

Preventing violence against women.

Doing evaluation differently:

A five step guide for funders, evaluators and partners to build capacity for evaluation, learning and improvement

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Introduction

About this guide

This guide contains five steps for funders, evaluators and partners working in the field of the primary prevention of violence against women, to build capacity for evaluation, learning and improvement. The steps are based on the extensive experience of the Victorian Health Promotion Foundation (VicHealth) and its Mental Wellbeing program, specifically its preventing violence against women stream from 2008 to 2015. The guide is a companion piece to an earlier paper, written by the same author, that provides the theoretical and practice-based rationale for participatory and learning-oriented evaluations in primary prevention, '[Evaluating preventing violence against women initiatives: A participatory and learning-oriented approach for primary prevention in Victoria](#)'. The earlier paper was part of a two-part series published by VicHealth in 2013, 'Trends in evaluation: Preventing violence against women'.

The purpose of this guide is to demonstrate to others how they, too, can build capacity for evaluation, learning and improvement in the field of primary prevention, in the same manner in which VicHealth's Mental Wellbeing program, its evaluators and its partners have done over several consecutive years.

Available to stakeholders in the preventing violence against women field, this guide is part of VicHealth's commitment to knowledge dissemination and integration. More resources and tools for primary prevention can be found at www.vichealth.vic.gov.au.

VicHealth's Mental Wellbeing program

Mental illness is one of Australia's top three leading causes of disease burden, and the largest contributor to the disability burden in Victoria. With more than one in 10 Victorian adults experiencing high or very high levels of psychological distress in 2012, it is estimated that mental illness costs the Victorian economy \$5.4 billion every year.

VicHealth sees mental wellbeing as the embodiment of social and emotional wellbeing – not merely the absence of mental illness. Mental wellbeing is a dynamic state in which people are able to develop their potential, work productively and creatively, build positive and respectful relationships with others, and meaningfully contribute to the community.

VicHealth works to build the right foundations for mental wellbeing – long before illness – in our homes, communities and workplaces. Our current focus areas are building opportunities for resilience and social connection amongst young people. Part of our work will therefore use what we know from our investments in preventing violence against women to inform more inclusive, safe and respectful environments into the future.

Serious, prevalent and preventable

In Victoria, and elsewhere in Australia and the world, violence against women is a problem of great magnitude with serious physical, psychological and emotional consequences for those experiencing it. Current figures show that one in three Australian women have experienced physical violence since the age of 15 and one in five have experienced sexual violence since that same age (ABS 2013). The most common form of violence against women is that perpetrated by a current or former intimate partner. For Victorian women aged 15–44 years, intimate partner violence has been found to be the leading contributor to death, disability and illness, outstripping other known contributors (VicHealth 2004). In 2009, the estimated annual cost of violence against women to the Victorian economy was around \$3.4 billion (Office of Women’s Policy 2009).

Although widespread, there is growing recognition that violence against women is preventable. Over the last decade, in Victoria in particular, groundbreaking efforts have been made to turn the tide of violence against women by stopping such violence from occurring in the first place. Known as *primary prevention*, such work is about tackling the most significant factors that lie at the root of the problem. While many factors contribute to violence against women, the two most influential are the unequal distribution of power and resources between men and women, and an adherence to rigidly defined gender roles. Primary prevention is unequivocally focused on these two underlying determinants of the problem (VicHealth 2007).

As demonstrated in the literature, the influence of these two underlying determinants is far-reaching and comprehensive. They exert themselves across the whole of society: in institutions like education, the media and government. They express themselves in everyday community and organisational life. We live them daily in our interpersonal relationships.

Influencing multi-level change on the two underlying determinants of violence against women is complex work, requiring sound frameworks, policy direction, programming, resourcing and partnerships, and evaluation so we can learn about what works best and improve where needed.

Investing in evaluation

Investing in primary prevention initiatives and their evaluation has been a hallmark of VicHealth’s Mental Wellbeing program and its violence against women stream for several years, stretching as far back as 2008 with the Respect, Responsibility and Equality (RRE) program. Between 2008 and 2011, VicHealth worked with partners to implement five primary prevention projects in everyday contexts: a corporate workplace, a youth-focused practitioner network, local maternal and child health services, a

local government and its community, and faith-based organisations.¹ The projects utilised VicHealth's framework to guide their themes for action, partnerships and strategy development (VicHealth 2007). In parallel, and as a component of its RRE stream, VicHealth's Mental Wellbeing program employed a Research Practice Leader for Preventing Violence against Women, whose role it was to define and support fit-for-purpose evaluations of the projects. What emerged was an evaluation approach to primary prevention that was deeply *participatory and learning oriented*.

From 2012, VicHealth continued its primary prevention investment through Generating Equality and Respect.² This project is currently seeing one site (a community in Melbourne's east) 'saturated' with tried and tested primary prevention strategies – especially those from previous VicHealth-funded projects – along with well-resourced capacity building and organisational change activities of the project's two lead partners. This way, breadth across settings *and* depth in them is being simultaneously achieved and leadership for the work embedded. The strategic intent of the investment is to 'seed' a longer-term vision for primary prevention, where multi-level and multiple reinforcing activities that promote equal and respectful relationships between women and men continue long after funding has ended. With its site-based and saturation model, Generating Equality and Respect is understood to be the first of its kind in the world.

As with the RRE program, VicHealth's Mental Wellbeing program has attached a Research Practice Leader for Preventing Violence against Women to Generating Equality and Respect. The role of the Research Practice Leader has again been to drive and support participatory and learning-oriented evaluation, this time as a structural element of the Generating Equality and Respect model.

VicHealth's investment in Generating Equality and Respect will conclude in 2016.

Why participatory? Why learning-oriented?

Participatory evaluations engage stakeholders – especially those for whom an evaluation is intended (the intended users) – directly with the evaluation process, so that their information needs are identified and their values infuse the evaluation from start to finish.

Learning-oriented evaluations share evaluation tasks with stakeholders involved in the evaluation process – sometimes even handing over these activities in their entirety – so that learning about evaluation occurs by doing it ('learn-by-doing') and evaluation capacity building is optimised.

¹ The five projects were 'Working Together against Violence', 'Partners in Prevention', 'Baby Makes Three', 'Respect and Equity', and 'Northern Interfaith Respectful Relationships'. More about the projects, the transferable tools arising from implementation and final evaluation reports can be found at www.vichealth.vic.gov.au.

² More on Generating Equality and Respect can be found at www.monash.vic.gov.au and www.vichealth.vic.gov.au.

Evaluation capacity building is the intentional and purposeful action of fostering the evaluative learning of stakeholders so that effective evaluation practice can be undertaken and sustained well beyond the projects for which they were first introduced (Preskill 2008, Preskill 2013).

As argued more fully elsewhere, a *blended* participatory and learning-oriented approach is a great fit for evaluating primary prevention initiatives (Kwok 2013). The main reasons are summarised below.

- *Participatory and learning-oriented evaluations facilitate the use of findings*

By involving intended users every step along the way – from defining an evaluation’s purpose to developing recommendations and disseminating findings – participatory and learning-oriented evaluations give stakeholders ownership of both the process *and* product. Evaluations become meaningful to them and, consequently, have a higher likelihood of being used by them.

In the case of primary prevention, an emerging field that needs evaluations to feed practice learning and improvement, the importance of utility can’t be underestimated. Useful evaluations are essential to grow the field. This makes *practice-based personnel* among the most important stakeholders to be considered as evaluation intended users. Evaluations must therefore bring such stakeholders along to ensure ownership of evaluations and their intended use.

- *Participatory and learning-oriented evaluations ‘habitualise’ evaluation*

By exposing intended users to the nuts and bolts of evaluation and supporting them to learn-by-doing, participatory and learning-oriented evaluations influence the mindset of stakeholders in enduring ways. Stakeholders with confidence in evaluations tend to keep evaluating; evaluating becomes a normal part of practice; and fields like primary prevention continue to be supplied with meaningful findings that can be used for ongoing improvement.

Indeed, when it comes to evaluating primary prevention, there’s enormous potential through a participatory and learning-oriented approach to create a critical mass of stakeholders committed to utility. This is because the approach equips intended users with the enthusiasm, skills and know-how to conduct (or oversee) useful evaluations – capacities that accumulate over time. For primary prevention, where evaluations, as stated, are critical for practice learning and improvement, learning to think evaluatively is a workforce asset definitely worth building.

- *Participatory and learning-oriented evaluations honour the complex nature of change*

By engaging intended users with the evaluation process, participatory and learning-oriented evaluations get very close to the initiatives in question, gaining intimate understandings of their intricate and non-linear pathways towards change. This results in shared focus among stakeholders on what counts as success, especially in the specific contexts of the work being done. It results, too, in strong agreement on the most suitable methodologies for capturing complexity and measuring the progress of initiatives.

In the case of primary prevention, such thoughtful consideration can make all the difference between collecting the correct kind of evidence for now and ending all work before the full effects of one's efforts are ever known. The latter would be disastrous for a field that is still innovating (and is likely to be for some time to come) with respect to influencing change, incrementally and over a long period of time, on the two underlying determinants of violence against women.

An overview of the five steps

Participatory and learning-oriented evaluations of primary prevention initiatives are a highly collaborative undertaking between funders, evaluators and intended users. All the steps in this guide involve these three actors; however, each of the steps requires different actors to take the lead.

Step 1. *Set up the right partnership conditions.* Before any capacity building for evaluation, learning and improvement can get underway, all those involved – funders, evaluators and intended users – must understand the value of a participatory and learning approach. Expectations need to be clear from the outset. Funders must take the lead here.

Step 2. *Create a culture for learning.* Evaluations produce many opportunities to learn from what's been done so improvements can be made. Evaluations are not wholly (or even necessarily) about accountability and proving. The evaluation process, too, has learning prospects of its own, since intended users can be supported in learning to think evaluatively. Situating primary prevention in a supportive environment to learn is essential for both types of learning to flourish. Funders again must take the lead for this step.

Step 3. *Engage intended users from the beginning.* It's important to get the purpose, questions, scope and design of an evaluation right so that it responds to the information needs of intended users and reflects their values. Engaging intended users from the very beginning of the evaluation process really pays off in the long run: it

ensures utility. It is also, simply, sound evaluation practice. Evaluators experienced and skilled in building capacity for evaluation, learning and improvement, and contracted by funders precisely for this reason, must take the lead here.

Step 4. *Design evaluation capacity building strategies.* Evaluation capacity building is the centrepiece of any participatory and learning-oriented evaluation: it's how learning about evaluation occurs. The more evaluative learning is achieved, the greater the confidence to evaluate, and the more habitual evaluation becomes. Engagement with intended users must therefore continue throughout the evaluation process, right to the end, to maximise this specific learning opportunity. For this step, it's evaluators who again take the lead.

Step 5. *Commit to the approach.* This simply means that all who are part of the approach – funders, evaluators and intended users – must be part of the endeavour as people who care about this type of evaluation and its benefits. This way of doing evaluation is quite different to conventional approaches, and while it is becoming increasingly preferred among those in social innovation it is still yet to be mainstreamed. Staying committed and focused on what each of the actors can (and must) bring to the approach is therefore critical to its success. Here, everyone must take the lead.

What you'll get in return

Building capacity for evaluation, learning and improvement requires clarity, commitment and focus from all involved, and it is resource intensive in this regard. But the investment is worth it. This approach ensures that evaluation is done with intended users in mind, and therefore supports utility. It also puts learning front and centre in the endeavour, for both practice improvement and in an evaluative sense. And it habitualises evaluative thinking through 'learn-by-doing', which means those involved become valuable and sustainable evaluation assets to the field in which they work, now and into the future. The approach, put simply, has long-term impacts or 'far transfer' for those involved, in a way that conventional evaluations do not.

Proponents of participatory and learning-oriented evaluations entertain the thought of this approach unleashing a 'social epidemic of evaluation', as those who are part of building capacity for evaluation, learning and improvement share their knowledge, skills and confidence with others in a diffusion of impact (Preskill 2008; Preskill and Boyle 2008). This is exactly what stands to be gained by adopting the approach: the potential to generate an evaluation contagion effect in the field in which building capacity for evaluation, learning and improvement occurs.

Step 1: Set up the right partnership conditions

The starting point for any capacity building for evaluation, learning and improvement is to establish the conditions necessary for it to happen; and this means having a funder who is clear about what is going to happen and endorses the approach. **This first step therefore requires funders to take a lead.**

According to exponents of participatory and learning-oriented evaluations, funders can develop evidence-based justifications of the approach, for instance, and provide associated resources and guidelines to funding recipients and evaluators alike (W K Kellogg Foundation 2004; Hasenfeld et al. n.d., for James Irvine Foundation). They can budget for evaluators with experience in participatory and learning-oriented approaches and evaluation capacity building, and make these evaluators available to those they fund (Campbell et al. 2004; Grantmakers for Effective Organizations 2011; Noonan and Gibbs 2009). They can include participatory and learning-oriented evaluations as conditions or requirements in agreements with funding recipients and evaluators alike (Fawcett et al. 2003). Shared understanding is built this way.

The funder was all about learning and improvement, and it did this through a genuine level of partnership it created with us. The funder prioritised this way of doing evaluation; the funder gave it value. We were then allowed to do evaluation in a way that was completely different to anything I've ever seen. (Project Coordinator)

VicHealth's Mental Wellbeing program took exactly this sort of lead. Since 2008, its programming in primary prevention has included a Research Practice Leader for Preventing Violence Against Women, in recognition that high quality sustained research and evaluation expertise is important to the success of this emerging field. The Research Practice Leader then engaged project coordinators and project teams with the entire evaluation process, thereby ensuring evaluation utility ([Step 3](#)). Through their participation, intended users also received the technical advice and practical resourcing they needed to learn about evaluation by doing it – from start to finish – thereby generating evaluative learning ([Step 4](#)). But these steps could not have occurred (at least not well) without the funder first establishing clarity in the approach and contracting the right evaluation expert.

Thus, the approach was written into funding agreements between funder and funded partners, and contained in service contracts between funder and Research Practice Leader. The funder also invested in developing a theoretical and practice-based rationale for participatory and learning-oriented evaluations, and made this material available to its partners.

Evaluating these projects has allowed us to find our place in the world of evaluation and hopefully we've made a mark in it. We've developed an approach that is really appropriate to what primary prevention is all about – and where it is at. It's an approach that delivers what the field needs most from evaluations too – useable knowledge for learning and improving. I feel privileged to have been part of such an innovative funding and programming vision for projects and their evaluations. (Research Practice Leader)

Principles for action

It is not necessary for funders of primary prevention to have a Research Practice Leader for Preventing Violence Against Women as part of their programming. But it is essential that funders take an active lead in this first step for building capacity for evaluation, learning and improvement – to set up the right partnership conditions. Funders can do this by:

- being well-versed in the rationale for participatory and learning-oriented approaches to evaluating primary prevention and articulating an evidence-based justification of the approach (see the [references](#) in this guide for how other funders have done this);
- sourcing evaluators with the right blend of experience, skills and expertise for the work, and contracting them, ideally as core members of the programming team, to drive their part in building capacity for evaluation, learning and improvement ([Step 3](#) and [Step 4](#) have more information on what's entailed here); and
- making sure this way of doing evaluation is clearly stated in funding agreements and service contracts, and providing adequate resourcing so that building capacity for evaluation, learning and improvement can happen.

Step 2: Create a culture for learning

We can think of evaluation in two ways: as a *product* and a *process*. Both dimensions involve *learning*.

Evaluation as a product provides stakeholders with opportunities to learn from what's been done. When stakeholders are practice-based personnel, then such learning is especially useful for it feeds directly into implementation or practice improvements.

Problems aren't swept under the carpet but openly discussed for what can be learned from them. When we needed to find a new direction for our project, the level of support increased. This enabled us to reshape things. It's a very collegial relationship to have with a funder, and one where mistakes and learning are valued rather than punished! (Project Coordinator)

In fact, for pioneering fields such as primary prevention, the intended use of any evaluation is usually to learn, improve and guide endeavours. This is where evaluation utility often lies: the intended use by intended users is to learn and improve. Evaluations that focus on accountability and proving are more suited to programs that are established and 'routinised', which primary prevention generally is not.

We've been learners in this too. Through genuine partnerships, we've had access to the contexts of the projects we've funded and learned from their challenges. It's meant we can adjust expectations and requirements in real time. We've never felt out of touch as a funder, but instead closely aligned (and constantly realigned) to what's been viable in terms of real-world implementation. (Contract Manager)

Evaluation as a process provides stakeholders with opportunities to learn, too, this time in relation to evaluative know-how and skills. And when stakeholders are immersed in every aspect of an evaluation, and given the space to learn about evaluation by doing it, then the amount of evaluative learning increases exponentially. For proponents of participatory and learning-oriented evaluations, evaluative learning is often regarded as evaluation's 'second act' (Preskill 2008).

Step 3 and Step 4 in this guide describe how evaluation utility and evaluative learning can be achieved. But before either of these steps can be taken, there must be a supportive environment for learning to occur (this step). Learning of any kind will be difficult if initiatives aren't 'nested' in a culture for learning. **This second step requires funders to again take the lead.**

The international literature points to examples in the United States philanthropic and government sectors, such as W K Kellogg Foundation, James Irvine Foundation, and Centers for Disease Control and Prevention's Division of Violence Prevention. These bodies provide grants to recipients to undertake multi-level and multi-pronged social innovation programs that tackle problems with complex causes. As funders, what they have in common is a *progressive* understanding of the purpose and use of evaluations, and a pro-active approach to learning more generally.

W K Kellogg Foundation, for instance, does not view evaluation as ‘an accountability measuring stick imposed on projects’, but rather as a learning tool for the projects they fund, other practitioners in the field, and (significantly) themselves as a funder (W K Kellogg Foundation 2004). This funder has taken initiatives to assemble grant recipients involved in similar projects as clusters, so that implementation lessons can be shared and their evaluative learning supported.

VicHealth’s Prevention of Violence against Women program has travelled along a similar path. From the outset, as shown in [Step 1](#) of this guide, this funder explicitly communicated and resourced participatory and learning-oriented evaluations of its funded primary prevention projects. This funder also sought to ‘normalise’ a culture of learning; and it did so through the concepts of *learning circles* and *learning partnerships*.

Learning circles were a type of community of practice introduced in 2008 as part of the RRE program.

I’ve valued the opportunity for learning and finding solutions among peers. This is a forum that is safe, welcoming and positive in encouraging reflection and moving forward. It’s a place to share our practice and reflect on the difficulties and challenges. It’s incredibly valuable.
(Project Coordinator)

VicHealth’s Mental Wellbeing Senior Project Officers, acting as contract managers, brought together practice-based personnel of the five funded primary prevention projects on a quarterly basis. Through dialogue and exchange, practice experiences were shared, challenges

identified, solutions found, and situational know-how (tacit knowledge) captured. The learning circles were also important vehicles for evaluation capacity building, as it was through these forums that the project coordinators identified their learning needs and received instruction on evaluation from the Research Practice Leader for Preventing Violence Against Women. More on this as an evaluation capacity building strategy is explained in [Step 4](#) of this guide.

Learning partnerships were introduced in 2008. They were a way for the funder and practice-based personnel to work together that encouraged reflection on challenges (and successes) in order to learn from how things were going and make timely implementation adjustments as needed. In practice, they saw VicHealth’s contract managers communicating with practice-based personnel on all aspects of their projects, through regular site visits (for the RRE program) or by working alongside practitioners as part of the project team (for Generating Equality and Respect).

Such close involvement gave contract managers unparalleled insights into the complexities of primary prevention – an intimacy not usually given to funders. This understanding in turn allowed contract managers to support reflection on, and learning from, project implementation in a safe way. When problems were identified, for example, they were resolved in a collegial (not punitive) manner.

Principles for action

Nesting primary prevention initiatives in a supportive environment to learn is essential if learning from evaluation (evaluation utility) and learning about evaluation (evaluative learning) are to happen. Funders must take the lead here, for they can actively promote a culture for learning and even normalise it, to support these two kinds of learning. Funders must think about:

- providing funding recipients with ongoing clear and consistent statements about evaluation utility and evaluative learning as core to the evaluation approach being taken;
- resourcing and coordinating regular communities of practice where funding recipients can be brought together to share practice experiences, reflect on challenges and breakthroughs, and learn from one another; and
- nurturing close working relationships with funding recipients, and supporting everyone – contract managers and practice-based personnel alike – to reflect on and learn from challenges and breakthroughs in a welcoming and safe (not punitive) environment.

Step 3: Engage intended users from the beginning

Attention is now turned to engaging intended users with the evaluation process for evaluation utility (this step) and evaluative learning ([Step 4](#)).

Experts in participatory and learning-oriented evaluations say that evaluation utility (or product use) is facilitated through the participation of intended users in every step of the evaluation process. But it's when intended users, such as practice-based personnel, are engaged with the evaluation process *from the very beginning* that utility is maximised (Patton 2008).

The evaluation planning we did at the beginning really honed the project for me and made it feel concrete. It crystallised our sense of the project as a group too. (Project Manager)

What we've achieved is something close to best practice in evaluation planning. We know we're going down a correct path for the rest of the project now. (Prevention Practitioner)

In the case of primary prevention, a number of things happen when practice-based personnel are brought on board at the start of the evaluation process.

- Their information needs are identified. This helps to define an evaluation's purpose and its guiding questions.
- They are supported in articulating the complex change pathways implicit in the work of primary prevention. Gaining such intimate understandings is crucial for developing an effective logic model: it is the basis of sound evaluation planning.
- Their values are surfaced, including their unique vantage point from which to gauge achievement. This helps in establishing realistic and measurable indicators of success, and how measurement will occur. This also helps to set parameters to the significance of the work: the judgements that can be reasonably made about it, for instance.
- They gain ownership of the evaluation process. The evaluation becomes meaningful to them: it is seen as theirs to use. And this, of course, paves the way for evaluation utility, or product use, by these intended users.

In short, engaging intended users from the beginning with planning for evaluation – and ensuring sufficient time for planning to unfold – really pays off in the long run. It ultimately ensures utility.

When I first started the project, I probably just thought of evaluation as a 'tack-on', a thing you do at the end involving a report to give to someone. Now I get that it's to improve how we do things. I know it, I understand it, I can do it, and I can explain it. (Project Coordinator)

This third step requires an evaluator with experience and skills in building capacity for evaluation, learning and improvement to take the lead: an evaluator who is contracted by the funder specifically for these reasons ([Step 1](#)).

As explained in Step 1, VicHealth’s Mental Wellbeing program employed a Research Practice Leader for Preventing Violence against Women to take such a lead. For Generating Equality and Respect, for example, the Research Practice Leader coordinated a comprehensive evaluation planning process over a three-month period as part of the first year of project implementation.

I really appreciate the fact that the evaluation support for us is driven by our learning needs with lots of opportunity to talk about where we are at and need to be. That’s what I really like about the evaluation capacity building. It’s down to ‘What does this mean for our projects’ rather than a theoretical discussion. Everything is specific, relevant, detailed, practical and related to my work, as opposed to being ‘in general’. (Project Coordinator)

She led a series of five half-day evaluation planning workshops designed especially for the project team to meet their evaluation learning needs, with an emphasis on learn-by-doing. Their collaboration produced a number of important evaluation planning outputs, including:

- the evaluation’s purpose
- the evaluation’s guiding questions
- a program logic model
- indicators of success
- methods of data collection
- an evaluation framework

In keeping with the concept of learning partnerships ([Step 2](#)), one of VicHealth’s Mental Wellbeing contract managers also participated in the evaluation planning workshops. Her immersion in the process was important for focusing the evaluation, for it enabled *all* concerned to achieve strong agreement on what counts as success and how to go about measuring it.

The Generating Equality and Respect team then went on to use their evaluation planning outputs for all subsequent evaluation activities. Evaluation became a part of project implementation, and not something alien to it. Ongoing support and resources from the Research Practice Leader to build evaluation capacity continued along the way ([Step 4](#)). All of this was done to ensure evaluation utility: intended use by intended users to learn and improve.

Principles for action

Evaluation utility is very important to primary prevention. Practice can’t continue to improve, and the field can’t continue to grow, if evaluations sit on a shelf and learnings aren’t applied. Evaluations must therefore be useful to those they are intended for (namely, practice-based personnel); they must also be used by them as intended.

Participatory and learning-oriented evaluations ensure intended use by intended users by engaging practice-based personnel with the evaluation process from the very beginning and working closely with them in all aspects of evaluation planning. Evaluators experienced and skilled in building capacity for evaluation, learning and improvement, and contracted by funders for these reasons, must take the lead here.

Evaluators must think about:

- designing a series of evaluation planning workshops for intended users, which build on each other, meet the learning needs of participants, and focus on learn-by-doing; and
- ensuring enough time is set aside for a sound evaluation planning process that covers all bases – from an evaluation’s purpose to identifying the methods of data collection – and that unfolds as a collaborative endeavour between intended users, funders and the evaluators themselves.³

³ VicHealth has recently published a guide for planning the evaluation of primary prevention projects, [Evaluating Victorian projects for the primary prevention of violence against women: A concise guide](#). This guide might be helpful in informing the design features, resourcing and timing requirements of the series of evaluation planning workshops for intended users.

Step 4: Select evaluation capacity building strategies

The previous step ([Step 3](#)) showed how intended users must be engaged with the evaluation process from the beginning as a way of maximising evaluation utility or product use. With an emphasis on learn-by-doing, a great deal of evaluative learning, or process use, is highly likely to have occurred at this early time too.

This step is about *continuing* the learning trajectory for the remainder of the evaluation process, through planned strategies for ongoing evaluation capacity building. **This fourth step requires evaluators experienced in building capacity for evaluation, learning and improvement to, again, take the lead.**

As defined earlier, evaluation capacity building is the intentional and purposeful action of fostering the evaluative learning of stakeholders so that effective evaluation practice can be undertaken

and sustained well beyond the projects for which they were first introduced (Preskill 2008, Preskill 2013). Experts in participatory and learning-oriented evaluations tell us that evaluative learning is generated mostly at the start of or during an evaluation, not at the end. Moreover, process use cannot be left up to chance but must be intentionally sought.

Effective evaluation capacity building requires that evaluators first identify the learning needs of intended users and how they prefer to learn, before selecting evaluation capacity building strategies. Meaningful strategies are those that offer as much learn-by-doing as possible, so that learning is experiential, relevant and grounded in practice, and thereby retained and sustained. Strategies should therefore be as interactive and collaborative as possible, and based on sound adult learning principles. They must not rely only on lecture formats or reading materials, for instance (Preskill and Boyle 2008).

The literature on evaluation capacity building shows that there are many strategies for evaluators to choose from, such as internships, communities of practice, training courses, seminars and individual mentoring (Preskill and Boyle 2008). In VicHealth's Mental Wellbeing programming experience, the Research Practice Leader considered a range of options before putting together a model that best facilitated the evaluative learning of those engaged with the evaluation process. The model consisted of four interwoven strategies: formal structured instruction or focused learning; specialist workshops;

The evaluation capacity building created an enduring evaluative 'mindset' among all of us who participated. For example, now that I know the steps for planning and doing an evaluation, I can apply that knowledge all the time. It's such a valuable set of skills to be able to have and continue to apply. It's made me a better worker. (Project Coordinator)

The evaluation capacity building was very beneficial to my practice and, on an individual level, very important to my professional development, even though it wasn't framed as such. Because of it, I was able to say I had strong evaluation skills for the current role I'm in. And I constantly draw on what I've learned. It was a really practical learning experience that has held me in good stead ever since. (Project Coordinator)

one-to-one coaching and technical assistance; and advice and support as needed. These components are illustrated as quadrants in Figure 1 and then described below.

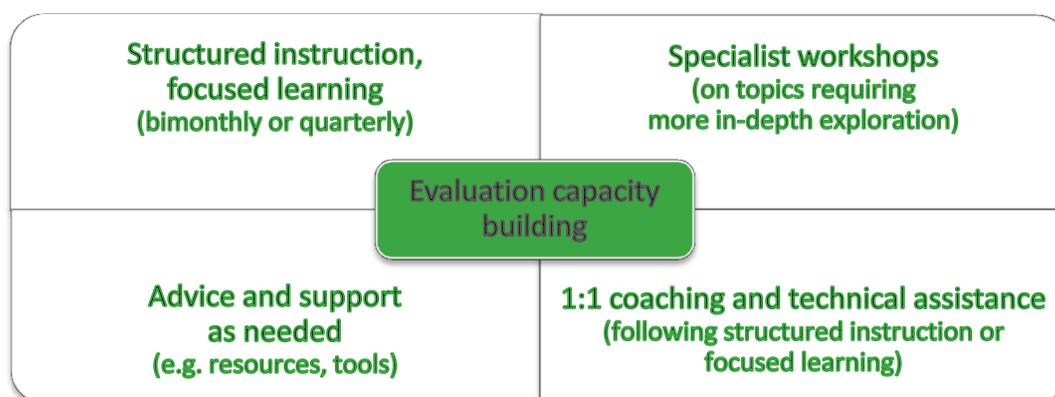


Figure 1: An evaluation capacity building model primary prevention projects

Structured instruction and focused learning were the ‘backbone’ of the evaluation capacity building strategies. At around two-hours in length, sessions were delivered as part of quarterly learning circles for project coordinators (through the RRE program) or in bi-monthly meetings dedicated to evaluative learning for project teams (Generating Equality and Respect). Each session focused on a specific topic and offered a mix of different instructional methods and practical exercises that allowed participants to bring their knowledge and skills into the conversations. Ideas for instruction and learning activities were sourced from the literature, especially from major proponents of evaluation capacity building (for example, Preskill and Russ-Eft 2004).

All learning topics were identified collaboratively and in advance, although these generally followed the life stages of the evaluation process. Topics covered during the RRE program and Generating Equality and Respect included (and were not limited to):

- reflective practice (and how to keep a reflective journal)
- developing and administering feedback sheets and online surveys
- developing interview and focus group questions
- conducting interviews and focus groups
- data management strategies
- preparing data for analysis (content and descriptive)
- analysing data and interpreting results
- developing case studies
- distilling practice insights (or lessons learned)
- synthesising findings
- developing recommendations

- structuring evaluation reports
- reviewing written drafts
- disseminating evaluation findings
- developing tools and resources.

More on the sorts of topics that can be delivered through structured instruction or focused learning can be found in the literature (for example, Preskill and Boyle 2008).

Specialist workshops were offered to supplement structured instruction or focused learning, when evaluation topics were identified that required more in-depth exploration. At three to four hours in duration, and usually as a series, workshops were useful for exploring novel methods of data collection, such as narrative technique.

I cannot speak highly enough of the workshop that was run for us. It allowed us to plunge into a topic that needed more focus outside of our regular learning circles, and it added great value to my evaluation. It was like a microcosm of all the evaluation capacity building we're doing. It created a safe space by setting the ground rules for how we'd share our practice experiences. It was supportive, challenging, purposeful, focused, meaningful and rewarding. (Project Coordinator)

One-to-one coaching and technical assistance provided customised support as follow up to the more formal strategies of structured instruction or focused learning. Coaching and assistance gave project-based personnel opportunities to receive feedback on draft interview or focus group questions, for example, or to get guidance on how best to present evaluation findings to various audiences and forums.

Advice and support were provided on an as-needed basis; for example, when additional resources or tools were requested by project-based personnel to further assist them in carrying out their various evaluation tasks, or when on the spot trouble-shooting was needed. Going through what to cover in informed consent forms, or checking in on an interview question that just wasn't sitting right, were instances of the kind of advice and support given.

Principles for action

Selecting and implementing a set of evaluation capacity building strategies for those engaged with the evaluation process ensures learn-by-doing continues right throughout the evaluation process and results in evaluative learning that can have long-lasting impacts. The more

I walked in knowing nothing about evaluation but my confidence and skill level are now through the roof! I can do stuff now ... conduct focus groups and surveys. I know where I can go to get support. I feel now I can walk away and do it on my own. (Project Coordinator)

evaluative learning is achieved, the greater the confidence to evaluate, and the more habitual useful evaluation becomes. For growing fields like primary prevention, this can only be a good thing.

Effective evaluation capacity building requires evaluators who are skilled in participatory and learning evaluations to take the lead, in selecting strategies that are as interactive and experiential as possible and combining them into a coherent model so evaluative learning is maximised. Here are a few things for evaluators to think about.

- Consult the literature in the [references](#) section of this guide to see the various options for building an evaluation capacity building model (for example, Preskill 2008; Preskill and Boyle 2008). The evaluation capacity building strategies described above could also be another good starting point.
- In addition to this guide, look out for other user-friendly guides on how to put together an evaluation capacity building model. Have a look at the [references](#) in this guide (for example, Useable Knowledge 2007; Welsh and Morariu 2011 for Innovation Network).
- Be sure to check in with intended users on the evaluation capacity building strategies that best support their learning needs around evaluation as well as their preferences for learning. The relevance and meaningfulness of the strategies to those involved will determine the extent of the evaluative learning that they achieve and retain.

Step 5: Commit to the approach

Exponents of participatory and learning-oriented evaluations talk about the ‘personal factor’ that lies at the heart of the approach. Michael Quinn Patton, for example, writes, “There are five key variables that are absolutely critical in evaluation use. They are, in order of importance: people, people, people, people and people” (Patton 2008).

The final step in this guide is about the commitment needed to do evaluation differently. **The final step requires *everyone* involved in building capacity for evaluation, learning and improvement to take the lead, albeit in different ways.**

Committing to the approach means funders, evaluators and intended users alike being willing to own the partnership endeavour they are part of as people who care about this way of doing evaluation and the benefits it can bring.

If we'd been a group of people who weren't committed to the process, our confidence and skills in evaluation wouldn't have grown as much. But we've been able to explore what this kind of evaluation means to us and for the field. And that's where the learning happened. (Project Coordinator)

That is because this approach to evaluation is unlike conventional ways of conducting evaluation; and while it is becoming an increasingly preferred option among those in social innovation, it is still yet to be mainstreamed. Staying personally focused on what everyone can (and must) bring to the approach, and what can be gained from it, is therefore critical to its success.

The different commitment required of people can be seen through VicHealth’s Mental Wellbeing programming experiences and partnerships in preventing violence against women.

First, funders. Commitment to the approach has been evident throughout VicHealth’s role as a funder of the five projects of the RRE program (2008–2011) and Generating Equality and Respect (since 2012), where Mental Wellbeing Senior Project Officers as contract managers consistently ‘materialised’ as people throughout project implementation and constituted themselves as genuine learning partners in the endeavour. They were also involved in evaluation planning and many (if not most) of the subsequent capacity building strategies for evaluation – especially the structured instruction or focused learning. Immersion in partnership activity has given contract managers intimate understandings of the complexities of primary prevention in action. This in turn has opened up opportunities for shared problem solving and learning in a safe collegial space.

Next, evaluators. Commitment to the approach has been evident in the activities of the Research Practice Leader for Preventing Violence against Women throughout her tenure, and the work she has done to engage practice-based personnel

I was learning too! I think if my personal style hadn't been as approachable or accessible – or humble even – then things might have gone in quite a different direction. (Research Practice Leader)

with the entire evaluation process for evaluation utility and evaluative learning. When it comes to building capacity for evaluation, learning and improvement, technical proficiencies and social science knowledge are not sufficient in themselves for success. People skills are critical. So is approachability and accessibility, and being attuned to the ways adults prefer to learn. Accordingly, the Research Practice Leader has drawn on and honed her skills as communicator, facilitator, teacher and mentor to hold the evaluation process, as she went about instructing, exploring, coaching, assisting, guiding, supporting, advising and (importantly) learning. As exponents of participatory and learning-oriented evaluations note, there is learning to be had for *everyone* who takes part in this approach, including the evaluator (King 2013).

Third, intended users. Commitment to the approach has been evident in the practice-based personnel involved in participatory and learning-oriented evaluations of their projects. Through their involvement, they've been supported in doing evaluation differently and motivated to learn. They've been encouraged to care about evaluations and how findings will be used. Professional gains have been made, most notably through increased knowledge, skills and confidence to evaluate. There have been deeper levels of transformation as learning to think evaluatively has become ingrained in how things are done.

It's changed how I see evaluation forever, how it's a tool for learning and improvement. Everything I've learned has made my work more potent. I can see straight away where activities might look good on the surface but are amounting to a waste of time, as opposed to activities that are harder to do but will demonstrate meaningful change in the long run. It's made a huge difference. I love evaluation! (Project Coordinator)

Everything has deepened my understanding of evaluation. And in the process, my capacity to advocate for this style of evaluation has also improved. I definitely advocate for it all the time in the work I'm doing now! I've presented on the evaluation capacity building model at conferences too. I have confidence to present on it and answer questions, to be active in debates about how evaluation should happen. (Project Coordinator)

Perhaps they have even started to see themselves as triggering a 'social epidemic of evaluation'?

Principles for action

Building capacity for evaluation, learning and improvement puts the personal factor squarely in the mix. The personal factor is present as funders go about fostering a learning culture. It is present as evaluators go about engaging intended users with the entire evaluation process. The personal factor is also present as intended users participate in the evaluation process for evaluation utility and evaluative learning.

The final principle for action in this guide is therefore to take things personally. This way of conducting evaluation isn't about being distant and aloof. Whether you are a funder, evaluator or intended user, *you have to be personally involved*. Participatory and learning-oriented evaluations, or building capacity for evaluation, learning and improvement, won't be effective or succeed unless you are.

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