

Trends in evaluation: Preventing violence against women

Paper 2

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Evaluating preventing violence against women initiatives: A participatory and learning-oriented approach for primary prevention in Victoria

Dr Wei Leng Kwok

The evaluation of the VicHealth Respect Responsibility and Equality program – utilising an evaluation capacity building approach – was undertaken in two distinct stages. The first stage spanned the period from August 2008 to February 2010 and was led and coordinated by Dr Michael Flood. The second stage spanned the period from February 2010 to August 2011 and was led and coordinated by Dr Wei Leng Kwok. Together, these practice papers summarise the approach taken during these periods and are authored by the respective Research Practice Leaders at those times on behalf of VicHealth. Together, these practice papers aim to contribute unique and relevant knowledge and perspectives to the field of evaluation in health promotion and public health more broadly.

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Glossary

CDC	Centers for Disease Control and Prevention
ECB	evaluation capacity building
RCT	randomised control trials
RPL	Research Practice Leader
RRE	Respect, Responsibility and Equality
WHO	World Health Organization

Since 2007, VicHealth has invested in the Respect, Responsibility and Equality program with the aim of building safer, more respectful environments for women. The program has had four distinct phases:

- Phase I (2008-9) provided 12-month grants to non-government and community organisations to develop settings-based primary prevention activities. A total of 29 projects were initially funded.
- Phase II (2008–11) provided grants to ‘scale up’ five of the original 29 projects for an additional three years to consolidate prevention activities in their settings.
- Phase III (2011–12) provided additional purpose-specific funding to the scaled-up projects to develop transferable tools, resources and ‘how-to’ guides. This funding also supported the project partners to develop strategies for program sustainability.
- Phase IV (2011–15) is a world-first, site-based saturation approach to the primary prevention of violence against women. It sees the learnings from the previous phases and the tried and tested five projects trialled in one locality for a period of three years.

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Introduction

Evaluation is not benign. Like any powerful tool that is misused, the wrong evaluation approach can do harm despite the intention to do good ... The challenge, then, is to match the evaluation to the situation ... There are a variety of ways of focusing evaluations. The transdiscipline of evaluation has become a many-splendored thing, rich with options, alternatives, models and approaches (Patton 2008, p. 291).

In Victoria, and elsewhere in the world, there is increasing recognition that the problem of violence against women can be addressed through social programs and initiatives to prevent it from occurring in the first place. This is innovative work requiring sound policy, programming and partnerships to make it happen – and evaluation so that something can be said about the effort.

There is a wide choice of approach to evaluation, and when it comes to evaluating innovation, choosing the right approach is imperative. As Michael Quinn Patton notes above, the wrong evaluation approach can do harm despite the intention to do otherwise. In the case of initiatives for preventing violence against women, and indeed for any other social innovation program, the choice of evaluation approach can make the difference between having useful information for practice and ending all work before the full effects of the effort (and its potential to influence change) are ever really known.

This paper makes the case for a participatory and learning-oriented evaluation approach for initiatives that seek to prevent violence against women before it occurs, on the grounds that this is the best choice of evaluation for such work at this stage in its development as a practice. The argument is based on the experience of the Preventing Violence against Women team at the Victorian Health Promotion Foundation (VicHealth), as it went about doing participatory and learning-oriented evaluation with (and for) five funded projects, from 2008 to 2011.

In the pages that follow, readers will see why means and not ends are important to focus evaluation, especially when it comes to social programs that are innovating. They will learn about the black box of social programs and see why getting inside them is so important for grasping the achievements and successes of innovation. They will be taken deep into the tradition of participatory evaluation and exposed to the power of the personal in facilitating both use and learning. They will find the key ingredients for effective evaluation capacity building. They will hear from Simone de Beauvoir. They will see that paradigms operate at every level of an evaluation, which makes the right choice of approach for preventing violence against women initiatives even more critical.

On a practical level, readers will learn about overseas funding and grant-making bodies that have taken the lead in building a culture for participatory and learning-oriented evaluation. They will find 11 guiding principles for VicHealth's participatory and learning-oriented evaluation of initiatives for

preventing violence against women. They will also see an outline of how VicHealth's Preventing Violence against Women team put these principles into practice.

This paper is one of the first attempts ever to put forward a coherent evaluation approach for preventing violence against women initiatives and as such includes a comprehensive discussion of relevant theories and practices (as well as the words of many theorists and practitioners). There are six main sections in the paper that do this, and each section concludes with key points for evaluating primary prevention initiatives. The sections are:

1. Primary prevention effects change incrementally so let's evaluate accordingly
2. Evaluations gain access to achievements through engagement
3. Identifying an evaluation's primary intended users ensures its use
4. Learning to think evaluatively is evaluation's 'second act'
5. Evaluating primary prevention initiatives requires the right choice of paradigm
6. Progressive funders are leading the way

More about VicHealth's participatory and learning-oriented approach to primary prevention as it occurred in practice can be found in the author's forthcoming companion piece to this paper, 'Evaluating preventing violence against women initiatives: VicHealth's evaluation capacity building model in action'.

Preventing violence against women: A public health perspective

Since 2007, VicHealth has applied a public health perspective to the problem of violence against women, especially the forms of violence experienced by women at the hands of men who are known to them, and has utilised a conceptual framework to understand and take action on it (VicHealth 2007). The public health perspective places particular emphasis on *primary* prevention, or effort to prevent violence against women from occurring in the first place. As with many other contemporary population health issues, the primary prevention of violence against women works by initiating changes to the root causes of the problem. Understanding the underlying determinants of violence against women is therefore integral to taking primary prevention action.

The literature on violence against women is both multidisciplinary and vast. While many factors have been identified to explain the occurrence of violence against women, VicHealth's research has identified the two most fundamental causes as:

- the unequal distribution of power and resources between men and women
- an adherence to rigidly defined gender roles (VicHealth 2007, p. 27).

According to VicHealth, and following the World Health Organization (WHO), these two determinants exert a powerful force on lived experience in an 'ecological' sense: from our interpersonal relationships, to the organisational and community contexts of everyday life, to the broader societal institutions and cultural values that surround us (WHO 2002). The ecology metaphor is especially powerful in that it allows for a visualisation of the different levels of influence as interlinked and reinforcing: as 'nested' levels (see Figure 1). Such interconnectedness goes a long way to showing how ubiquitous and intransigent the causes of violence against women can be, for their influence is felt in all facets of life. It is important to note, however, that from a public health perspective, the causes of violence against women are seen as eminently modifiable – especially when tackled in an ecological manner. The sources of violence against women might well be lived in the nested levels of social life, but it is there that we can direct our prevention efforts. This argument alone provides strong grounds for the primary prevention of violence against women through concerted action on the part of governments, communities and individuals alike.

Figure 1: An ecological model for understanding violence as it is experienced and where prevention efforts can be directed



Societal

The culture, values and beliefs that shape the other three levels of the societal ecology.

Community/organisational

The formal and informal social structures that impact on a person.

Individual

The development experiences and personality factors that shape a person's response to stressors in their environment.

Relationship

The intimate interactions a person has with others.

Understood this way, the primary prevention of violence against women is about taking coordinated and integrated action on the underlying determinants across the different levels of their influence. Indeed, action on violence against women cannot strictly be deemed primary prevention without considering the two root causes. Activity addressing other known factors that contribute to violence against women – such as alcohol use, illicit drug use or childhood exposure to violence – is most likely to be successful in dealing with the problem only when the two root causes are taken into account. Nor can action be deemed primary prevention if it focuses only on individual knowledge, skills and behaviours. The structural contexts of organisational and community life are also critical targets, as is the broader societal context that both shapes and is shaped by the other levels of the ecology. What this means is that the problem of violence against women is unlikely to abate, let alone be eradicated, without multi-level action on the two underlying determinants.

Apart from containing a theoretical understanding of primary prevention, VicHealth's framework is highly practice-oriented too. It includes information to assist Victorian policy, program and partnership development in preventing violence against women before it occurs. The framework describes:

- the types of strategies and settings for action (or everyday environments) that can be considered by stakeholders when planning primary prevention initiatives
- the population groups for whom whole-of-population strategies might have limited reach (customised primary prevention initiatives for the 'hard-to-reach' assists partners in ensuring that their effort extends to everyone and is truly universal)

- three themes for action to coordinate effort, the most important being ‘promoting equal and respectful relationships between men and women’ (for it is this theme that squarely confronts the two underlying determinants).

VicHealth’s framework can be accessed at www.vichealth.vic.gov.au/Publications/Freedom-from-violence/Preventing-violence-before-it-occurs.aspx

VicHealth’s primary prevention investment 2008–11

From 2008 to 2011, VicHealth worked closely with five Victorian partners to ‘scale up’ initiatives that were previously funded by VicHealth (for 12 months) to prevent violence against women before it occurs. Funding for the five projects was to the value of \$1.5 million over three years and took place through VicHealth’s Respect, Responsibility and Equality (RRE) program. VicHealth selected the five projects on the basis of their capacity to apply the framework to practice and thereby grow the field. The projects are presented ‘at a glance’ in Table 1.

In keeping with VicHealth’s framework, the projects were unified in that they promoted equal and respectful relationships between men and women to tackle the underlying determinants of violence against women. The projects were similar, too, in that much of their work was located at the individual/relational and community/organisational levels of influence – with a view thereby to influencing societal-level change. Differences in the projects lay in the settings for their various activities, as shown below.

More on the five projects, including their full evaluation reports and a suite of transferrable tools and resources arising from implementation, can be found

at www.vichealth.vic.gov.au/Publications/Freedom-from-violence/Guide-to-Equality.aspx

Table 1: Five projects of the Respect, Responsibility and Equality program 2008–11

Projects (and partners)	Settings	Brief description	Key activities
<i>Working Together against Violence</i> (Women’s Health Victoria)	Corporate workplace	Built the capacity of a male-dominated workplace with sites (and a head office) in Victoria to promote respectful relationships between men and women	Whole-of-company strategy for organisational culture change (lead, train and promote)
<i>Partners in Prevention</i> (Domestic Violence Resource Centre Victoria)	Youth-focused practitioner sector	Built the capacity of youth-focused practitioners in Victoria to promote respectful relationships among the young people they work with	Community of practice with opportunities for networking, information sharing and professional development
<i>Baby Makes 3</i> (Whitehorse Community Health Service)	Maternal and child health services	Engaged maternal and child health services and clients in programs that build equal and respectful relationships in the transition to parenthood	Group work activities for mums and dads that explore gender norms, expectations and roles
<i>Respect and Equity</i> (Maribyrnong City Council)	Local government and its community	Strengthened the capacity of a local government to address the underlying causes of violence against women	Comprehensive ‘culture shift’ agenda focusing on local government policy, planning, leadership + partnership activity
<i>Northern Interfaith Respectful Relationships</i> (Darebin City Council)	Faith organisations	Built the capacity of faith leaders to foster respectful and violence-free relationships between men and women	Mentoring program and other tools and resources for faith leaders

Evaluating primary prevention initiatives: Getting fit for purpose

The primary prevention of violence against women is a growing field of practice in Victoria and internationally. As with other emerging areas in public health, VicHealth recognises the importance of those involved in primary prevention to evaluate their efforts so they can assess the extent to which their initiatives are addressing the underlying determinants of violence against women (and in this manner contributing to ameliorating this serious social problem). For VicHealth, evaluation further enables practitioners to build an evidence base of effectiveness for primary prevention. This is vital for a growing field, in which practitioners as well as policymakers, funders and programmers alike rely on a bank of knowledge about what works (and works less well) to inform decisions and planning. VicHealth's framework represents evaluation as a type of prevention action in and of itself (VicHealth 2007).

Importantly, the call to evaluate Victorian primary prevention effort also presents stakeholders with another opportunity, which is to *define* an evaluation approach that is fit for purpose. So, while the need to evaluate initiatives for preventing violence against women is beyond dispute, what is at stake here is how best to do it. As many evaluation experts have argued, there is no one-size-fits-all evaluation for social initiatives and programs, but rather specific types suitable for different purposes and circumstances. 'In real estate, it's location, location, location. The evaluation counterpart is context, context, context,' writes Marvin Alkin (Alkin 2013a, p. 290). Or in the words of Ralph Straton, speaking at the Australasian Evaluation Society's conference in 2001:

There is a strong need to match evaluation practices to particular evaluation needs, settings and situations. Doing this well involves a judgement of what are the likely implications of implementing an evaluation practice or approach in a particular setting and to meet a specific purpose. (Straton 2001, p. 26)

Thus, the first task of any evaluator is to determine the context of their evaluation. Meanwhile, the first task of stakeholders is to understand that the success of any evaluation rests on an optimal fit between the evaluation approach employed and the specific initiative or program under study.

It can be argued that the most important context for Victorian primary prevention initiatives is the emerging area of practice of which they are a part, guided as they are by frameworks for action such as that proposed by VicHealth. In this sense, all primary prevention is social innovation. Accordingly, the most important purpose of any evaluation at this historical point in time is to contribute to the growth of primary prevention as a practice by capturing the challenges and learnings of current efforts for others to draw upon. Evaluation is driven by the needs of practice. Of the many ways to focus evaluation, is there a way of evaluating primary prevention initiatives that can fit this purpose?

VicHealth, as a key stakeholder in primary prevention, sought to answer this question. From 2008 to 2011, VicHealth committed an additional resource to its RRE program dedicated to identifying and

putting into practice an evaluation approach for its five funded projects. That resource came by way of a Research Practice Leader (RPL), a core member of VicHealth's Preventing Violence against Women team. VicHealth designed the RPL role in recognition of that fact that high quality, sustained research and evaluation expertise is always going to be critical to the success of any funded project. In practice, the RPL worked with the five project partners for the duration of the funding timeframe to develop and refine a best-fit way to do evaluation that ran in parallel with project implementation.

What did this evaluation approach look like? And, more fundamentally, how did VicHealth arrive at its position on evaluating primary prevention? VicHealth's evaluation approach was not reliant on a single evaluation theory but rather brought together understandings about evaluation gathered from several sources. In drawing these insights together, VicHealth produced an evaluation practice for primary prevention initiatives that was focused, engaged, personal, responsive, collaborative, meaningful and transformational – and deeply *participatory* and *learning oriented*.

The aim of this paper is to discuss the influences of this participatory and learning-oriented evaluation approach – predominantly as practice unfolded during the second half of the RRE program – and in doing so situate this approach within a rich theoretical and practitioner landscape. The aim of this paper is also to show how these different threads of influence were woven into a coherent evaluation practice for VicHealth's RRE program, and to provide an overview of the participatory and learning-oriented approach as it occurred in practice.

Primary prevention effects change incrementally so let's evaluate accordingly

We're in it for the long term

VicHealth's framework to guide the practice of primary prevention illustrates the fact that violence against women is a pervasive social problem caused by the complex interplay of many factors across multiple levels of personal, community and social life. Moreover, the two most fundamental causes of violence against women – gender inequality and rigidly defined gender roles – tend to be entrenched, longstanding and persisting. As such, any initiative that promotes equal and respectful relationships between men and women would do well to set its sights on direct and achievable gains rather than outcomes that are, relative to the initiative in question, quite distant, such as a reduction in levels of violence against women in the community.

In VicHealth's framework, desired impacts of primary prevention encompass (and are not limited to):

- improved individual attitudes towards gender equity and gender roles
- organisations that model/facilitate equal and respectful non-violent gender relations
- local communities that value and support norms that are non-violent and build respectful and equitable gender relations
- a society in which there are strong legislative and regulatory frameworks and appropriate resource allocation for supporting gender equity (VicHealth 2007, p. 13).

Of course, these gains have a relationship to longer-term outcomes, for it is the achievement of such impacts that has a bearing – over time and in a cumulative sense – upon deeper determinants-level change. Shifting the root causes of violence against women is an undertaking requiring the combined effort of many initiatives over a sustained period of time. As with other health and social problems, the challenge of addressing violence against women is conceptualised as a long-term endeavour: reducing or ending violence against women is unlikely to be seen in the life of a project or program (VicHealth 2007, p. 14). This suggests that the effects of any primary prevention initiative can only ever contribute *incrementally* to change on the underlying determinants, and that this change in turn contributes *eventually* to ameliorating the problem.

Another way of putting this is that the practice of primary prevention is highly theory driven. It rests on a well-evidenced, extensive research base of the identifiable and modifiable causes of violence against women, and an explicit *theoretical* linkage between the impacts achieved by initiatives, their influence (when accumulated) on the root causes of the problem, and an eventual improvement in the current situation (VicHealth 2007, p. 30).

Couched in these terms, the primary prevention of violence against women is not unlike contemporary health promotion action that seeks to improve population health and wellbeing by targeting the social, economic, political and environmental causes of illness, disability and early death – especially given that certain groups in society are more exposed than others to these structural conditions for poor health. In Victoria, for example, those involved in health promotion typically coordinate a number of interlinked strategies and work in partnership with multiple stakeholders (including target population groups) to undertake a range of activities directed towards the social determinants of health inequities (see www.health.vic.gov.au/healthpromotion/integrated/index.htm). What is more, planned health promotion initiatives are integrated with other initiatives so they can contribute collectively to changing the social determinants – over time. This means there is often a significant time lag between health promotion action on the ground and any larger-scale benefits to population health status (or longer-term outcomes).

The value of our efforts lies in means and not ends

The inherent time-lag between on-the-ground primary prevention and health promotion actions and longer-term outcomes has important implications for the conduct of evaluations – especially in how these are focused. Health promotion experts such as Don Nutbeam have long argued that evaluations seeking outcomes as evidence of success are neither realistic nor practical for judging the worth of health promotion action. ‘The link between health promotion action and eventual health outcomes is usually complex and difficult to trace’, writes Nutbeam, particularly when complex social determinants are being addressed (Nutbeam 1998, p. 35). Instead, health promotion is better served by evaluations that respond to the direct results sought by initiatives; and are aware of the connection between shorter-term impacts, on the one hand, and their contribution to shifting the social determinants of health inequities, on the other.

The inherent time-lag between on-the-ground primary prevention and health promotion actions and longer-term outcomes has important implications for the conduct of evaluations – especially in how these are focused.

For Nutbeam, health promotion is conceptualised as a *process*, which suggests that evaluations need to see the value of *means* rather than ends. Nutbeam writes:

... establishing evidence not only requires that the intervention is an appropriate response to the problem, but also that the evaluation research method is appropriate for the intervention. [...] The move towards evidence-based health promotion should not be perceived as a threat. It is rather an opportunity to engage in debate about means and ends in health promotion interventions, and the fit between intervention and evaluation methods (Nutbeam 1999, pp. 100–1).

It follows that the evidence base is not built from studies that set out to prove once and for all the accomplishment of longer-term outcomes – as if a single initiative could acquire such results in the first place. Instead, the evidence base is built through evaluations that capture the success of initiatives in achieving gains that are more immediately attributable to their effort. The evidence base also comes from evaluations that can articulate the potential for such impacts to drive change at the deeper determinants level – as one step (of many) on the way to longer-term outcomes. In other words, the evidence base is pooled from evaluations that have grasped what on-the-ground initiatives are trying to do in their theory-driven sense. As Katherine Hay writes, ‘evaluation must play a stronger role in understanding how societies change and what policies and programmes show promise in shifting norms and inequities’ (Hay 2012, p. 39).

Summing up: Key points for evaluating primary prevention initiatives

This discussion about incremental change and longer-term outcomes yields three points that are important in understanding VicHealth’s approach for evaluating initiatives for preventing violence against women. First, any evaluation of primary prevention effort must start with a view of such work as a *process* heading towards determinants-level change. Primary prevention is about means and not ends, and evaluations need to match this by themselves being means directed. Second, any evaluation must be prepared to explicate the link between the initiative under study and its potential to influence determinants-level change, precisely by evidencing achievements arising from effort. Evaluations need to show that desired impacts occurred through realistic and measurable indicators as well as how these effects relate to shifting the determinants: they need to understand the logic driving change. Critically, evaluations cannot be about looking for longer-term outcomes, for they simply will not find them.¹ Third (and related to the second), any evaluation must understand that the evidence base is about *practice* – specifically, practice that holds *promise* in leading to longer-term change. Thus, promising practice is not practice that achieves a reduction in a problem but rather practice that is shown to have a constitutive role in altering the deepest causes of it.

¹ As Nutbeam notes, longer-term outcomes – such as improved population health or social status – might well be the object of interest for *other* studies, but their achievement is far too distant to be a relevant (or fair) indicator of effectiveness for health promotion activity. It is critical for evaluations of health promotion action to get their objects of interest right before embarking on their studies (Nutbeam 1998, p. 31).

Evaluations gain access to achievements through engagement

Social innovation complexity versus one-dimensional evaluations

If the previous section defines the focus for evaluating initiatives for preventing violence against women, then how might we go about doing the work? Saville Kushner is an evaluation practitioner and theorist with a background in education. Like Nutbeam, albeit beginning from a slightly different place, Kushner has written about the need for evaluators to pull back from outcomes-driven evaluations in order to understand the full effects of programs. For Kushner, outcomes-driven evaluations – particularly those favoured by public administrators of the post-war social reform period of Western democracies and conventionalised by them – might be good for assessing the productivity of established (and more stable) programs. Such evaluations are less appropriate for assigning value to social programs that are innovating, especially those that ‘embody alternate visions of social futures’ (Kushner 2000, p. 3).

Kushner’s main reason for resisting the outcomes evaluation model is equity driven. By their nature, social innovation programs involve many stakeholders who are part of the initiative’s development and implementation. These stakeholders bring a broad vocabulary for (and multiple meanings of) achievement. They also have a right to know about the worth of the effort. It is important that evaluations refrain from imposing administratively derived outcome measures – often drummed up before an initiative commences – as the yardstick of success. Otherwise, they run the risk of excluding a vast range of other stakeholders to define what matters, and by extension lose sight of the diversity of values that could be brought to bear upon the exercise. For Kushner, measures devised by institutionally driven outcomes evaluations are never neutral but represent one set of values among many. As long as this set of values is privileged, then the rights of others to shape what matters about their programs are denied. ‘The bureaucracy has no privileged rights over the evaluation – its agenda, its conduct or its values’, writes Kushner (Kushner 2002, p. 18). And elsewhere:

A programme defined by a single set of (official) goals denies alternative definitions of what the programme is and might be, and so restricts deliberation over rights and value. It also uses judgement criteria from the same sources of official values and interests that first gave rise to the programme, denying other stakeholders their own right to make what might be quite different judgements about the programme (Kushner 2012, p. 184).

Kushner’s second reason for pulling away from an outcomes model is more in parallel with Nutbeam. Innovative social programs are never singular in their actions but put into play interlinked strategies that lead towards realising the alternative visions of the social world they desire. These pathways to change can be influenced by numerous variables during the course of implementation – none of which is easy to control for – making it difficult to establish a linear causal effect between an input and its outcome (which is what outcomes-driven evaluations, in their elegant simplicity, seek to do). Social innovation programs rarely operate in stable laboratory-like conditions desired by the outcomes

model and its preferred mode of experimental design. Instead, programs are located in dynamic historical, social, political, economic and cultural environments that produce constant (and sometimes rapid) modifications to program features. It is vital that evaluations are aware of, and open to, the different pathways to change as well as the always already variable implementation contexts of programs – and recognise these facets as central to why and how programs are successful in doing what they do. Evaluations that rely upon the detection of a static outcome arising from a single stable input as a measure of quality only serve to flatten (or miss altogether) the heterogeneity of complex social innovation programs.²

Putting the personal into evaluations

For these reasons, Kushner proposes a different way of doing evaluation, one that is receptive to the complexities of programs. He makes the case for evaluations to open up the ‘black box’ of programs, to get inside their messy worlds, precisely to understand better and capture more adequately their various achievements, including their potential for change. He writes:

We have learned through serial evaluations of social innovation that, notwithstanding the power to measure program productivity, the attendant shortcomings with [the outcomes] model are multiple. [...] You cannot, as it turned out, use the same methodology to hold people to account, on the one hand, and to encourage them to take risks, on the other ... What was needed was closer study and analysis of the program, its processes and experiences – to understand the change potential of a program (Kushner 2002, p. 17).

For Kushner, one way to achieve a closer study and analysis of programs – perhaps even the only way – is through engagement.

Getting inside the black box of programs requires the engagement of participants, whether these are practitioners, consumers or citizens. This approach deliberately seeks out the values of those typically not involved in the process of the more conventional mode of outcomes-driven evaluations with their ‘distantly conceived targets’ (Kushner 2002, p. 20). Once inside programs, this approach continually engages with participants in a democratic pluralist transaction to arrive at understandings and judgements – not always reconcilable – about a program’s merit. This approach draws participants close to the evaluation process from the outset and maintains proximity with them throughout.³

² The inappropriateness of experimental designs for social innovation programs is unpacked further in this paper, with specific reference to the promotion of randomised control trials as the ‘gold standard’ in evaluation practice. See ‘Evaluating primary prevention initiatives requires the right choice of paradigm’, below.

³ As noted by Kushner, other evaluators who favour opening up the black box of programs include Robert Stake (responsive evaluation), Barry McDonald (democratic evaluation) and Carol Weiss (stakeholder evaluation). These approaches to evaluation have been around since the late 1960s, although they remain fragile against the conventional outcomes model, which, despite its flaws, remains the default position in the world of program evaluation. Indeed, according to Kushner, a number of factors are currently contributing to a resurgence of outcomes-driven evaluations, even though social life and social innovations are increasingly complex. He cites the ‘suffocating effect of centralised target-setting and performance management’, ‘punitive accountability systems and coercive innovations’, and the ‘confusion of quality control with creative potential’ as conditions that favour outcomes-driven evaluations against the sponsorship of alternative models (Kushner 2002, p. 18).

The benefits of such close engagement are two-fold. For a start, engagement enables evaluations to elicit understandings and judgements about innovation in ways that remain out of reach of outcomes-driven methods. This is especially so with respect to the attributable effects of programs – and their change potential – since these can often only be made sense of by those closest to the programs in question (Kushner 2012, p. 183). Participants have a special vantage point from which to gauge success: the why and how of achievements according to meaningful and realistic benchmarks set by them. ‘A program is no more and no less than how it is experienced and understood by diverse, participating stakeholders,’ states Jennifer Greene (in Ryan et al. 1998, p. 113).

Engagement additionally ensures greater inclusivity and equity in the evaluation process by giving stakeholders other than the most powerful – typically administrative systems – an opportunity to define achievement. Equalising access to the evaluation process thereby shifts the control of criteria used for assessing programs from a few to the many. In doing so, the act of engaging neatly aligns the process of evaluation alongside the social justice principles that often underpin the very programs being evaluated. This benefit is particularly important to evaluators like Kushner who draw from a strand of evaluation theory and practice that regards any act of evaluation as value-laden and never neutral or objective – no matter how strong these claims are. As stated above, it is always *someone’s* values shaping the direction of the evaluation. Or, to call upon Greene again, ‘values are present in all of our work ... values enter our evaluation spaces primarily through decisions about whose interests, key questions and agendas should be addressed’ (Greene 2012, p. 195).

Engagement additionally ensures greater inclusivity and equity in the evaluation process by giving stakeholders other than the most powerful – typically administrative systems – an opportunity to define achievement.

For Kushner, then, any evaluation is always faced with a fundamental choice: it can either challenge the status quo by championing the powerless, or it can reinforce the current state of affairs by giving further voice to those already holding privilege. In Kushner’s mind, evaluations should lean towards the former. He cites House and Howe on this: ‘Evaluation is too important to society to be purchased by the highest bidder or appropriated by the most powerful interest’ (in Kushner 2012, p. 185).

Kushner refers to his evaluation approach as ‘personalising evaluation’. Personalising evaluation is personal in two senses. It gets up close and personal through its engagement with programs. It also validates what participants bring to the evaluation process in a personal way. After all, those involved in programs do not exist in programs as entities devoid of context. They had lives before programs appeared; and their lives will continue after programs are ended. Their values are always going to be

inflected by the hopes, fears and expectations that they bring with them to their programs. So, the aim of personalising evaluation is to assemble people's lives as the context within which to set the parameters for a program's significance.

As people talk to the evaluator about their life and work the conversation will be generating criteria against which, in due course, to assess the significance and meaning of the program and to make judgements about its merits ... [T]he aim is to draw closer to a proper and adequate accounting for program outcomes as they are rooted in values, struggles, beliefs and disbeliefs, allegiance and betrayal (Kushner 2002, p. 20).

Summing up: Key points for evaluating primary prevention initiatives

Kushner's work assists further in building a picture of VicHealth's approach for evaluating primary prevention initiatives. The points to draw from his work are as follows. If evaluations are to adequately grasp the extent of primary prevention achievement – and earlier we established these as impacts that are directly attributable to effort and with strong potential to influence change on the underlying determinants – then they must engage. They must be prepared to go into the complex worlds of primary prevention action and work closely with those who are found there. They must let themselves be 'immersed in the program, acquiring in-depth understanding of how the program is administered, how its services are delivered, and how the participants experience the program' (Hasenfeld et al. n.d., p. 4). They must accept that stakeholders possess a 'unique domain of knowledge' that is intrinsically worthwhile for evaluations (Ryan et al. 1998, p. 119). For it is the values of these stakeholders that are the strongest foundation for setting indicators of success, the measures of achievement, and what we can reasonably expect to change in the future. As Yvonna Lincoln writes:

We know, for instance, that enduring social change is incremental, rather than revolutionary, in most democratic/republican forms of government. So we cease expecting that our evaluation processes are going to change the world. We become more realistic, and focus on helping participants to strategically select targeted changes they wish to make – both short term and long term. We help them to think about the micro-processes that would move toward those desired changes, the steps they would have to take, and the benchmarks they could use to judge whether they were heading in the right direction (in Ryan et al. 1998, 113).

**If evaluations are to adequately grasp the extent of
primary prevention achievement ...
then they must engage.**

Indeed, it can be argued that evaluations deprive themselves of meaningful program benchmarks as long as they choose not to open up the black box of programs and engage with stakeholders therein.

Identifying an evaluation's primary intended users ensures its use

Participatory evaluation: A well-established tradition

With evaluations squarely focused on primary prevention as the means of change rather than an end in itself, and thoroughly engaged with stakeholders to deliberate upon and define what counts as success, two important questions now emerge. Of all the different participants who can be found in any initiative – from program staff to program beneficiaries to the broader community and citizenry – who exactly is to be included in the evaluation process? On what basis are our decisions to include (and exclude) made?⁴

Kushner's personalised evaluation belongs to a well-established tradition of evaluation known as participatory evaluation, which has been practised since the 1970s.⁵ As noted by J. Bradley Cousins, participatory evaluation covers a diverse range and scope of activity; however, those who practise it generally fall into one of two camps (Cousins 2013, p. 349). Evaluators such as Kushner practise stakeholder inclusivity on equity grounds and can be described as *transformative* participatory evaluators. Their work is driven by principles of social justice and social change, and is normative in purpose and action. They strive to ensure that all legitimate stakeholders are involved in evaluation deliberations and decisions, especially those usually overlooked because they have the smallest voice or least power relative to other stakeholders. For these evaluators, inclusivity is synonymous with stakeholder *breadth*, as demonstrated by Greene in the following summation:

Our emphasis is on the inclusion of all voices and values, precisely because such inclusion is more pluralistic, more equitable, and more just. We believe that by actively seeking to include, respect, and represent the legitimate plurality of stakeholder interests and values, evaluation itself can increase awareness of the importance and acceptance of the intrinsic diversity of experience and perspective in the programme being evaluated, and thereby the diversity of values and beliefs that accompany programme experiences and their meaningfulness ... Our commitment to equity is enacted through generating evaluation questions, data, and discussions related to the ways in which a programme is attending and with meaningful consequences to *all* individuals and groups

⁴ For the following discussion, it is important to remember that inclusion relates to stakeholder involvement in the shaping and directing of evaluations: the key questions to be answered, for instance, or the criteria for judging merit. Inclusion is not merely about recruiting participants to evaluations as sources of information for data collection activities. Surveying participants to get feedback on a program does not qualify as inclusive evaluation practice since the concept of inclusivity implies meaningful interaction with stakeholders in the design (and often the conduct) of the evaluation itself.

⁵ Participatory evaluation is today a widely accepted practice in the evaluation profession and has been one of the biggest trends in the field. While the degree of involvement varies from one participatory approach to another, there is little doubt that an increasing number of evaluators continue to call upon stakeholders to play a central role in the evaluation process. The tradition has its 'beginnings' in the work of Stake and his responsive evaluation. In 1973, Stake offered a new vision and rationale for education and social program evaluations by reframing the process – away from outcomes-focused designs that answered distant bureaucratic questions of effectiveness and towards a purposeful engagement with program practitioners about the quality and meaning of their practice. See the special issue of *New Directions for Evaluation* that honours the legacy of Stake's work (Greene and Abma 2001).

that are present in the context, particularly those that have been identified as being traditionally underserved (Greene 2012, p. 199).⁶

In the other camp are those who argue for a 'natural evolution' of broad stakeholder-based inclusion to a restricted form of engagement (Cousins & Earl 1992, p. 399). Here, participation is scaled back to those most likely to use the evaluation, but with a corresponding increase in the *depth* of their involvement in the evaluation process (and indeed various evaluation tasks).

The rationale for limiting stakeholders lies in the fact that no evaluation – regardless of its aspirations – can be the answer for all groups given the divergent interests of these groups. As Ernest R. House notes, while every group with a stake in an initiative ought to be considered as part of the evaluation process, resources for any evaluation generally fall far short of collecting data that would satisfy all their criteria (House 1996, p. 8). Not every stakeholder can be involved; however, House is quick to add that just who to include should not be arbitrary either. He concludes that how an evaluation is likely to be used (and, we might add, by whom) is a consideration in specifying which stakeholders to engage.

Meanwhile, the rationale for an increased depth of stakeholder involvement comes from the field of organisational studies. Organisational learning theory and empirical evidence show that organisational members are more inclined to buy into organisational change when they have been involved in the process of shaping understandings of existing practices and how things could be improved. Knowledge must be a shared construction of organisational members and contextually relevant to them for learning and change to occur. Indeed, organisational development happens best when it takes place in the language of organisational members and on their terms (Cousins & Earl 1992, pp. 400–1).

Taken together, both arguments point to a form of participatory evaluation that restricts stakeholder inclusion on pragmatic grounds; namely, to ensure that those most likely to use an evaluation – or the primary users – are given ownership of the evaluation process so that the evaluation's findings mean something to them and consequently are used by them. The principle here is not to ensure social justice (as with transformational participatory evaluation) but rather to facilitate use. Cousins calls this *practical* participatory evaluation, with specific reference to his approach. Practical participatory evaluation is a partnership between an evaluation expert and the evaluation's primary users, where both parties share the work of shaping the evaluation and executing its activities – with the aim of enhancing evaluation use.

⁶ Transformative participatory evaluations are particularly strong in the monitoring and evaluation practices of programs in the developing world. For recent examples, see the papers in *Evaluation for equitable development results* (Segone 2013).

Cousins writes:

I define participatory evaluation as evaluative inquiry carried out in partnership between members of the evaluation community and stakeholders ... [T]he particular approach that I most often practice ... involves a limited number of primary stakeholders (those with a vital stake in the program or its evaluation); it is characterized by control of technical decision making that is balanced between evaluators and stakeholders, and it engages stakeholders quite directly in many, if not all, of the technical activities associated with evaluative inquiry ... I found this approach – working in partnership – to be particularly effective in producing evaluation products that people actually paid attention to and, in some way, shape, or form, *used* (Cousins 2013, p. 348).

Cousins adds that practical participatory evaluation is particularly appropriate for contexts in which improvement is the point of the exercise, such as in learning organisations. But as far back as 1992, he and collaborator Lorna M. Earl were making the case for the transferability of this approach to any context in which improvement is prioritised (Cousins & Earl 1992).

A blueprint for working deeply with stakeholders

Cousins is a well-known advocate of practical participatory evaluation; however, the most prominent theoretical explication of this approach – and its most widely applied example in contexts other than organisations – can be found in the work of Patton (Christie & Alkin 2013, p. 44).⁷ Patton has a background in community development and social research, and today consults as a ‘transdisciplinary evaluation generalist’ (Patton 2008, p. xiii). His writings are extensive, and in them he gives the rationale for – and outlines the steps involved in – his version of practical participatory evaluation, known as utilisation-focused evaluation.

According to Patton, the worth of any evaluation lies in its usefulness to intended users. Consequently, the best evaluations are those that plan for use by focusing on use throughout their entire process: on who intends to use the evaluation (the primary intended users) as well as how their use intentions might be supported. Correspondingly, poor evaluations are studies that generate products of little or no use, such as a report that has no bearing upon anyone and is put on a shelf. Patton’s focus on use emerged from his observation that much evaluation has not been very useful at all, let alone used. That led to his conclusion that something different needed to be done; and that was to think about use from beginning to end. For Patton:

Utilization-focused evaluation is evaluation done for and with specific intended primary users for specific, intended uses. *Utilization-focused evaluation* begins with the premise that evaluations should be judged by their utility and actual use; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration of how everything that is done, from beginning to end, will affect use. Use concerns how real people in the real world apply evaluation findings and experience the evaluation process. Therefore the focus in utilization-focused evaluation is on *intended use by intended users*. (Patton 2008, p. 37)

⁷ Other evaluators who emphasise use include Marvin C. Alkin, Jean A. King, David M. Fetterman, Hallie Preskill and Carol H. Weiss. These evaluators talk about their perspectives in *Evaluation roots* (Alkin 2013b). Preskill is discussed in this paper further below.

As with Cousins, Patton's strategy to facilitate use is engagement – in a practical way. This involves working deeply with primary intended users for the duration of the evaluation process so that their values infuse every part of the evaluation, the evaluation is meaningful to them, and (along the way) they gain ownership of the evaluation and get primed for its use. In Patton's words:

... utilization-focused evaluation answers the question of whose values will frame the evaluation by working with clearly identified, primary intended users who have the responsibility to apply evaluation findings and implement recommendations. [...] In essence, research and my own experience indicate that intended users are more likely to use evaluations if they understand and feel ownership of the evaluation process and findings; they are more likely to understand and feel ownership if they've been actively involved; by actively involving primary intended users, the evaluator is training users in use, preparing the groundwork for use, and reinforcing the intended utility of the evaluation every step along the way. (Patton 2008, pp. 37–8)⁸

In practice, this means including primary intended users in all aspects of the planning and execution of the evaluation: from confirming the purpose of the evaluation and the questions to be answered, to establishing the criteria for judging success, to selecting the methods for collecting data, to collecting the data and interpreting the findings, to arriving at judgements and recommendations. Patton adds that the utilisation-focused evaluator is not there to push any particular evaluation design, method or agenda. Rather, the evaluator comes to the partnership as a resource for primary intended users so that *together* they can shape the most useful evaluation possible.

In this way, Patton gives significance to the evaluation experience itself, valuing it as much as the products arising from it. The evaluation process has worth because it brings the utilisation-focused evaluator and primary intended users together in a meaningful and purposeful way: it is necessarily collaborative and meritorious in this sense. It does not simply happen, but is rather a structured and intentional act that grants the utilisation-focused evaluator and primary intended users respective roles and responsibilities for the set up and conduct of the evaluation – with both parties coming to the work as *equals*. Any difference in status between the utilisation-focused evaluator and primary intended users is therefore minimised as much as possible.

... the utilisation-focused evaluator is required to be responsive to the information needs of primary intended users: what it is that they need to know.

To begin with, the utilisation-focused evaluator is required to be responsive to the information needs of primary intended users: what it is that they need to know. It is their evaluation, not the evaluator's. 'Situational responsiveness guides the interactive process between evaluator and primary intended users,' Patton writes (Patton 2008, p. 37).

⁸ Patton adds that a substantial body of evidence today exists to show how focusing on use works insofar as it supports evaluations in actually getting used (Patton 2008, p. 71).

And further:

As an evaluation unfolds, evaluators and primary intended users must work together to identify the evaluation that best fits their information needs and the program's context and situation ... Every evaluation situation is unique. A successful evaluation (one that is useful, practical, ethical and accurate) emerges from the special characteristics and conditions of a particular situation – a mixture of people, politics, history, context, resources, constraints, values, needs, interests and chance (Patton 2008, p. 199).

In return, primary intended users are asked to come to the evaluation process as content experts of the initiative in question: after all, they constitute a unique domain of knowledge when it comes to their effort and what can be usefully known about it. Primary intended users are also asked to commit to their intent as users; that is, as stakeholders who are enthusiastic and interested in the evaluation process and motivated and willing to use its final product. With echoes of Kushner, Patton calls this the personal factor. The personal factor:

... is the presence of an identifiable individual or group of people who personally care about the evaluation and the findings it generates. Where such a person or group is present, evaluations are more likely to be used; where the personal factor is absent, there is a correspondingly lower probability of evaluation impact (Patton 2008, p. 69).

Like Kushner, Patton's personal factor requires the evaluator to get up close and personal insofar as their role includes building relationships with primary intended users, facilitating sound evaluation decisions with them, and effectively communicating with them. Far from that aloof academic stance adopted by those operating in more conventionally distant modes of evaluation, the utilisation-focused evaluator is immersed in the 'messy fray of people' and sensitive to the contextual complexities of programs as articulated by primary intended users (Patton 2008, p. 90).

Evaluators need skills in building relationships, facilitating groups, managing conflict, walking political tightropes, and effective interpersonal communications to capitalize on the importance of the personal factor. Technical skills and social science knowledge aren't sufficient to get evaluations used. People skills are critical. (Patton 2008, p. 83)

Finally, both the utilisation-focused evaluator and primary intended users are required to recognise and accept the benefits of their shared endeavour in the evaluation process. This is because the evaluation process not only ensures intended use by intended users; it also generates learning – specifically, *learning to think evaluatively*. In this way, the evaluation process is intrinsically useful. Patton calls this type of usefulness 'process use' to distinguish it from product use (as in the use of an evaluation's findings).

Process use refers to the cognitive, behavioural, program and organizational changes resulting, either directly or indirectly, from engagement in the evaluation process and learning to think evaluatively (e.g. goals clarification, conceptualizing the program's logic model, identifying evaluation priorities, struggling with measurement issues, participation in design and interpretation. Process use occurs when those involved in the evaluation learn from the evaluation process itself or make program changes based on the evaluation process rather than its findings. (Patton 2008, pp. 108–9)

What this amounts to is a reframing of how an evaluation is done: from the way an evaluator engages with stakeholders, to the way primary intended users are positioned in the entire process, to who gains from the study and what those gains are.

Summing up: Key points for evaluating primary prevention initiatives

Practical participatory evaluation – and Patton’s utilisation-focused evaluation in particular – further illuminates VicHealth’s evaluation approach for initiatives for preventing violence against women. If the most important context of Victorian primary prevention initiatives is the emerging area of practice of which they are a part, and if the foremost purpose of any evaluation is to improve the field of primary prevention (and thereby grow it), then evaluations must not only understand the logic driving determinants-level change and grasp what counts as achievement. *Evaluations must also get used by those for whom they are intended.* Of all the stakeholders in primary prevention who could be included in an evaluation process to facilitate use, those who are in the *best* position to use evaluation findings for practice – and to articulate their intent to do so – are *practice-based personnel*.

Of all the stakeholders in primary prevention who could be included in an evaluation process to facilitate use, those who are in the *best* position to use evaluation findings for practice – and to articulate their intent to do so – are *practice-based personnel*.

Thus, at this historical point in time in the emergent field of preventing violence against women before it occurs, the primary intended use of any evaluation is *practice improvement*. The primary intended users are *practice-based personnel*: those involved in current initiatives as well as their counterparts in future endeavours (since they are also most likely to use evaluation findings to inform their work). And the most fitting evaluation approach is one where an evaluator focused on use works closely with practice-based personnel throughout the evaluation process in order to ensure the meaningfulness of the evaluation product – and to generate process use (or evaluative learning) along the way.

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Learning to think evaluatively is evaluation's 'second act'

The enduring benefits of a shared endeavour

Our discussion now turns to process use in greater detail. As we have seen, Patton's utilisation-focused evaluation throws a spotlight on stakeholders' evaluation experience. By being authentically involved in an evaluation, primary intended users are given insight into the work of the evaluator, often undertaking evaluation tasks alongside them such as focusing evaluation questions, collecting data, analysing and interpreting data, and arriving at conclusions and recommendations. Through this exposure, primary intended users build ownership of the evaluation and gain commitment to its use: in short, both the process and the product become *theirs*. 'Participation is real, not token', writes Patton (Patton 2008, p. 175). By being closely involved in the process, primary intended users gain knowledge, skills and confidence in evaluative ways of thinking. As Patton puts it:

When we engage other people in the evaluation process, we are providing them with a cross-cultural experience. The culture of evaluation, that we as evaluators take for granted in our own way of thinking, is quite alien to many of the people with whom we work at program levels ... When people are involved in a process of evaluation, at least in any kind of stakeholder involvement or participatory process, they are in fact learning things about evaluation culture and often learning how to think in these ways. (Patton 2002b, p. 128)

For Patton, then, the evaluation process has utility in and of itself; hence his notion of process use.

Process use, furthermore, can be more enduring than product use. When primary intended users learn to think evaluatively and have opportunities to apply what they have learned alongside the utilisation-focused evaluator, they are initiated into the evaluation culture that Patton talks about – eventually acquiring the requisite skills and expertise to coordinate evaluation tasks *themselves*. This way, a longer-term impact of process use is the existence of a critical mass of primary intended users who appreciate (even relish) evaluations and can incorporate evaluation practice into their programs; practitioners are able to think evaluatively long after the utilisation-focused evaluator has left. So, where product use has time-limited application, process use is potentially lasting. As Patton puts it:

Findings have a very short 'half-life' – to use a physical science metaphor; they deteriorate very quickly as the world changes rapidly. Specific findings typically have a small window of relevance. In contrast, learning to think and act evaluatively can have an ongoing impact. The experience of being involved in an evaluation, then, for those stakeholders who are actually involved, can have a lasting impact on how they think, on their openness to reality testing, and on how they view the things they do. (Patton 2008, p. 153)

Jean King, another evaluator who is deeply concerned with use, describes this vision of a community of practice brought about through evaluative learning as the classic aphorism of teaching people to fish: 'If you give someone a fish, you feed her or him for a day, but if you teach the person to fish, you feed her or him for a lifetime' (King 2013, p. 340). The image is taken further by David M. Fetterman, who also underscores use but leans towards the broader form of stakeholder inclusion more typical of transformative participatory evaluators. For Fetterman, involving stakeholders in an evaluation is

fundamentally empowering because it fosters self-determination; that is, it helps people to help themselves. It assists in breaking stakeholders' dependency on others for evaluations (Fetterman 2001, pp. 3, 41).

While the evaluation experience is intrinsically useful, process use is not meant to replace product use. Rather, both types of use stand side by side as equally important outcomes of an evaluation. Utilisation-focused evaluation enhances product use; and its 'second act' (to borrow a term from Hallie Preskill) is evaluative learning (Preskill 2008). By Patton's account, the evaluation profession has evolved to such an extent that facilitating evaluative learning is part of contemporary practice (Patton 2008, p. 157). Evaluators who care about use can ill afford to be distant and dispassionate during an evaluation, for they need to be involved with primary intended users to achieve both process *and* product use.

**The most amount of evaluative learning takes place
at the start or during the life of a program, with the
least amount occurring at the end.**

Patton points out that the most amount of evaluative learning takes place at the start or during the life of a program, with the least amount occurring at the end. In order to maximise process use, and make the most of the learning that can be achieved throughout the evaluation experience, thought must be put into bringing primary intended users along the journey from the beginning. Although a degree of evaluative learning can occur opportunistically, it is best achieved when it is consciously and deliberately sought. Patton writes:

What's different about utilization-focused evaluation is that the possibility and desirability of using and learning from evaluation processes, as well as from findings, can be made intentional and purposeful – an option for intended users to consider building in from the beginning. In other words, instead of treating process use as an informal ripple effect, explicit and up-front attention to the potential impacts of using evaluation logic and processes can increase those impacts and make them a planned purpose for undertaking the evaluation. In this way, the evaluation's overall utility is increased. (Patton 2008, p. 189)

In the evaluation literature, the intentional and purposeful action of fostering the evaluative learning of stakeholders is known as evaluation capacity building (or ECB).⁹

Maximising process use through planned learning activities

Evaluators such as Patton, King, Fetterman and (in his later practice) Cousins each espouse ECB; but it is Preskill (along with collaborator Shanelle Boyle) who offers one of the most integrated models for how ECB can be done. With a background in organisational development, Preskill is strongly influenced by Patton's utilisation-focused evaluation – particularly its attention to the utility of the

⁹ The concept of ECB appears to have caught on particularly quickly over the last decade, especially since the American Evaluation Association named it as the theme for its conference in 2000 (Preskill 2008, p. 130).

evaluation experience (Christie & Alkin 2013, p. 47). By her own admission, Preskill began her career with an interest in product use; however, her work has grown to encompass a deeper commitment to evaluative learning in the context of organisations (Preskill 2013, p. 324).

For Preskill, evaluative inquiry is conceptualised as an ‘open-ended continuous process that should be integrated into the everyday work of organization members.’ As such, ‘all organization members are responsible for thinking evaluatively’ (Preskill 2013, pp. 327–8). She argues that the most effective way to support stakeholders in taking evaluation seriously – so much so that it becomes part of ‘the way things are done around here’ – is through ECB. Thus, in addition to the roles and responsibilities that Patton gives to the utilisation-focused evaluator, Preskill’s evaluator is a practitioner of ECB – with a view, of course, to further enhancing stakeholder commitment to product use through the evaluative learning that ECB achieves. In her work, Preskill envisions a seamless blend of evaluation, learning and use that is mainstreamed into organisational culture and habitualised in practice, brought about through the planned learning activities of an evaluator skilled in ECB:

ECB involves the design and implementation of teaching and learning strategies to help individuals, groups and organizations, learn about what constitutes effective, useful, and professional evaluation practice. The ultimate goal of ECB is sustainable evaluation practice – where members continuously ask questions that matter, collect, analyze and interpret data, and use evaluation findings for decision-making and action (Preskill & Boyle 2008, p. 443).

In agreement with Patton, Preskill argues that merely engaging stakeholders in an evaluation process does not guarantee learning (although learning can occur this way). Instead, ‘we must consciously guide stakeholders and others along a more direct path that leads to their learning from and about evaluation theory and practice’ (Preskill 2008, p. 130). In the organisational context, this means creating a culture of learning for ECB activities so that leadership, structures, systems and communications resource the engagement of organisational members in the evaluation experience and value the outcomes of its process. Indeed, Preskill argues that the degree to which an organisation attends to its learning culture has a bearing on the amount of evaluative learning achieved and the extent to which evaluation is embedded in organisational life (Preskill 2008, p. 445).

The pathway to evaluative learning requires evaluators to be attentive as well, specifically to the manner in which adults learn. Adult learning preferences have a profound influence on how much is retained. Literature on adult learning and instructional design shows that retention is best achieved when adults interact with each other and can relate what is being learned to real life contexts.

Learning is not only cognitive but *experiential*: ‘a social experience that is fundamentally situated within practice’ (Preskill 2008, p. 132). It follows that ECB activity should involve organisational members in collaborative learning as much as possible, such as through group discussions, learn-by-doing situations, or teaching each other. ECB activity cannot be wholly reliant on lectures, formal presentations or reading material. Any learning activity should also be designed to transfer what is

learned back into practice at every opportunity. It must have relevance to actual situations; otherwise, there is little hope for evaluative learning to be applied, let alone evaluation practice to be sustained (Preskill & Boyle 2008, p. 453).

In her model, Preskill identifies several other factors critical to the success of organisational ECB and the attainment of evaluative learning. Chief among these is the appointment of evaluators who are a good fit for evaluative learning and its outcomes: those who are trusted and respected by stakeholders, for instance, and humble in their own ECB style (Preskill 2008, p. 132).

Who facilitates, her or his level of evaluation expertise and group process skills, and knowledge about the organization and its members may heavily influence the extent to which, and the ways in which, participants learn from and about evaluation (Preskill & Boyle 2008, p. 451).

Thus, like Patton and Kushner, Preskill puts emphasis on the personal dimensions of the evaluation process – namely, the skills and attributes of the evaluator – for successful evaluative learning.

Articulating a set of clear learning objectives from the outset of the endeavour is also very important to success.

Articulating a set of clear learning objectives from the outset of the endeavour is also very important to success. In reviewing the literature on organisational learning (and based on her own experience) Preskill identifies no less than 36 learning objectives, any number of which could be applied to an ECB effort depending on the learning needs of those involved. These objectives span three distinct learning domains of knowledge of evaluation, skills in evaluation, and attitudes towards evaluation. Knowledge of evaluation includes objectives such as enhanced understandings of evaluation terms and concepts. Skills in evaluation include objectives such as increased capacities to develop logic models. Attitudes towards evaluation include objectives such as improved views about evaluation and its relevance to organisational life. Preskill argues that the inclusion of clearly identified objectives from the outset of an evaluation process is what makes ECB an intentional and strategic process that maximises evaluative learning (Preskill & Boyle 2008, pp. 449–50).

Preskill proposes ten strategies that evaluators can choose from to achieve the learning objectives of any given ECB situation, acknowledging that strategy selection will depend on factors unique to each event. Just as the utilisation-focused evaluator is sensitive to the information needs of primary intended users, so too is the ECB practitioner aware of the evaluative learning contexts of participants. There might be different emphases placed on each of the three learning domains, for example. Participant characteristics and available resources can also dictate the direction of an ECB effort. Nonetheless, of the ten strategies, those that especially support the collaborative and experiential dimensions to adult learning and the all-important transfer of learning back into practice are:

- internships or programs that give practical experience to organisational members

- involving organisational members in the design and implementation of an evaluation
- meetings for organisational members to discuss evaluation activities
- appreciative inquiry to facilitate a narrative- and strengths-based approach to learning about evaluation
- communities of practice (or learning circles) so that organisational members can share their evaluation experiences
- technical assistance to organisational members as they carry out an evaluation
- coaching or mentoring organisational members through individualised support during the course of an evaluation (Preskill & Boyle 2008, p. 447).¹⁰

Any one or combination of these strategies could be prioritised when planning for ECB.

Finally, Preskill notes that the evaluation experience can be transformational because it changes thinking and practice – of individuals, teams and organisations alike.

Ultimately, we believe that when evaluation is collaborative, reflective and dialogic, it can be a mechanism for creating communities of evaluation practice that may result in individual, team, and organizational transformation. (Preskill 2013, p. 329)

Even though Preskill's model of ECB has been conceptualised from an organisational development perspective, she makes the case for its applicability to *any* situation where evaluative learning is sought as part of evaluation utility:

... we describe ECB as occurring in organizations. However, we acknowledge that ECB often takes place within clusters of programs in geographically diverse locations as well as across organizations. We believe that the model presented in this article applies to all ECB contexts. (Preskill & Boyle 2008, p. 444)

Summing up: Key points for evaluating primary prevention initiatives

Turning our attention from organisational development to social innovation, our discussion on process use sheds further light on VicHealth's approach for evaluating initiatives for preventing violence against women. First, from Patton and Preskill, we know that the authentic inclusion of primary intended users in the evaluation process has impacts associated with evaluative learning and its transfer to practice. Furthermore, being acculturated into evaluative ways of doing can generate a critical mass of practice-based personnel committed to product use and with the requisite knowledge, skills and attitudes to conduct useful evaluations; attributes that can then influence others in profound ways:

We believe that as ECB participants learn about evaluation, they have the potential for sharing their knowledge, skills and attitudes with a wide range of audiences. Our hope is that as they share

¹⁰ Written materials, online or web-based resources and opportunities to attend training (courses, workshops or seminars) make up the ten ECB strategies of Preskill's ECB model.

their evaluative thinking and practices, others will be inspired to learn about and engage in evaluation practice as well. (Preskill & Boyle 2008, p. 446)¹¹

But there is also potential for this critical mass of practice-based personnel to *continue* to apply what they have learned about evaluation to situations well beyond the initiatives for which ECB was first prioritised – a sustainable longer-term impact or ‘far transfer’ in addition to the immediate impacts of the work (Preskill & Boyle 2008, p. 454). This ongoing impetus for mainstreaming evaluation – and the creation, over time, of a seamless habitualising of program implementation, program evaluation and evaluation use among practice-based personnel – can then help to ensure that improvements keep happening. For the field of primary prevention – or any other growing field of practice – the benefits of these longer-term impacts cannot be underestimated. In many ways, they are the very rationale for attending to process use in our evaluations.

Second, from Preskill, we know that the path to maximising process use should not be left to chance; rather, it must be purposefully sought. Intentionality means conceptualising and implementing ECB events with integrated components designed for the participants concerned. It means nesting activity within a culture of learning, appointing appropriate and skilled evaluators who believe in evaluative learning and ECB outcomes, identifying the learning objectives of stakeholders, and selecting strategies that meet evaluative learning. It also means working with adult learning preferences to optimise learning transfer – both near and far. Any learning activity must therefore be as experiential, collaborative and grounded in practice as it can. These include learn-by-doing situations where the evaluator instructs, assists, guides, coaches and mentors primary intended users who conduct their own evaluations in real time.

... the most appropriate evaluation approach for initiatives for preventing violence against women at this point in its development is one that supports practice improvement and use by practice-based personnel ...with planned and purposeful ECB activities for primary intended users.

From our previous discussion on practical participatory evaluation, we established that the most appropriate evaluation approach for initiatives for preventing violence against women at this point in its development is one that supports practice improvement and use by practice-based personnel. To this claim we can now add: *with planned and purposeful ECB activities for primary intended users that are led by an appropriate and skilled evaluator, based upon learn-by-doing scenarios, and supported by a culture of learning.*

¹¹ In her writings, Preskill entertains the thought of ECB unleashing a ‘social epidemic of evaluation’ as those involved in ECB share their learning about evaluation with others in a diffusion of evaluative learning (Preskill 2008; Preskill & Boyle 2008).

Evaluating primary prevention initiatives requires the right choice of paradigm

A short history of positivism in the social sciences

From the outset of this paper, we established that primary prevention is about influencing change on the underlying causes of violence against women. We saw that the two underlying determinants of violence against women are the unequal distribution of power and resources between men and women and entrenched gender norms; and that these determinants are experienced (and can be tackled) in an ecological sense – from our interpersonal relationships, to the organisational and community contexts of everyday life, to the broader societal institutions and cultural values that surround us.

Early in this paper, we also established that the most important purpose for evaluating any initiative for preventing violence against women is to contribute to the growth of primary prevention as a practice. In subsequent sections of this paper, we then saw how this purpose is best ensured when evaluations are means directed (not outcomes focused), and when they authentically involve practice-based personnel as primary intended users for product and process use.

This section of the paper continues to make the case for a way to evaluate preventing violence against women initiatives that is fit for purpose – this time by aligning evaluation practice with the outcomes that primary prevention efforts ultimately seek to achieve.

Our discussion on the different influences that have shaped VicHealth's approach for evaluating initiatives for preventing violence against women has taken us to the tradition of participatory evaluation, especially Patton's utilisation-focused evaluation. According to Patton, the focus on use in his work (and the work of others) arose through increasing stakeholder demand for evaluations that are meaningful to them. Interestingly, Patton notes that the turn to participatory evaluation has been aided by other developments too. He refers to trends in the social sciences that have been brought about by the interventions of postmodernism, deconstruction, critical theory and feminist theory, to name but a few (Patton 2002b, pp. 137–8). Patton does not expand on these theoretical developments and their effects on evaluation practice; but taking our cue from Patton we can pose the following question. What is the influence of feminist theory on evaluation practice, and in particular the evaluation of preventing violence against women initiatives? To answer this question, this paper will briefly sketch a history of the social sciences.

Among those working within the social sciences, it is widely understood that, historically speaking, the dominant way of conducting research in the modern era has been methods driven – specifically, the scientific method of recording occurrences in the social world that yield themselves to an impartial

observer.¹² Accordingly, any knowledge we have about society is gained through phenomena that are put forward – or posited – to the researcher as a result of their work; hence the label, ‘positivism’.

As a research paradigm, positivism contains a set of presuppositions about social reality (or ontology) that dictate how things can be known (or epistemology) and what the rules of engagement are for researchers (or methodology). The ontological position is that society is simple, real and fixed, much like the objects found in the natural sciences (on which the social sciences ought to be based). The epistemological position is that the truth of society – especially its ordered-ness and law-like attributes – is out there awaiting discovery. Truth already exists and it is the researcher’s task to describe and/or quantify it empirically; whatever cannot be directly grasped by the researcher (such as experience or emotion) lies outside the realm of legitimate knowledge. The methodological position is that research is instrumental: it is executed by those who are objective, detached and single-minded in their pursuit of truth and who adhere strictly to scientific method – especially when enacted through quantitatively measured experimental designs. It is performed by those who are unfettered by pre-Enlightenment concerns with speculation or metaphysics (for these belong to the realm of philosophy, not science) and not bothered by the fact that their ‘objects’ of study include people who might have views and something to say about the research being done on them.

Commentators on the social sciences say that positivism – with its ontological, epistemological and methodological premises – held sway in the conduct of research on society throughout the 19th century and the better part of the next, profoundly influencing the direction of disciplines such as psychology, sociology, political science and economics. Evaluation, as a newer field that emerged in the latter part of the 20th century, has also been shaped by the long shadow cast by positivism: it is at work whenever outcomes-driven models and experimental designs – exemplified by randomised control trials (RCTs) – are promoted as the most rigorous way of measuring a program and its effects. For Patton, such is the legacy of positivism in the social sciences that RCTs tend to be touted by some within the evaluation profession as the ‘gold standard’ of practice:

Under the gold standard label, high-quality impact evaluation is *defined* as testing hypotheses, formulated deductively, through random assignment of program participants to treatment and control groups, and measuring outcomes quantitatively. No other options are worthy of serious consideration – by *definition*. (Patton 2008, p. 431)

What is problematic about the gold standard claim is that RCTs are really only appropriate for certain kinds of programs – those that are clearly delineated, have fidelity to their original conceptualisation, and can be carefully controlled. As discussed earlier in this paper, experimental designs – with RCTs as their ideal – ought *not* to be considered for programs that are innovating and being implemented in

¹² For a brief overview of paradigms in the social sciences, see Chapter 1 of Sotirios Sarantakos, *Social research* (Sarantakos 2005). For a more detailed account, see, Yvonna S. Lincoln and Egon G. Guba, ‘Paradigmatic controversies, contradictions, and emerging confluences’ (Lincoln & Guba 2000).

real world contexts that are unstable and in flux – socially, politically and economically. As events, social innovation programs are usually specific, dynamic, non-linear, difficult to control for, and not easily replicable from one context (where they were innovated) to another (where they might be applied). RCTs are simply too restrictive for the intricacies of social innovations. Indeed, demonstrating replicability through the application of scientific method might not even be a desire of stakeholders of such programs. When it comes to social innovations, program personnel, for instance, are often more interested in the *translatibility* of evaluation findings to social contexts that will be similar but never identical – and not the generalisability of their work.¹³

One other problem of the gold standard claim is that it renders many social innovation programs ‘unevaluatable’. The complexities of such programs do not easily lend themselves to study by means of the scientific method, and so they are not considered worth evaluating. Or if evaluated, they are declared as having no effects. In the worst case scenario, an initiative subjected to an RCT that finds no evidence of causality between input and outcome can be defunded as a result. It is likely, however, that this conclusion was reached because the RCT was not the right evaluation fit for the initiative in the first place, rather than there being any failing on the part of the effort itself. These points are summarised by the WK Kellogg Foundation as follows:

What does this [the dominance of the natural science paradigm] mean? It means that many of these initiatives are not evaluated at all, making it difficult for communities to provide evidence that they are effective. It means that others are evaluated using traditional methods. This leads either to a narrowing of the project to fit the evaluation design (a problem, if what really works is the breadth and multi-pronged nature of these initiatives), or to a traditional impacts report which shows that the initiative had little impact (because impacts in these complex initiatives may occur over a much longer period of time and because many of the critical interim outcomes which are difficult to quantify are overlooked). And it means a great deal of resources are being wasted and very little is being learned about how these initiatives really work and what their true potential might be. (WK Kellogg 1998, p. 9)

Not surprisingly, the Foundation, like Patton, takes a grim view of the accolades given to RCTs by positivist-driven evaluation practitioners, suggesting there is an active forgetting of alternative ways of going about research. The consequence is evaluators and stakeholders alike come to believe there is only *one* right way to do evaluation (WK Kellogg Foundation 1998, p. 7). Michael Scriven makes a similar assessment of the place accorded to experimental designs in the evaluation profession, likening the adherence to this mode of research as a form of ‘RCT imperialism’ (cited in Patton 2008, p. 422).

While this paper is not the place to discuss at length the paradigms debate in evaluation – a debate that is amply covered in the evaluation literature – two points must nonetheless be made.¹⁴ First, the

¹³ See Patton’s *Utilization-focused evaluation* for these and other points about the RCT gold standard claim and its problems for evaluation practice (Patton 2008, pp. 447–50).

¹⁴ For a recent collection that presents voices on both sides of the debate, see Donaldson et al. *What counts as credible evidence in applied research and evaluation practice?* (Donaldson, Christie & Mark 2009).

status afforded to RCTs is often granted without reference to the historical specificity of the paradigm that governs them, and almost as if no other paradigm for research exists. Second, another paradigm *does* exist: one that contests the hegemony of positivism in the social sciences.

The feminist critique of dichotomous thinking

According to social science commentators, the latter half of the 20th century saw the rise of a number of important intellectual currents that have cumulatively challenged the dominance of the positivist paradigm. Although diverse (and including the examples mentioned by Patton above) the spirit and intent of these interventions can be classified under a counter-paradigm known as ‘post-positivism’. It is important to understand that the post-positivist paradigm is not a simple adjustment to positivism but an attempt to overthrow it – ontologically, epistemologically and methodologically.

Feminist theory has inarguably been one of the most significant contributors to the challenge thrown at positivism in the social sciences. For more than four decades, feminists working from within their respective disciplines in the social sciences have revealed deep flaws in conventional research modes – from the ontological claims about objects in the social world, to the epistemological claims about the acquisition of truth, to the methodological claims about objectivity.

For the positivists, objectivity is assured when researchers grasp social objects scientifically and ‘as they really are’ – detached from any emotions and feelings they might have about them, unmediated by personal distortions and biases. Feminists argue that positivists fall well below these ideals. For behind the ‘view from nowhere’ is always a person from *somewhere* (Haraway 1991).¹⁵ The knower, in short, is a thoroughly embodied being and never a free-floating mind. They are also located in socio-historical contexts and cannot, by virtue of this, reflect an abstracted, universal or trans-historical subject. This means that the ‘real’ they are attempting to grasp through scientific method is – in spite of everything they might say – completely imbued by (and inflected with) their *situatedness* as knowers. In this way, the distance that they put between mind and body, knower and known, objectivity and subjectivity, disinterest and interest, and fact and value – and any other descriptive pair employed by positivists to describe what their research is by virtue of what it is not – is much closer than presupposed and might even be entirely collapsed. For feminists, these oppositional pairs are, as it were, false dichotomies.

Some feminists argue that the insistence of these dichotomies and their tacit operation in research conducted within the positivist paradigm serve to entrench masculine privilege and feminine subordination. Their argument is that the terms in each pairing are not equal but *hierarchical*, with the first term privileged over the second; and that all pairs rest upon a bedrock of masculine and feminine

¹⁵ The term, ‘view from nowhere’, belongs to Donna Haraway but it captures the social epistemological project of an influential stream of feminist theory known as feminist standpoint theory (Harding 2004; Hartsock 1998).

as the social construction of male and female (Hekman 1990). Other feminists show how the habit of thinking dichotomously to shore up a masculine 'self' through the creation of a feminine 'other' – with self and other being yet another opposition – is not unique to modernity but can be traced throughout the history of philosophy, stretching back thousands of years. In this sense, much of Western thought – from the ancient Greeks through to the Enlightenment period that cradles modern-day positivism – is 'specular', nothing more than the male subject of history gazing at a narrative of his self through a mirror of what he is not; namely, a female other who is correspondingly objectified in the process (Irigaray 1985). 'He is the Subject, he is the Absolute – she is the Other,' wrote Simone de Beauvoir in 1949 in *Le deuxième sexe* (de Beauvoir 1972, p. 16).

Suffice to say that the feminist critique of dichotomous thinking is profound as well as extensive, and it is beyond the scope of this paper to discuss the many contributions that comprise the intervention – a small number of which are sketched all too briefly above.¹⁶ It is also not the point of this discussion to summarise the action taken by feminists to go beyond critique by aligning their arguments with the emancipatory goals of feminism. For the purposes of this paper, the point that *must* be taken from feminist theory is that anything discovered about the social world through the positivist paradigm is *contingent* upon who is doing the work. That 'who' is always a knower operating within a universe infused by non-innocent dichotomies that govern their ideals of research. It follows that the findings produced by positivist social science cannot hold the status of the benignly factual or unbiasedly truthful; they are instead deeply androcentric. For they are produced by virtue of a paradigm that denigrates everything denoted as feminine. Positivism, in sum, serves none other than the interests of masculine privilege conveniently conveyed as (neutrally) scientific.

The feminist critique of dichotomous thinking has serious implications for the way we might go about evaluating initiatives for preventing violence against women. For it necessarily deems unfit any approach that – institutionally and culturally – perpetuates the fundamental causes of violence against

¹⁶ References to the works of feminist theorists in this area will not be attempted here since they span at least four decades of scholarship. A recent iteration of the feminist interrogation of dichotomous thinking is, however, worth noting as a way of demonstrating its impact. This is the contribution of the critique to 'new materialism', a revolutionary or radical kind of thinking in contemporary scholarship. New materialism was coined in the 1990s but according to Dolphijn and van der Tuin it is currently 'a wave approaching its crest'. New materialism is an approach to the social (and indeed natural) world that traverses modernity's dualisms and their polarising positives and negatives – by conceptualising difference differently. 'This conceptualization of difference entails an ontological philosophical practice predicated on leaving behind all polarizations (implicitly) involved in modern dualistic thinking,' write Dolphijn and van der Tuin (Dolphijn & van der Tuin 2012, p. 115). New materialism does this through a process that does not begin with pre-determined relations between mind and body, for instance, or a privileging of either. Instead, new materialism shows how the mind is always already material, and how matter is necessarily always something of the mind. The terms in the pair are intra-connected, they are co-producing; and there is no ontological separation between them. New materialism thereby allows for the study of mind and body (and any other modernist pairings) in all their entanglement. In feminist theory, two of the most prominent new materialists are Rosi Braidotti (a philosopher) and Karen Barad (a physicist). They are interviewed by Dolphijn and van der Tuin in their book, *New materialism: Interviews and cartographies* (Dolphijn & van der Tuin 2012).

women by mobilising dichotomous thinking and oppositional hierarchies. It compels us just as equally to seek ways of evaluating primary prevention initiatives that are *paradigmatically* commensurate with what these efforts are trying to achieve. This means proceeding from the paradigm of post-positivism.

The feminist critique of dichotomous thinking has serious implications for the way we might go about evaluating initiatives for preventing violence against women.

The post-positivist paradigm

Feminism is a rich resource for both critiquing positivist social science and describing what the post-positivist paradigm looks like. Feminist research proceeds in accordance with a view that has quite different ontological, epistemological and methodological premises to positivism. For a start, feminist research understands reality as socially and historically constructed rather than fixed across time (a constructivist ontology). There are no stable objects in the social world waiting to be observed and recorded by a disinterested researcher. Instead, it falls to the feminist researcher to understand the meanings that women give to their lived realities: to access their thoughts, emotions, feelings and perspectives as they go about their everyday life, to give them voice and literally to let them speak (an interpretivist epistemology). In many ways, capturing the multiplicity of women's experiences is the essence of feminist research. Thus there is no singular truth being sought through deductive reasoning and the singularity of scientific method, but rather a rich tapestry woven from experience, a 'thick description' of context after context that conveys what it is like for women to be women – in all their lived complexity.¹⁷

Methodologically, it follows that feminist research is dynamic and naturalistic, involving close contact between researchers and study participants and building rapport with them in real life conditions. It is inherently value-laden, for it is the subjective values that women give to their lives that matter most – this is evidence that counts. It is executed by researchers who are fully aware of their *own* subjectivity coming into the research and as such can relate to and empathise with those whose lives they are immersed in. In stark contrast to positivism, the situatedness of the knower and the known *enables* knowledge rather than distorts it.¹⁸ Finally, unlike research conducted within the positivist paradigm,

¹⁷ The term, 'thick description', belongs to the anthropologist Clifford Geertz. It is his method of explaining culture by describing the intricate details, meanings and interpretations of social life given to it by those being studied (Geertz 1973).

¹⁸ Feminist research is undergirded by the philosophical doctrine of *Verstehen* – espoused by Max Weber – which puts emphasis upon the human capacity to understand each other through empathetic introspection and reflection gained by immersion in the life world. It can be argued that feminist research had its beginnings in women investigating the meanings of their own lived realities – as knowers and known in one. Their writings resonated with thousands of other women, galvanising the movement known as the second wave of feminism.

feminist research has no claims to neutrality but is a form of *interested* knowledge insofar as it is invested in a political stance, that being the emancipation of women.

Needless to say, this way of going about social research has produced findings otherwise ‘disappeared’ by the conventional positivist mode that does not acknowledge the role of subjectivity or situatedness and the value of immersion in the social world in the production of knowledge. Such findings include (and are not limited to):

- the sexual division of labour and distribution of power and resources between men and women within households
- the concept of unpaid work and the vast amounts of it undertaken by women
- the lower wages women receive for jobs of comparable worth to men
- women’s exploitation in highly sex-segregated or feminised sectors of employment
- women’s experiences of workplace sexual harassment and the glass ceiling
- the violation of women’s sexual and reproductive rights
- the violence that women experience because of their gender.

Another way of putting this is that feminist research produces meaningful evidence about women’s lives through attention to the personal and experiential.¹⁹

Summing up: Key points for evaluating primary prevention initiatives

The foregoing discussion of positivism in the social sciences, the feminist critique of dichotomous thinking and the post-positivist paradigm as described by feminist research tells us much about evaluations that are appropriate for primary prevention – and throws the brightest light onto VicHealth’s approach for evaluating preventing violence against women initiatives.

We begin by restating that the field of primary prevention is an emerging area of practice. All primary prevention effort can be considered a form of social innovation. Preventing violence against women initiatives are complex and likely to be implemented under conditions that are constantly shifting. As such, they will not conform easily to the tightly controlled laboratory-like conditions of the scientific method. Instead, they need evaluations that are immersed in the effort. They require findings that have application to program improvements and are translatable to other implementation situations. They need processes that can capture the multi-dimensional aspects of events and learnings – narratives derived from the experiences of those closest to the effort.

¹⁹ The most influential catchcry of the feminist agenda is, after all, ‘the personal is political’.

As Patton puts it:

... *the stories are the point*. The people in the stories, what they do and how they think, are the point. If you skip the stories and the people, you will have missed the point. Here's why. People matter. Relationships matter. Evaluation is not just about methods and data. (Patton 2013, p. 302).

What we have here (to strengthen our earlier discussion about pulling away from the simplicity of outcomes-driven models for complex social innovations) is an argument on *methodological* grounds for participatory evaluation. In short, the most appropriate methodology for evaluating preventing violence against women initiatives at this historical moment in the growth of primary prevention practice is one that is dynamic and naturalistic, such as that which informs the different types of participatory evaluation discussed in this paper. This methodology allows for rich and contextually based understandings about what has happened (and why) at a meaningful level, which is just the type of evidence needed to develop the field.

... the most appropriate methodology for evaluating preventing violence against women initiatives at this historical moment in the growth of primary prevention practice is one that is dynamic and naturalistic ...

Methodologies, of course, package up a set of rules about what counts as proper research, like being immersed in (or up close and personal to) the social event under study or maintaining an aloof and remote stance from the objects in question. Methodologies are much more than methods, these being the instruments and tools used by researchers during the course of their work and which can be either qualitative or quantitative (with preferences depending on the methodology).²⁰ Methodologies are always linked to the epistemological and ontological positions held by researchers. Together, ontology, epistemology and methodology make up a paradigm. In the evaluation field – like the rest of the social sciences – any differences between participatory evaluation and experimentally influenced studies ultimately rest upon the differences between the post-positivist and positivist paradigms, respectively – two world views that contain incompatible notions about reality (ontology), how it can be known to us (epistemology), and how we might gain knowledge about it (methodology). All evaluators choose between these paradigms, whether they realise it or not.

Evaluating primary prevention initiatives requires that we make the right choice of paradigm. The potential of primary prevention as practice to influence change on the root causes of violence against

²⁰ Those guided by dynamic and naturalistic methodology favour designs that are flexible in their methods; it is typical to see a mix of qualitative and quantitative information being gathered to produce understandings and generate meanings of what has happened (and how). Those guided by static and controlled methodology favour designs that are fixed in method (since strict adherence to method is paramount); it is typical to see only attributes that can be quantifiably measured being gathered to establish causality and explanation (of input and outcome).

women is seriously compromised (if not utterly undermined) when evaluations proceed within the positivist paradigm, with its insistence upon dichotomous thinking and oppositional hierarchies and the perpetuation of masculine privilege and feminine subordination that ensues.

What we have here is an argument on *paradigmatic* grounds for conducting evaluations in accordance with post-positivism – ontologically, epistemologically and methodologically. We can go as far as saying that the growth of the field of preventing violence against women depends upon evaluators being cognisant of the history of the social sciences and making an informed decision to couch their work within a post-positivist paradigm – as feminist research does. In practice, this means embracing the types of participatory evaluation discussed in this paper. For, like feminist research, these types of evaluation share in a constructivist ontology and interpretivist epistemology, and proceed from a methodology that is dynamic and naturalistic. Participatory evaluation works for primary prevention and the alternative visions of the social world it seeks, not against it. And this is perhaps the most important reason why VicHealth’s approach for evaluating violence against women initiatives developed in the way that it did during the course of the RRE program.

Participatory evaluation works for primary prevention and the alternative visions of the social world it seeks, not against it.

Progressive funders are leading the way

Examples from the philanthropic and government sectors in the United States

The previous sections have explored a number of understandings about evaluation gathered from several sources. In doing so, they have located VicHealth's approach for evaluating initiatives for preventing violence against women within a broader theoretical and practitioner landscape. They have shown that evaluation practice is most fitting for primary prevention when it:

- operates within a paradigm that is aligned with the focus of primary prevention action on the underlying causes of violence against women
- favours stakeholder participation in a practical way to ensure evaluation utility, generate evaluative learning and optimise learning transfer
- understands the logic driving change by being means-focused, evidencing program achievements that are directly attributable to effort, and articulating these impacts with the potential to shift the determinants – incrementally and cumulatively.

And as a result of the discussion thus far, we can now see clearly that VicHealth's evaluation approach to primary prevention is, in essence, participatory and learning oriented.

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It was noted earlier in this paper that VicHealth developed and refined its participatory and learning-oriented evaluation approach while working alongside the five project partners of the RRE program. The approach is therefore grounded in practice as well as being driven by practice needs. Before turning to an overview of the approach as it occurred in practice, it is worth discussing a handful of examples from the United States' philanthropic and government sectors that have made a similar commitment to the evaluation of social innovation programs in participatory and learning-oriented ways. The examples are the WK Kellogg Foundation, the James Irvine Foundation and the Centers for Disease Control and Prevention.

The WK Kellogg Foundation is a philanthropic organisation – one of the largest in the world – that funds a variety of community-based initiatives to improve the lives of vulnerable families and children (www.wkkf.org). The Foundation has a firm belief in evaluations as a learning opportunity for social innovation programs; and over the years, it has actively sought to build the evaluation capacity of its funding recipients (Fetterman 1996, p. 30). It has done this through different ECB activities. One of these involved assembling clusters of funding recipients working on similar projects so that learnings could be shared and stakeholders had the tools they needed to institutionalise evaluation practice – a

type of community of practice or learning circle. Another activity was the publication, in 1998, of the WK Kellogg *Evaluation handbook*, intended for those responsible for implementing Foundation-funded initiatives such as project directors (WK Kellogg Foundation 1998).

The handbook is designed to encourage thinking about the role of evaluation as a learning tool. It provides the practical steps needed for project staff to plan an evaluation and conduct it – with or without the assistance of an expert (depending on levels of confidence and competence). In doing so, the handbook builds an evaluation approach that is attuned to the complexities of projects with a view to improving practice, rather than one that merely serves the accountability requirements of funders. As stated in the handbook:

We ... believe that evaluation should not be conducted simply to *prove* that a project worked, but also to *improve* the way it works. Therefore, do not view evaluation as an accountability measuring stick imposed on projects; but rather as a management and learning tool for projects, for the Foundation, and for practitioners in the field who can benefit from the experiences of other projects. (WK Kellogg 1998, p. 3)

The handbook also outlines the Foundation's rationale for advocating this approach; namely, to reverse the trend in the human services for ill-fitting evaluations of social programs. These are studies that place emphasis upon accountability and not learning (or proving and not improving) – as occurs when projects are subjected to experimental designs. As argued in the handbook, the insistence and persistence of such studies owes more to the dominance of scientific method in the evaluation field than a balanced assessment of their usefulness to the projects in question. Hence, there is a need for philanthropic organisations such as the Foundation to 'balance the call to prove with the need to improve' by recommending that practice-based personnel learn about alternative research paradigms, methods and evaluation designs (WK Kellogg 1998, p. 6). The handbook mentions paradigms based on interpretivism and constructivism, feminist research methods and participatory and theory-driven evaluations. From the handbook:

... we need to think differently about evaluating the impacts of more complex system change and comprehensive community initiatives. In these initiatives, implementation is difficult and long, and requires a collaborative, evolutionary, flexible approach. We may not see ultimate outcomes for many years, and many of the desired outcomes are difficult to measure using traditional quantitative methodology. And yet, these initiatives hold great promise for really making a difference in our communities.

When evaluating these initiatives, then, we need to use innovative methods, such as participatory and theory-based evaluations, to learn as much as we can about how and why these programs work. (WK Kellogg Foundation 1998, pp. 34–5)

The James Irvine Foundation exists to benefit the people of California and build a vibrant, successful and inclusive society by providing a range of grants to non-profit organisations (www.irvine.org) The Foundation believes that, where appropriate, evaluations of their funded organisations should be participatory and evaluators should be prepared to go inside the black box. The Foundation actively encourages grantees to be involved in evaluation planning and implementation too, so that they can

commit to this process. The Foundation believes that evaluations should always consider the intended use of the findings by all stakeholders, especially others who can learn from them.

To support this work, the Foundation published *A participatory model for evaluating social programs* (Hasenfeld, Hill & Weaver n.d.). This resource outlines the Foundation's guiding principles for participatory and learning-oriented evaluation, some of which are:

- programs are always changing and so evaluators need to understand these changes and incorporate them into the evaluation
- evaluators must partner with program personnel and involve them in the evaluation design and implementation
- evaluators must foster a learning environment so that people continue to evaluate long after evaluators have left
- the trust established and nurtured between evaluators and stakeholders is critical for a successful evaluation.

In practice, these principles mean that evaluators can never be distant from programs but rather are immersed in them, acquiring in-depth understandings of how programs are delivered by organisations and experienced by participants. Correspondingly, program personnel are always engaged in the evaluation process so that they can commit to it and its benefits (namely, evaluative learning). The Foundation says its evaluation model is 'particularly apt for new and emerging social programs that are eager to improve their services and willing to change [and] less useful for established and highly routinized programs' (Hasenfeld, Hill & Weaver n.d., p. 4).

The resource points out how grantmakers also stand to gain from participatory and learning-oriented evaluation since it gives them a good look at what is going on inside programs, a perspective they would otherwise not have access to. Thus, participatory and learning-oriented evaluation generates a culture of learning between three pairings – grantees and evaluators (obviously), but also evaluators and grantmakers, and grantmakers and grantees. In this model, grantmakers are placed as an active partner in the evaluation enterprise (for example, in receiving and responding to evaluation findings from evaluators in the same way as grantees would).

The Centers for Disease Control and Prevention (CDC) has a Division of Violence Prevention that provides assistance to on-the-ground partners to plan, implement and evaluate prevention efforts (www.cdc.gov/injury). In 2009, CDC published *Evaluation for improvement: A seven-step empowerment evaluation approach for violence prevention organizations*, a resource designed to help violence prevention organisations hire evaluators to build evaluation capacity in a learn-by-doing environment (Cox et al. 2009). The manual draws on the experiences of two CDC-funded primary

prevention initiatives that contracted evaluators in this way. The Domestic Violence Prevention Enhancements and Leadership through Alliances (DELTA) program supported 14 state-level domestic violence coalitions to provide prevention-focused training, technical assistance and resources to local-level coordinated responses. The Enhancing and Making Programs and Outcomes Work to End Rape (EMPOWER) program supported six state health departments to develop sexual violence prevention plans.

With echoes of Patton, CDC notes that while violence prevention organisations in the United States have traditionally hired independent evaluators to conduct studies on their strategies, the utility of the findings are questionable. According to CDC:

These evaluators have often worked hard to understand stakeholders' needs and concerns and develop an evaluation plan to address these concerns and help improve the strategy. The evaluators then submitted an evaluation report to the organization at the conclusion of the evaluation. This report may or may not have been used by the organization to improve its strategies and integrate evaluation into the day-to-day management of the organization. Finally, organizations are often reluctant to pursue evaluation out of concerns that funders may use negative evaluation findings to justify funding reductions (Cox et al. 2009, p. 9).

CDC sees participatory evaluation – in particular those which prioritise ECB and learn-by-doing as occurred in both DELTA and EMPOWER – as a way to improve evaluation product use (especially in real time) and facilitate evaluative learning. Sustained evaluation practice is seen as another benefit arising from this approach. As stated in the manual:

Rather than evaluating an organization's strategies and presenting an evaluation 'report card', empowerment evaluators coach individuals and organizations through an evaluation of their own strategy(ies) by providing them with the knowledge, skills, and resources they need to conduct just an evaluation.

As a result of the empowerment evaluation process, organizational and individual evaluation capacity are improved and a strategy's ability to achieve its stated goal and outcomes is also improved. It is hoped that through empowerment evaluation, evaluation will be established as an essential practice within violence prevention organizations, thereby making our efforts more effective and efficient in saving people from experiencing intimate partner violence, sexual violence, child maltreatment, youth violence, and suicide (Cox et al. 2009, p. 9).

Like the James Irvine Foundation's resource, the CDC manual contains a set of principles to guide participatory and learning-oriented evaluation. Some of these principles are:

- ownership of ECB endeavours and any evaluation lies with violence prevention organisations, not the evaluators
- the evaluation process values the knowledge held by stakeholders
- the evaluation process is highly collaborative with every stakeholder voice to be heard and valued equally
- the evaluation process fosters a culture of learning

- the purpose of evaluation is to build individual and organisational capacity so that stakeholders can conduct their own evaluations and use them to improve strategies.

In practice, this evaluation approach gives violence prevention organisations, evaluators and funders alike specific roles and responsibilities. Organisations are asked to understand that they own the evaluation process and the ECB activities. They are expected to create a culture that is conducive to learning and the mainstreaming of evaluation practice. Evaluators are asked to accept that the organisations through which they are contracted own the evaluation. Their role is to serve as a coach. They are required to provide training and technical assistance to build evaluation capacity, and gradually decrease their support as the organisational culture for learning grows, evaluation capacity increases, and a mainstreaming of evaluation practice occurs. Funders are asked to encourage organisational ownership of the evaluation and its ECB activities. And most critically, funders are required to ensure that sufficient resources, expertise and guidance are available to organisations for participatory and learning-oriented evaluation.

CDC is noted for its commitment to two more examples of participatory and learning-oriented evaluation. The six-year Sexual Assault and Rape Prevention (SARP) evaluation project worked with all state-funded rape prevention and rape victim services programs in Michigan (Campbell et al. 2004). The two-year Evaluation Assistance for Sexual Violence Programs (EASVP) initiative involved four promising programs for preventing first-time male perpetration of sexual violence run by state-funded organisations in Kansas, Washington, Missouri and Texas (Noonan & Gibbs 2009). Both initiatives saw evaluators, program personnel and funders coming together for the implementation of ECB strategies designed for evaluation utility and evaluative learning.

ECB strategies for the SARP evaluation project included the development of use-friendly materials (such as evaluation planning frameworks) and the provision of four training workshops supported by regional technical assistance meetings. These components tracked the life stages of evaluation planning and implementation and allowed stakeholders to apply knowledge and skills directly to their programs. This model had very good short-term impacts, with 90 per cent of the prevention programs and 75 per cent of the victim services programs successfully developing and launching program evaluations as a result of their involvement. Whilst the victim services programs were not required to evaluate by their funders, one-year follow-up data showed that 90 per cent had continued to conduct evaluations (Campbell et al. 2004, p. 259).

Meanwhile, ECB strategies for the EASVP initiative focused predominantly on the provision of technical assistance. This occurred through structured instruction during annual meetings in a peer-to-peer learning environment and site visits and telephone conversations with each organisation. The combination of group-based structured instruction and individual support was found to be essential to

(and effective in) the evaluative learning of those involved. Participants reported an enhancement in evaluation capacity with one saying that their organisation was ‘becoming an evaluation culture’ (Gibbs et al. 2009, p. 41).

Evaluating preventing violence against women initiatives: VicHealth’s approach in practice

The discussion above shows how funders and grantmakers are leading the way to ensure a good fit between evaluations and social programs. What these examples show is the important role of the funder or grantmaker in actively establishing the necessary conditions for beneficiaries to undertake participatory and learning-oriented evaluation. Recalling Preskill, having the right culture in place is critical to the success of any evaluation endeavour that involves participation and learning. Globally, however, examples of philanthropic and government organisations advocating in this way are few and far between. The result is that most evaluations continue to be poorly fitted to the social program innovations they are commissioned to study – in spite of the rise of participatory evaluation and its legitimacy as practice. Conventional outcomes-driven models and their privileging of experimental designs remain the default position in the world of program evaluation (Kushner 2002, p. 16).

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Some dream of a different landscape. In their paper, ‘Building capacity for participatory evaluation within community initiatives’, Fawcett et al. imagine future circumstances that would facilitate state-of-the-art participatory evaluation for social programs. These include formal courses on participatory evaluation, training and workshops, distance education, and communications or publications about practice. They argue that funders could also make participatory evaluation a condition of agreements and contracts with funding recipients and evaluators respectively (Fawcett et al. 2003, pp. 33–4). This brings us to VicHealth’s approach for evaluating preventing violence against women initiatives – and the five projects of the RRE program specifically.

Like the overseas examples of the James Irvine Foundation and CDC, and drawing together all the points made in this paper about best-fit evaluations of primary prevention, VicHealth’s evaluation approach has been guided by a set of principles. These principles informed the way VicHealth went about evaluating initiatives for preventing violence against women and were clarified through that process too. The principles are as follows:

1. Evaluations must operate within a research paradigm that is aligned with the focus of primary prevention action on tackling the underlying determinants of violence against women. This means having:

- a constructivist ontology (reality is historically and socially constructed)
 - an interpretivist epistemology (subjectivity and situatedness produce meaning and enable knowledge).
2. Methodologically, evaluations must be immersed in programs, rather than keeping a distance from them. They must recognise that those closest to programs are a unique domain of knowledge. Evaluations must be dynamic too, rather than driven by the singularity of method. For it is a program's implementation contexts – often variable and shifting – that feed into its achievements (or not). This makes data about them important to collect.
 3. Evaluations must understand that primary prevention is a process heading towards determinants-level change, a means not an end. Evaluations must themselves be means-focused by explicating the linkages between achievements attributable to program efforts and their *potential* to exert influence on the root causes of violence against women. They must understand the logic driving change and assess whether the initiatives they study are promising in this light.
 4. In terms of methods, evaluations must capture whatever qualitative and quantitative information is required to produce understandings and generate meanings of what has happened (and how). This means using the most appropriate instruments and tools available to gather the data needed.
 5. As a process, evaluations must be done with intended use (practice improvement) by intended users (practice-based personnel) in mind. Evaluations must involve practice-based personnel in their own evaluations from beginning to end so that their values infuse every part of the process, the work is meaningful to them, the findings are useful for practice, and the evaluations become theirs.
 6. As a process, evaluations must facilitate evaluative learning and optimise the transfer of learning both near and far. Near transfer is the application of skills and knowledge about evaluation to the programs being evaluated; far transfer is the application of these capacities to programs beyond those for which evaluative learning first occurs. ECB strategies are the key to evaluative learning and learning transfer. ECB strategies must aim to be as experiential, collaborative, practical and relevant as possible – through learning by doing. Success is also ensured when ECB strategies are planned, purposeful, multi-layered and integrated.
 7. Evaluations must aim to generate a critical mass of practice-based personnel with positive experiences and sound knowledge of evaluation as well as transferrable skills in evaluation. This aim of sustainable evaluation practice is just as important as producing useful findings.

8. ECB activities must identify the learning needs of practice-based personnel across the three domains of knowledge of evaluation, skills in evaluation and attitudes towards evaluation, and set clear learning objectives from the outset. ECB activities should be evaluated for their impacts too.
9. Evaluations must be conceptualised, understood and practised as an authentically collaborative endeavour between VicHealth (the funder), the RPL (the evaluation practitioner) and the project coordinators (the practice-based personnel). Together, all parties must actively foster and commit to evaluation utility, evaluative learning and a culture of learning. The funder, specifically, must play an active part in resourcing, establishing and maintaining the structures, processes and partnerships for participatory and learning-oriented evaluation to flourish.
10. Evaluations must recognise the importance of the personal factor; namely, that relationships matter. Project-based personnel must be supported to care about their evaluations. The funder must have a connection to the evaluation process. The evaluation practitioner must come to the process as someone who is trusted and respected by project-based personnel, humble in their ECB style as coach, mentor and instructor, and passionate about learning. They must bring with them the right blend of experience, skills and expertise for participatory and learning-oriented evaluation.
11. Evaluations must be prepared to accept that the evaluation process can be a deeply transformational experience for everyone – for practice-based personnel, the funder and the evaluation practitioner alike. As King writes, ‘... participation in program evaluation should be a learning experience for those who take part, including the evaluator’ (King 2013, p. 339).

As the first steps in its practice, principles 9 and 10 were used by VicHealth – namely, members of its Preventing Violence against Women team – to build a culture for participatory and learning-oriented evaluation, much like the overseas funders and grantmakers discussed above. In VicHealth’s case, this meant resourcing, establishing and maintaining the necessary structures, processes and (most notably) partnerships to ‘nest’ its evaluation approach for the five funded projects.

The main structure put in place was the quarterly learning circle. These were meetings for the project coordinators of the five projects convened by members of VicHealth’s Preventing Violence against Women team. The quarterly learning circle promoted a safe and supportive peer-to-peer learning environment for members and gave them an opportunity to be together as a community of practice to share experiences of primary prevention.

The key process put in place was the regular site visit made by members of the Preventing Violence against Women team. These were six-weekly catch-ups that provided a forum for project coordinators to raise emerging implementation issues and resolve them with VicHealth staff.

... one other element introduced by VicHealth to support its evaluation approach to primary prevention was the requirement of each of the project coordinators to work closely with the RPL as partners ...

Partnership, of course, featured strongly in the quarterly learning circle and the regular site visit; but one other element introduced by VicHealth to support its evaluation approach to primary prevention was the requirement of each of the project coordinators to work closely with the RPL as partners – a condition that featured in their funding agreements and contractual arrangements in exactly the way that Fawcett et al., propose in their vision of state-of-the-art evaluation for social programs.

Only after these culture-building steps were taken could participatory and learning-oriented evaluation – as per the principles outlined above – fully blossom. As practice, the evaluation approach unfolded through a set of integrated ECB strategies (or an ECB model) that emphasised learn-by-doing on the part of the five project coordinators and positioned the RPL in the role of coach, mentor and instructor – in order to maximise evaluation utility, evaluative learning, learning transfer and sustainable evaluation practice (see principles 5–8 and 11). The ECB strategies were:

- *Structured instruction* on topics that followed the stages of the evaluation process and therefore had direct applicability to the evaluation contexts of the five projects. This ECB strategy was implemented by the RPL via the quarterly learning circle, which always allocated time for planned evaluation learning.
- *Advice and support*. These ECB strategies were undertaken by RPL via the regular site visit led by other members of the Preventing Violence against Women team. During visits, time was always set aside to identify and respond to any evaluation learning needs of the project coordinators, with follow up by RPL as needed (see the strategies that follow).
- *1:1 coaching*. This ECB strategy was implemented by the RPL as needed; for example, in relation to conducting interviews, running focus groups, or analysing data. This 1:1 coaching was more frequent during times of evaluation intensity, such as during impact evaluation activities towards the end of the projects.
- *Technical assistance*. This ECB strategy was undertaken by the RPL as needed; for example, to support the development of research tools and instruments. The activity occurred face-to-face and by telephone or email.
- *Workshops*. This ECB strategy was implemented by the RPL as needed, based on the shared interests of the project coordinators. It provided an opportunity for project coordinators to explore in depth novel methods of data collection (such as narrative technique).

- *Other forms of resourcing.* These ECB strategies were undertaken by the RPL as needed. They included sourcing relevant evaluation literature and examples of data collection tools.

And in practice, this learn-by-doing ECB package of activities saw the RPL and project coordinators working together for the *entire* evaluation process as evaluation practitioner and primary intended users respectively, with the latter gaining experience in the world of evaluation and the former gaining insights in real-time implementation of the five projects – and everyone learning along the way. Over the journey, the nuts and bolts of evaluation planning and implementation covered included:

- developing (and revising) logic models
- confirming the overarching questions to be answered by the evaluation
- identifying the most important elements of the project to evaluate
- establishing (and refreshing) indicators of success
- confirming methods of data collection
- developing data collection tools and instruments
- data management techniques
- analysing and interpreting data
- developing recommendations
- writing up findings.

More about VicHealth’s participatory and learning-oriented evaluation approach to primary prevention as it occurred in practice can be found in the author’s forthcoming companion piece to this paper, ‘Evaluating preventing violence against women initiatives: VicHealth’s evaluation capacity building model in action’. The companion piece also discusses the successes and challenges of undertaking the ECB strategies, and assesses the impacts of the shared endeavour – including whether evaluative learning has been retained by project coordinators and whether evaluation practice has been sustained in other contexts beyond the five projects of the RRE program.

Conclusion

We began this paper by stating that preventing violence against women before it occurs is a growing field of practice; therefore, one of the most important purposes of evaluation is to contribute to the growth of primary prevention as practice. Evaluation can do this by capturing the achievements and successes of current efforts (as well as the challenges and learnings) and sharing them for practice improvement. Improvement, in short, drives evaluation purpose. Yet, in the emerging area of primary prevention, the question remains as to the evaluation approach that best fits this purpose.

From 2008 to 2011, VicHealth developed a participatory and learning-oriented evaluation approach with (and for) the five funded projects of its RRE program. Drawing on VicHealth's work, this paper has argued that a participatory and learning-oriented evaluation approach is most fitting for primary prevention at this point in its development. This is because the approach:

- is means directed and not outcomes focused so it can grasp the logic driving change and the achievements and successes of primary prevention as social innovation
- gets up close and personal so it can arrive at the meanings of achievement and success by those closest to programs and personally involve everyone in the process – funders, evaluation practitioners and practice-based personnel alike
- involves primary intended users (practice-based personnel) in the evaluation process so that their values infuse the work and to increase the likelihood of evaluation actually getting used for practice improvement
- has planned and purposeful ECB strategies at its centre to maximise process use (or evaluative learning) generated through the participation of primary intended users
- proceeds from a post-positivist paradigm so that the work of the evaluation is aligned with primary prevention action (and doesn't go against it)
- requires that everyone involved – funder, practice-based personnel and evaluation practitioner – contributes to creating optimal conditions for the evaluation process to occur.

This paper has distilled VicHealth's participatory and learning-oriented evaluation approach into 11 principles. The principles have been instrumental to VicHealth in guiding its evaluation of projects funded to prevent violence against women; and they were shaped by the evaluation approach as it unfolded in practice. Aside from guiding VicHealth's work, the principles are potentially of value to other funders that are investing in primary prevention – and indeed to practitioners and partners who are seeking to evaluate their primary prevention efforts and discussing evaluation options with their

fundings. This is because the principles speak to the first attempt ever to theorise and practise a coherent evaluation approach for initiatives for preventing violence against women.

The application of these principles to practice is explained in more detail in a companion piece to come, providing more information to primary prevention stakeholders about a fit-for-purpose participatory and learning-oriented evaluation approach.

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