 11. Increased local capacity to integrate health services (E-4). 12. Neighborhood health status improvement projects operational and supported by the community (E-4). 	<ol style="list-style-type: none"> 1. Local health-care organizations increase use of shared decision making. 2. Research based community advocacy and influence molds public policy to impact community health status. 3. Payers and providers progressing toward coordination of resources and improved dispute resolution. 4. Improved access/ coverage for the under- and uninsured in the community. 5. Increased number of health plan contracts secured. 6. Decentralization of medical records. 7. Health Information Network provides leverage for health care improvement. 8. Infrastructure and resources for sustaining periodic community health assessment in place. 9. Increased integration of health-care delivery systems. 10. Primary care providers active in research-based disease management program. 11. Increased access/ participation - health promotion and primary care. 12. Community organizations make substantive contributions and provide ongoing support for health and primary care promotion. 13. Reduction in incidence of targeted health behavior. 	<ol style="list-style-type: none"> 1. Inclusive, accountable community health decisionmaking process. 2. Community administrative process which supports local points for health data, policy, advocacy, dispute resolution, and resource coordination. 3. Communitywide coverage with access to affordable care within a community-defined basic health service plan with a strategy to include the under- and uninsured. 4. Community-based health information systems which include performance monitoring, quality and cost effectiveness measurement, accessible records, and consumer satisfaction. 5. Community health assessment – utilizes community health profiles and indicators of access, health status, system resource performance and risk. 6. Comprehensive integrated health delivery system that elevates the roles of health promotion, disease prevention, and primary care, integrates medical, health, and human service systems. 	<ol style="list-style-type: none"> 1. Inclusive decision making. 2. Increased efficiency of health-care system. 3. Improved health status.

FIGURE 10 Activities model (Source: W.K. Kellogg Foundation, 1998, pp. 39-40)

Theory model

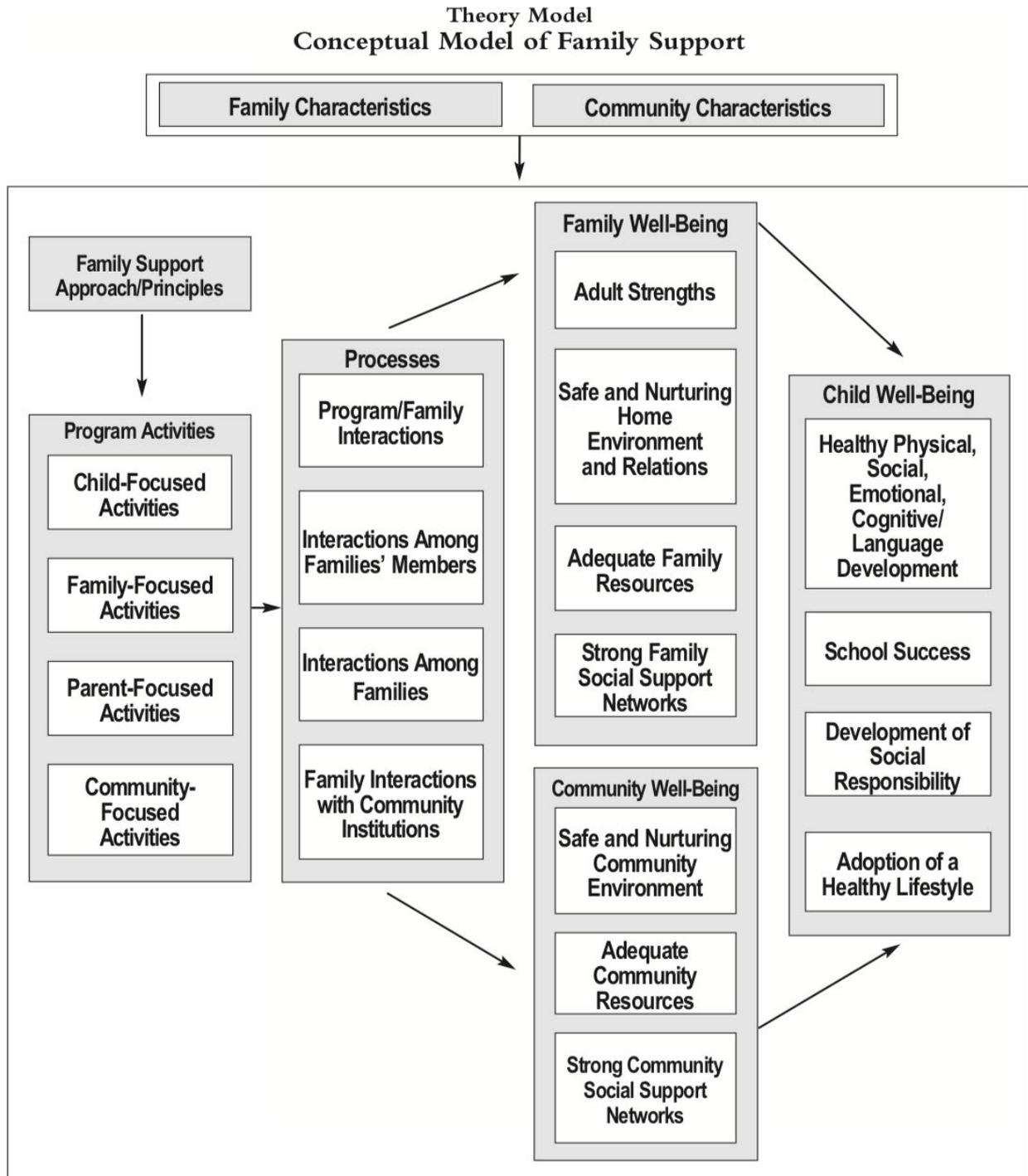


FIGURE 11 Theory model (Source: W.K. Kellogg Foundation, 1998, p. 41)

Hybrid model

Hybrid/Combination Model HRISM Strategy Network 1996

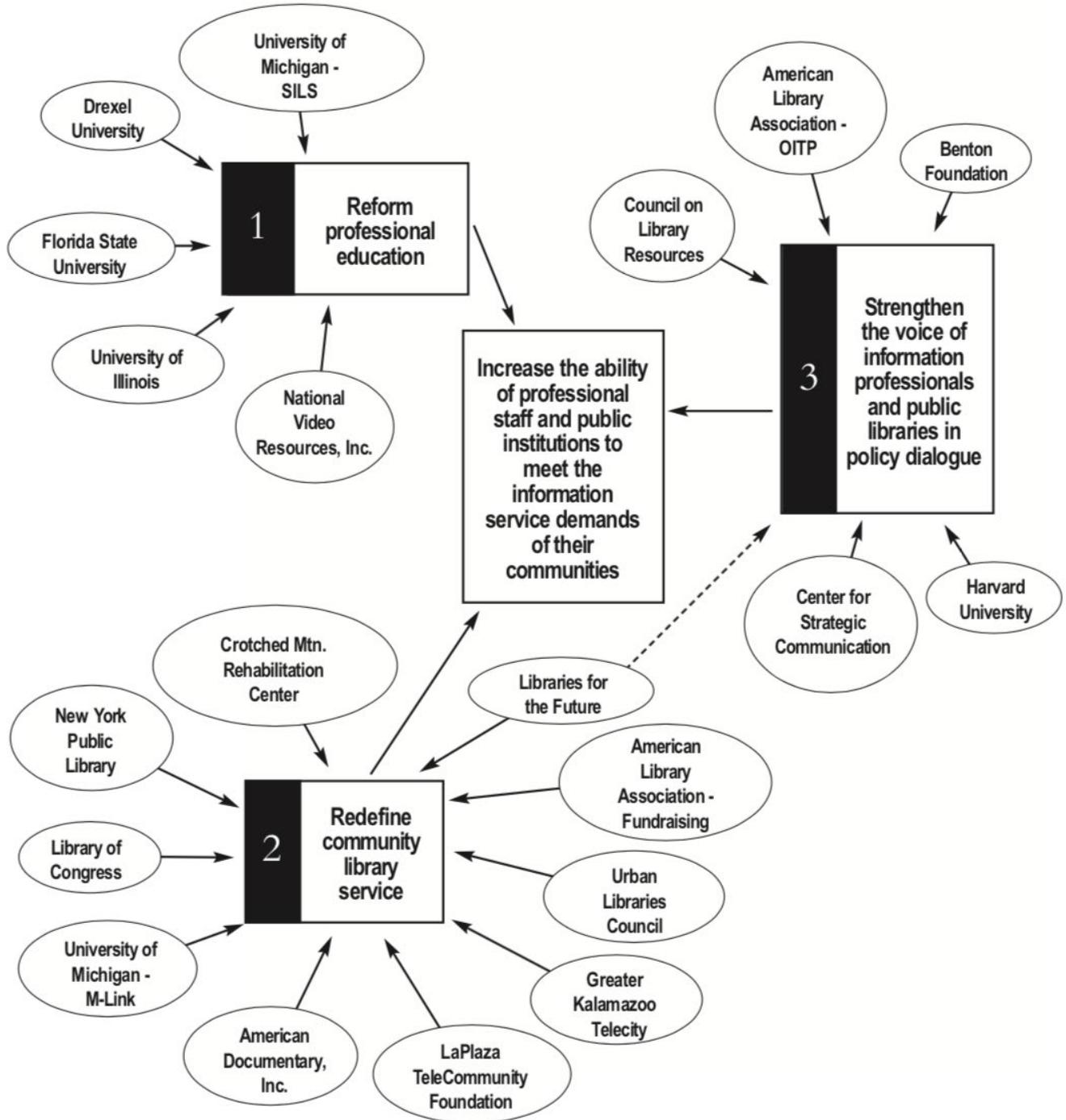


FIGURE 12 Hybrid/combination model (Source: W.K. Kellogg Foundation, 1998, p. 42)

Appendix D:

Ethical questions

The following ethical questions that need to be considered when designing and conducting an evaluation project are drawn from standard Australian university human research ethical applications. They are informed by NHMRC (2007). Questions have been adapted to be relevant to evaluation projects. The questions are designed to highlight issues and the impact of the evaluation on participants. Answers to these questions will help develop strategies to address actual or potential risks to participants' wellbeing.

Target population

Does your evaluation involve:

- people in existing dependent or unequal relationships with the evaluator(s)?
- children and/or young people (i.e. younger than 18 years)?
- women who are pregnant and the human foetus?
- people with a cognitive impairment, an intellectual disability or a mental illness?
- people highly dependent on medical care who may be unable to give consent?
- Aboriginal and/or Torres Strait Islander peoples?
- CALD (Culturally and Linguistically Diverse) people?

Impact on target population

Does your evaluation have the potential to:

- discover illegal activity by participants or others?
- cause or elicit distress in participants due to its subject matter, the procedures involved, information that might be revealed about the participant or related persons, or in some other way?
- jeopardise a participant's employment?
- pose a risk to the physical or emotional safety or welfare of participants?

Does your study involve limited disclosure involving active concealment and/or planned deception?

Clinical interventions

Does your evaluation involve any of the following:

- A clinical trial designed to find out the effects of an intervention, including a treatment or diagnostic procedure?
- The use of human tissue?
- Human genetics or human stem cells?
- Collection of biological samples (e.g. blood, saliva, bodily fluids)?
- Physical screening (e.g. blood pressure, cholesterol, physical fitness, MRI scans)?

- Physical exertion? (i.e. physical activity, exercise)?

Is there a foreseeable risk of more than “discomfort”?

Conflicts of interests

Are there any conflict of interest issues likely to arise in relation to this evaluation?

Do the evaluators have any affiliation with, or financial involvement in, any organisation or entity with direct or indirect interests in the subject matter or materials of this evaluation?

Do the evaluators expect to obtain any direct or indirect financial or other benefits from conducting this evaluation? Have conditions already been imposed, or are likely to be imposed in the future, on the use (e.g. publication), the ownership of the results (e.g. scientific presentations) or materials (e.g. audio recordings) by any party other than the listed evaluators?

Consent process

How will potential participants be identified and selected to take part in the study?

Will participants receive any reimbursement of out-of-pocket expenses, or financial or other “rewards” as a result of participation?

How and where will potential participants be initially contacted?

How will real or perceived coercion be avoided?

If a participant, or person on behalf of a participant, chooses to withdraw from the evaluation, what specific consequences should they be made aware of, prior to giving consent?

Will there be participants who are not fluent in English or who have difficulty understanding English?

Is there an intention to recruit participants who have a physical impairment or disability that may affect the consent process (e.g. blind/vision impaired, deaf/hearing impaired, speech impaired)?

Will a Participant Information Statement be provided?
How will consent be obtained?

Privacy and confidentiality

Will the confidentiality of participants and the privacy of their data be protected in the dissemination of overall evaluation results?

How will the confidentiality of participants and privacy of their data be protected in the dissemination of evaluation results?

Will any part of the project involve recordings (e.g. audio, video, online surveys)?

Will you be collecting information/data about a participant from a third party (e.g. another individual rather than another agency or organisation)?

Will you use, collect or disclose information about human participants from an agency, authority or organisation?

Is the evaluation project likely to produce information or results that are of personal significance to individual participants?

Is the evaluation project likely to reveal a significant risk to the health or wellbeing of persons other than the participant (e.g. family members, colleagues, community members)?

Does this project involve the use of information that you or your organisation had collected previously for another purpose?

How will the overall results of this evaluation project be disseminated (e.g. journal publications, reports, conference presentations, websites, creative works)?

Will the information generated in this evaluation project be used for any purpose(s) other than those outlined in this application?

Will participants receive the overall results of the project? If, no, why? If yes, how will the overall results of the project be made available to participants (e.g. via a lay summary or newsletter)?

Where will data and project materials be stored during and after the project (including electronic and hard-copy files, consent forms, audio recordings, questionnaires, interview transcripts, video recordings, photographs, etc.)?

What security measures will be used to protect study materials from misuse, loss or unauthorised access during and after the project (e.g. removal of identifiers, secure storage, restriction of access to appropriate personnel, etc.)?

How long will data and study materials be retained after project completion? Why has this storage period been chosen?

At the end of the project, will data and materials/information be stored in individually identifiable or re-identifiable form?

How will project data and materials ultimately be disposed of?

Risks

What is the potential harm to participants from taking part in the project?

What steps will the evaluators take to minimise potential harm endured as a consequence of participation (e.g. by providing access/information to/about counselling)?

Are there potential risks to other parties (e.g. victims of perpetrators of DFV or SXA when working with perpetrators, or children of participants)?

Are there any other risks involved in this evaluation?

Appendix E:

List of resources and further readings

Generic guides

Armstrong, A. (1986). *Evaluation models and strategies*. Melbourne, VIC: Evaluation Training and Services.

Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.

InnoNet. (2005). *Evaluation plan workbook*. Washington, DC: Innovation Network.

Markiewicz, A. (2014). *Core concepts in developing monitoring and evaluation frameworks*. Alphington, VIC: Anne Markiewicz and Associates.

Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (2015). *Handbook of practical program evaluation* (4th ed.). Hoboken, NJ: John Wiley & Sons.

W.K. Kellogg Foundation. (1998). *W.K. Kellogg Foundation evaluation Handbook*. Battle Creek, MI: Author.

Community or health sector guides

Brinkerhoff, R. O. (1983). *Self-evaluation: A key to effective social programs*. Bundoora, VIC: Phillip Institute of Technology.

Cox, P. J., Keener, D., Woodard, T., & Wandersman, A. (2009). *Evaluation for improvement: A seven step empowerment evaluation approach for violence prevention organizations*. Atlanta, GA: Centers for Disease Control and Prevention.

Gottman, J., & Clasen, R., (1977). Troubleshooting guide for research and evaluation, In F.M. Cox (Ed.), *Tactics and techniques of community practice* (pp. 365-372). Itasca, IL: F. E. Peacocks.

Kwok, W. L. (2013). *Trends in evaluation: Preventing violence against women*. Melbourne, VIC: VicHealth.

Kwok, W. L. (2016). *Preventing violence against women. Doing evaluation differently: A five step guide for funders, evaluators and partners to build capacity for evaluation, learning and improvement*. Melbourne, VIC: Victorian Health Promotion Foundation.

Macy, R. J., Ogbonnaya, I. N., & Martin, S. L. (2015). Providers' perspectives about helpful information for evaluating domestic violence and sexual assault services: A practice note. *Violence Against Women*, 21(3), 416–429.

Riger, S., Bennett, L., Wasco, S. M., Schewe, P. A., Frohmann, L., Camacho, J. M., & Campbell, R. (Eds.). (2002). *Evaluating services for survivors of domestic violence and sexual assault*. Thousand Oaks, CA: Sage Publications.

Rossi, P. H., Freeman, H. E., Wright, S. R., & Frey, W. D. (1980). Evaluation: A systematic approach. *International Journal of Rehabilitation Research*, 3(3), 455.

Segone, M. (Ed.). (2011). *Evaluation for equitable development results*. New York: UNICEF.

VicHealth. (2015). *Evaluating Victorian projects for the primary prevention of violence against women: A concise guide*. Melbourne, VIC: Victorian Health Promotion Foundation.

Wadsworth, Y. (2011). *Everyday evaluation on the run: The user-friendly introductory guide to effective evaluation* (3rd ed.). Sydney, NSW: Allen & Unwin.

Key issues

Markiewicz, A. (2008). The political context of evaluation: What does this mean for independence and objectivity? *Evaluation Journal of Australasia*, 8(2), 35-41.

Markiewicz, A. (2012). Closing the gap through respect, relevance, reciprocity and responsibility: Issues in the evaluation of programs for Indigenous communities in Australia. *Evaluation Journal of Australasia*, 12(1), 19-25.

Scougall, J. (1997). Giving voice: The conduct of evaluation research in Aboriginal contexts. *Evaluation Journal of Australasia*, 9(1-2), 53-60.

Scougall, J. (2006). Reconciling tensions between principles and practice in Indigenous evaluation. *Evaluation Journal of Australasia*, 6(2), 49-55.

UN Women. (2015). *How to manage gender-responsive evaluation: Evaluation handbook*. New York: Independent Evaluation Office, UN Women.

Ethics guides

National Health and Medical Research Council. (2007). *National Statement on Ethical Conduct in Human Research 2007 updated May 2015*. Canberra, ACT: NHMRC.

Williams, E., Cummings, E., Arnott, A., & Dunbar, T. (2012, August). *Evaluation ethics in Indigenous contexts*. Paper presented at AES conference, Adelaide.

Williams, E. (2014). Informed consent in evaluation: Informed of what, exactly? *International Journal of Learning in Social Context 14*(Special issue: Evaluation), 180-203.

Models

Boyle, M. (2012). *Research in action: A guide to best practice in participatory action research*. Canberra, ACT: Department of Families, Housing, Community Services and Indigenous Affairs.

Bryk, A. S. (Ed.). (1983). *Stakeholder-based evaluation*. London, UK: Jossey-Bass.

Dozois, E., Blanchet-Cohen, N., & Langlois, M. (2010). *DE 201: A practitioner's guide to developmental evaluation*. Montreal, Canada: J. W. McConnell Family Foundation.

Edwards, W., Guttentag, M., & Snapper, K. (1975). A decision-theoretic approach to evaluation research. In E. L. Struening & M. Guttentag (Eds.), *Handbook of evaluation research* (vol. 1, pp. 139-181). Beverly Hills, CA: Sage Publications.

Kemmis, S., & McTaggart, R. (Eds.). (1988). *The action research planner* (3rd ed.). Melbourne, VIC: Deakin University.

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Kerr, S. (2012). Kaupapa Māori theory-based evaluation. *Evaluation Journal of Australasia*, 12(1), 6-18.

Levin, H. (1983). *Cost effectiveness*. Beverly Hills, CA: Sage Publications.

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Stufflebeam, D. L. (2000). The CIPP model for evaluation. In D. L. Stufflebeam, G. F. Madaus, & T. Kellaghan, (Eds.), *Evaluation models* (2nd ed., Ch. 16). Boston, MA: Kluwer Academic Publishers.

Westhorp, G. (2014). *Realist impact evaluation: An introduction*. London, UK: Overseas Development Institute.

Whyte, W. F. E. (1991). *Participatory action research*. Thousand Oaks, CA: Sage Publications.

Williams, M. (2018). Ngaa-bi-nya Aboriginal and Torres Strait Islander program evaluation framework. *Evaluation Journal of Australasia*, 18(1), 6-20.

Methods

Delbecq, A. L., Van de Ven, A. H., & Gustafson, D. H. (1975). *Group techniques for program planning: A guide to nominal group and Delphi processes*. Glenview, IL: Scott Foresman.

Tools

Gardiner, P. C., & Edwards, W. (1975). Public values: Multiattribute utility measurement for social decision-making. In M. F., Kaplan & S. Swartz (Eds.), *Human judgement and decision processes* (pp. 1-37). New York: Academic Press.

Hinton, T. (2014). *The Impact Management Planning and Evaluation Ladder (IMPEL)*. Sydney, NSW: Commonwealth Office for Learning and Teaching.

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