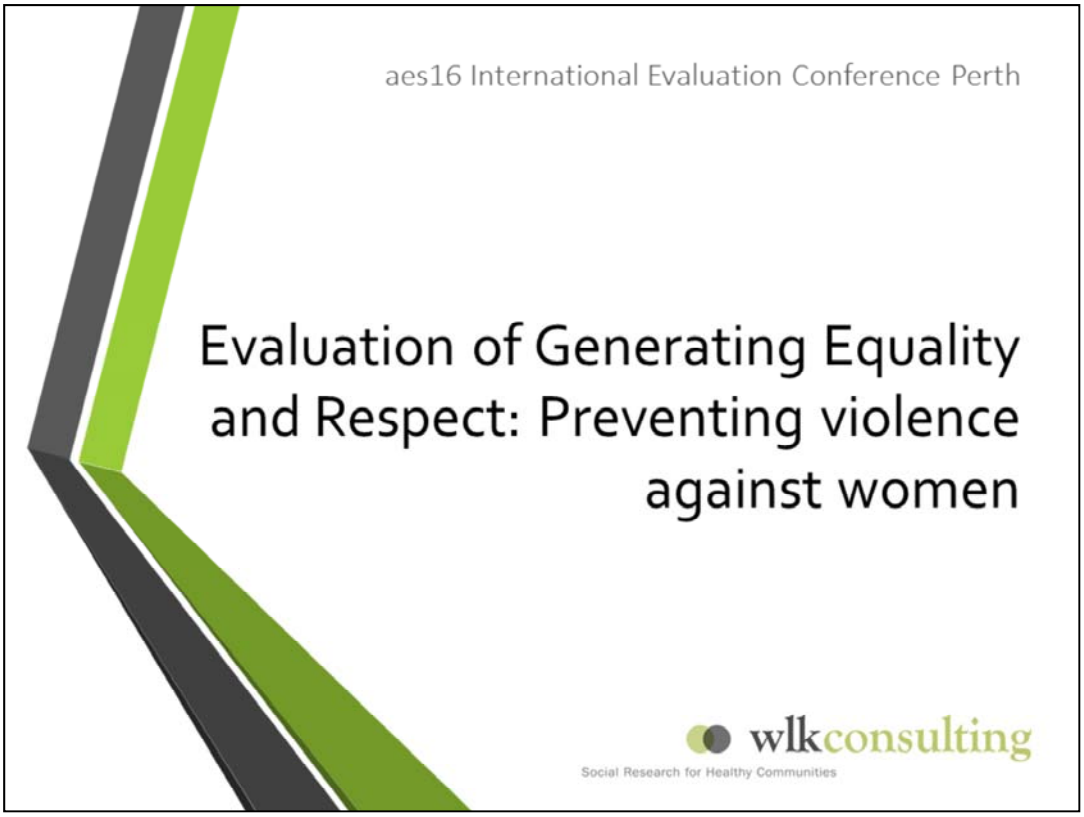
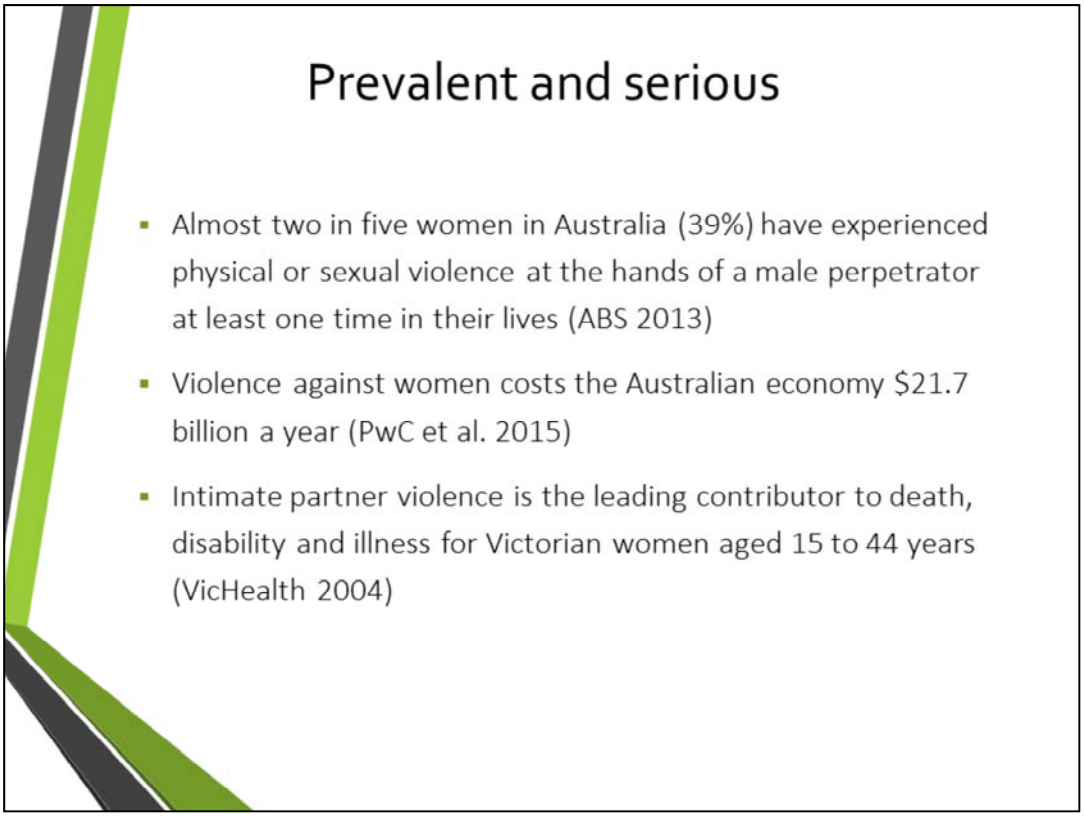


Introduction … check that it is my bio from aes16.sched.org.

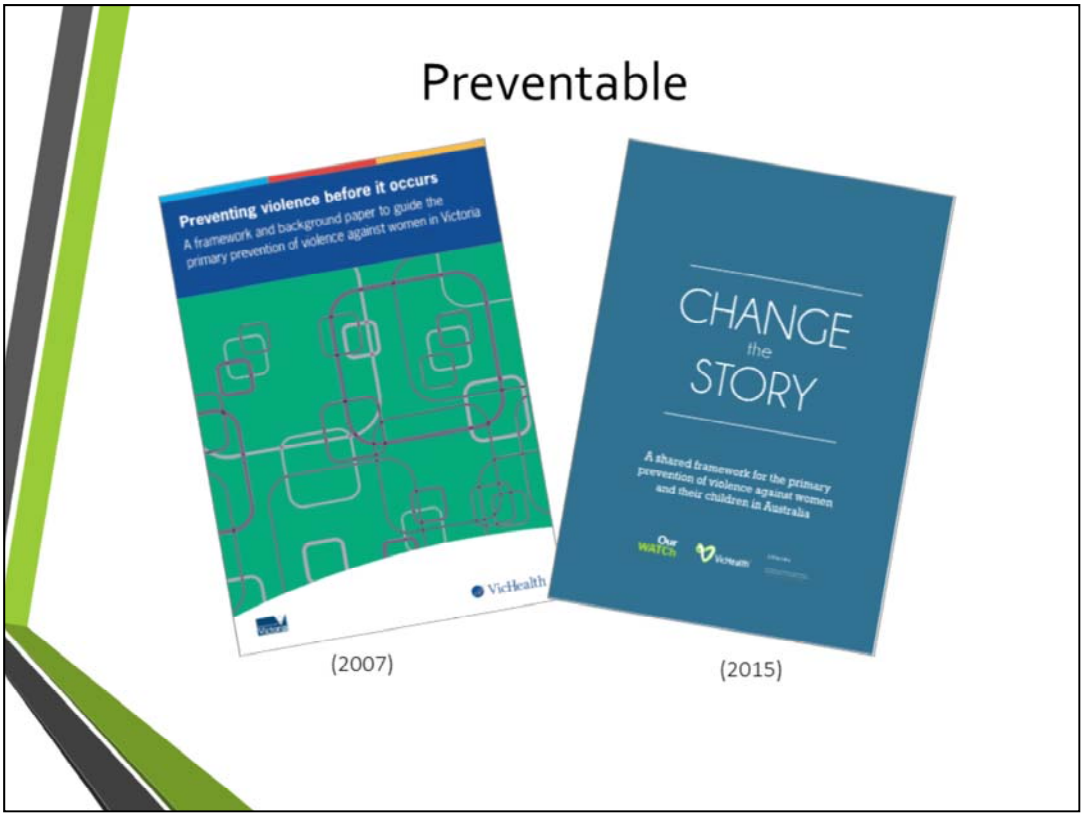
Three aspects of the evaluation but first some words about the program's context and the program itself.



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

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

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

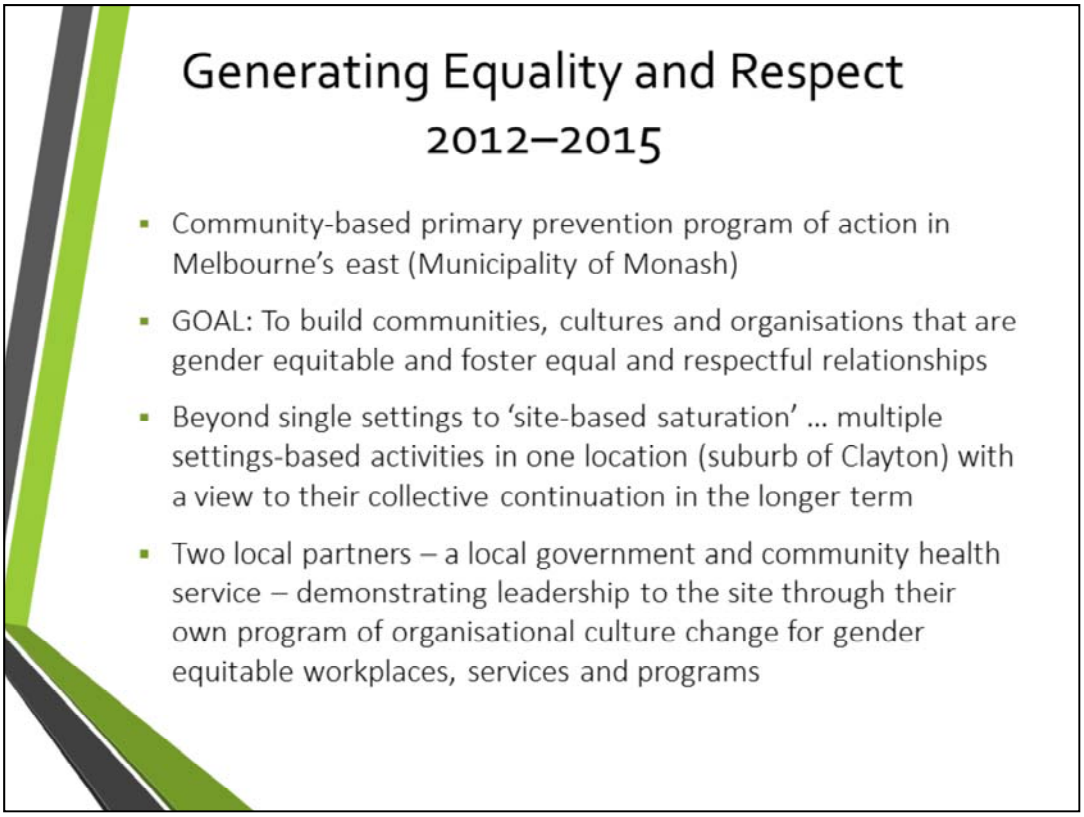


Violence against women is **preventable** … as long you tackle it at the source – the root causes or underlying determinants – and have a shared framework for how to do this.

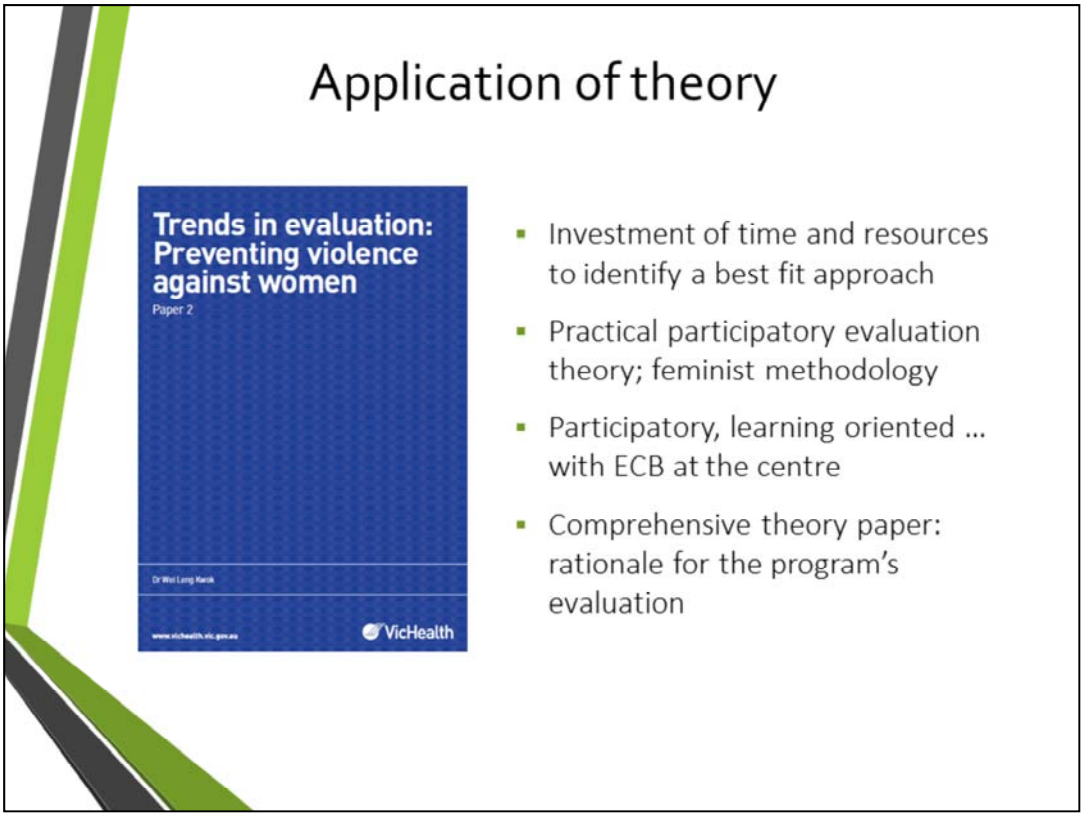
- Publications by the Victorian Health Promotion Foundation (VicHealth) in 2007 and more recently Our Watch, our national organisation to prevent violence against women, consistently show that the first or primary cause of violence against women is **gender inequality** in public and private life; and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

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

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



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



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

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

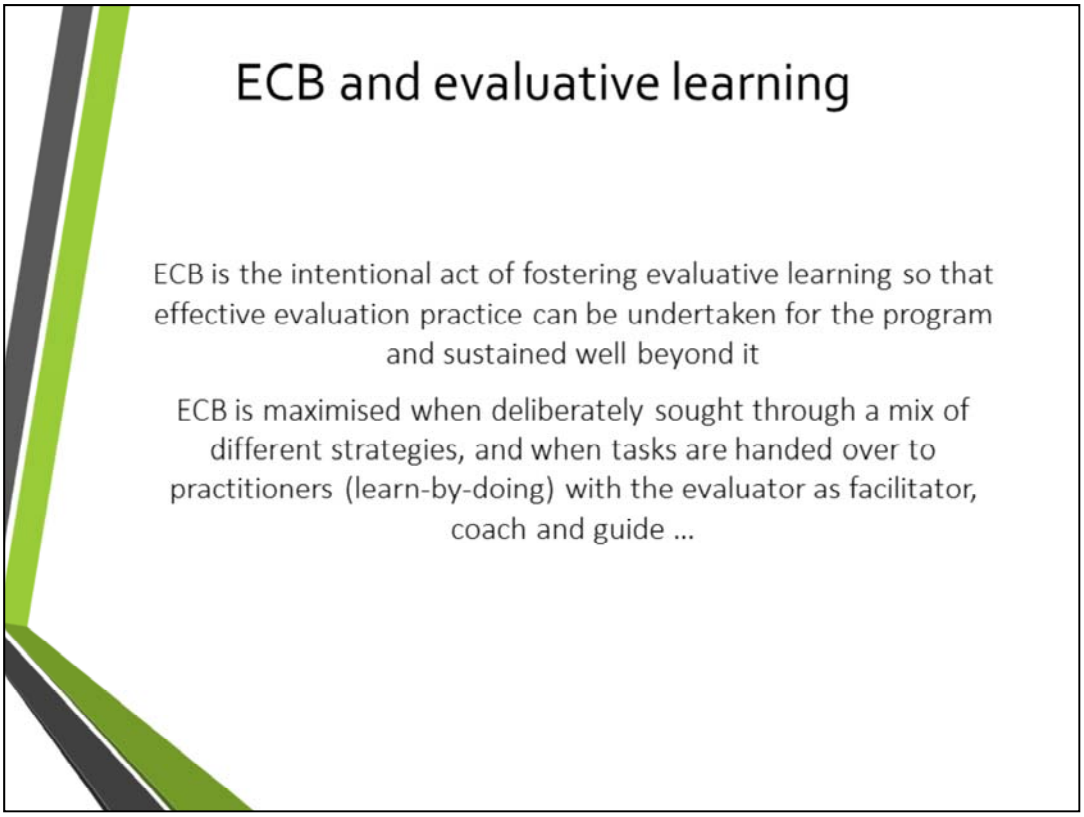
The answer was time and investment. As the commissioning organisation, VicHealth gave me room to examine contemporary evaluation theory, in order to build an evaluation approach that could capture the program's diverse achievements **and** translate these into useable knowledge for a field hungry for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

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

- I found that an evaluation that engages practitioners (or practice-based personnel) **every step of the way in its process**, so that their values and their views on what counts as success infuse the endeavour, increases intended use by intended users.

- I found that an evaluation that **exploits opportunities for evaluative learning** (or learning to think evaluatively) through its process, supports the habitualisation of evaluation so that practitioners keep on evaluating and keep on producing useable knowledge.

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



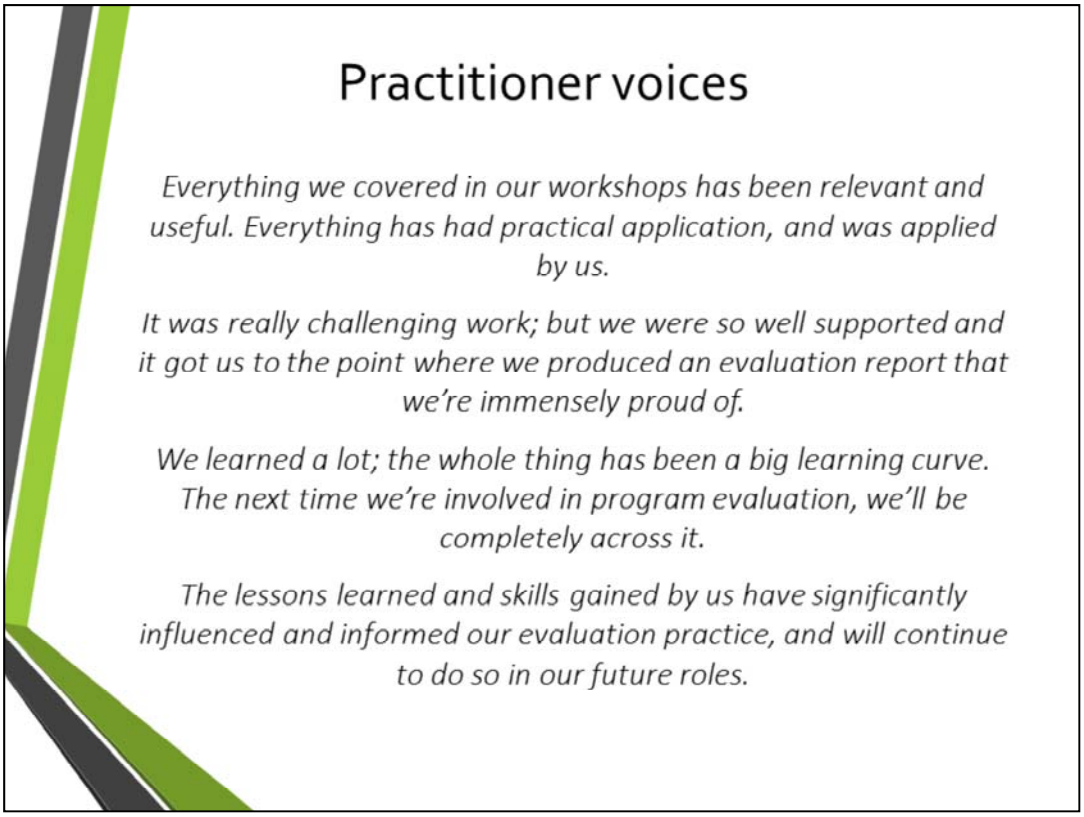
There were few steps involved in how we went about it, but I'll focus on one: the ECB at the heart of our shared endeavour.

READ the program's understandings of ECB …

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

Engaging those with direct and immediate experience of the

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



Transformational all around …

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

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

HOLD UP THE THREE REPORTS: THEORY PROCESS PRODUCT

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