Reducing Violence Against Women & Their Children Grants Program
Phase II Evaluation Report

December 2015

Community of Practice

Phase II Evaluation Report

Prepared for:

Community Crime Prevention Unit
Victorian Department of Justice and Regulation

Our WATCh
End violence against Women And Their Children

"It just increases your practice ability.

You're sharing expertise.

You're all working in a similar space.

Doing the same stuff and you're really talking about the nuts and bolts."

– Community of Practice member

Contents

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Our Watch would also like to acknowledge all the participants from the Reducing Violence against Women and their Children community of practice (October, 2014 to November 2015):

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- Kim Carter, *Challenge Family Violence*
- Libby Hargreaves, *Baby Makes Three*
- Linden Deathe, *United: Working Together to Prevent Violence against Women in the West*
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- Michelle Hunt, *Rural Workers Act @ Work*
- Sarah Corbell, *Gippsland Regional Preventing Violence against Women Strategy*
- Stephanie Rich, *United: Working Together to Prevent Violence against Women in the West*
- Steve Dawkins, *Baby Makes Three Plus*

It has been a privilege to have shared the past five sessions with this group of expert practitioners. The community of practice would not have functioned without their generosity and passion.

We would also like to sincerely thank Wei Leng Kwok for her contributions to both the delivery of the community of practice and her input into this report.

Abbreviations

- VicHealth (Victorian Health Promotion Foundation)

Executive Summary & Recommendations

Background

For the past three years, eight different projects have been delivered under the Reducing Violence against Women and their Children grants program, managed by the Community Crime Prevention Unit, Victorian Department of Justice and Regulation. These projects aimed to implement primary prevention initiatives in diverse settings across Victoria to prevent violence against women. The Department also resourced two phases of a community of practice to support practitioners in delivering these projects. Communities of practice are a well-established model for cultivating and sharing knowledge between peers in a particular field of work.

The aims of this final evaluation report are to:

- Contribute to the emerging evidence base for communities of practice as a mechanism for sharing resources between violence prevention practitioners
- Provide findings and recommendations to current and future community of practice funding agencies

Phase I of the community of practice was facilitated by VicHealth between May 2013 and February 2014. A process evaluation was undertaken by VicHealth after completion of four sessions. The following report relates to Phase II which was facilitated by Our Watch. For this phase, five sessions were delivered between October 2014 and October 2015.

Phase II of the community of practice had the same overarching aims as outlined in Phase I:

1. Assist practitioners to access resources to improve primary prevention practice;
2. Make current research clear and available to strengthen project planning, implementation and monitoring; and
3. Allow practitioners to exchange skills, knowledge and problem-solving approaches with each other.

The evaluation of Phase II sought to build on the findings from Phase I, focussing particularly on the impacts of the sessions on the work of grant recipients. Our Watch evaluators used a variety of measures to assess these impacts, including anonymous surveys and focus groups.

Findings

The evaluation data presented in this report indicates that the workshops were immensely valuable to its members and their work. The community of practice met practitioners learning needs, and ultimately, increased the efficiencies and impacts of the Reducing Violence Against Women and their Children grants program. Practitioners consistently reported that the sessions were time well spent. Overall, there is strong evidence to suggest that a safe and supportive environment was created that met the practitioners learning needs. Practitioners reported that the sessions promoted the exchange of skills, practice knowledge and current tools and resources. In terms of the impacts of the workshops, the evaluation data tells us that:

- Practitioners 'took something away' from every session. This was achieved through the exchange of tools and resources between the practitioners and through focussed learning activities.
- The discussions and exchange of ideas, resources and tools enhanced the work of the participating practitioners. Highlights included:
  - improved planning for program sustainability
  - enhanced understanding of current prevention theory, including gender transformative practice
  - targeted use of evaluation data for communicating their projects
- Practitioners felt the regular meetings helped them feel connected to the broader movement of primary prevention.
- Practice challenges were identified and addressed, both within the workshops and out of sessions. As a result practitioners were:
  - aware of practical solutions that others had applied in response to the same challenge
  - less likely to duplicate others' work
  - reassured that they were not alone in experiencing certain challenges.

In addition to meeting its aims, an unexpected outcome was the increased sharing of resources and ideas between other community of practice members and colleagues in their respective organisations. The benefits of the community of practice to the wider prevention community were also demonstrated through sharing materials with other external primary prevention practitioners.

Other components of the model that were identified as adding value to the community of practice included:

- Facilitators with specific expertise in primary prevention
- Continuity of deliverables across the projects, as all projects were aligned within the same three year funding cycle
- A shared framework for understanding primary prevention.

Based on these evaluation findings, we can conclude that Phase II of the Department of Justice and Regulation funded community of practice met and exceeded each of its three key aims. The following recommendations are made to funders, facilitators and advocates for communities of practice to maximise the effectiveness of future primary prevention practitioners.

Summary of recommendations:

Resourcing communities of practice

1. Communities of practice should be built within the overall program design and framework of primary prevention projects as they offer participants unique opportunities to exchange skills, knowledge, tools and resources.
2. Communities of practice are ideally placed to support a number of projects that have common timelines for delivery. Impacts should be maximised wherever possible by providing a shared community of practice for projects that are part of the same funding cycle.

Implementing the model

3. Sessions are most effective when facilitated by experts in the primary prevention area.
4. The model developed throughout Phase I and II of the community of practice was found to be successful and provides future groups with a template for implementation. It is important that the themes for each session are identified by the practitioners themselves.
5. Communities of practice should utilise best-practice primary prevention research and frameworks.
6. The length, timing and location of sessions should always be identified and decided by the practitioners, with careful consideration of the travel implications for participants.
7. Facilitators should collect feedback from all participants on a regular basis, acting on participants' concerns to ensure that a safe and supportive environment is maintained and learning needs are met.

Building the evidence base

8. Future communities of practice should ensure integrated evaluation and continual improvement, through the collection of process and impact data throughout program delivery.

1 Background and Context

1.1 Reducing Violence against Women and their Children grants program

In October, 2012, the Community Crime Prevention Unit within the Victorian Department of Justice and Regulation announced the Reducing Violence against Women and their Children grants program. Eight Victorian regional and sub-regional projects were funded for three years to implement a variety of programs focused on the primary prevention of violence against women and their children. Primary prevention initiatives aim to create environments where violence against women is not acceptable and men and women have safe and equitable relationships[1]. The programs were diverse and implemented in a variety of settings, as per Table 1 on the following page. Further detail on each of these projects can be found on the Community Crime Prevention website[2]. Each project commenced in early 2013 and were funded for three years of implementation.

[1] VicHealth (2007). *Preventing violence before it occurs: a framework and background paper to guide primary prevention of violence against women in Victoria.* Available: http://www.vichealth.vic.gov.au/~/media/ProgramsandProjects/DiscriminationandViolence/PreventingViolence/framework%20web.ashx.

[2] State Government of Victoria (2015). *Community Crime Prevention- Reducing Violence Against Women and their Children.* Available: http://www.crimeprevention.vic.gov.au/home/our+grants/reducing+violence+against+women+and++their+children/

The following summary table was produced by VicHealth in their report, Building a community of practice for prevention (2014).

Table 1: Reducing Violence against Women and their Children Projects

Key theme for action/ level of influence	Project	Lead agency
Working across local government, workplaces, sports and other settings to coordinate region-wide approaches to preventing violence against women	1. *Gippsland Regional Preventing Violence against Women Strategy*	Gippsland Women's Health Service
	2. *Hume Regional Preventing Violence against Women Strategy*	Women's Health Goulburn North East
	3. *United: Working Together to Prevent Violence against Women in the West*	Women's Health West
Promoting equal and respectful relationships between men and women during the transition to parenthood	4. *Baby Makes Three*	Carrington Health (previously Whitehorse Community Health Service)
	5. *Baby Makes Three Plus*	Warrnambool City Council
Bringing about structural and systemic organisational change to promote gender equitable and non-violent workplace cultures	6. *Loddon Mallee Takes a Stand*	Women's Health Loddon Mallee
	7. *Rural Workers Act @ Work*	Women's Health Grampians
Working within local government and faith-based communities and other settings to train and build the capacity of male community leaders in preventing violence against women	8. *Challenge Family Violence*	Casey, Dandenong and Cardinia Councils

1.2 The Reducing Violence against Women and their Children community of practice

1.2.1 Background and purpose

The Community Crime Prevention Unit supported the delivery of two phases of a community of practice, recognising that this would form an essential component of capacity building and information sharing for the recipients of the Reducing Violence against Women and their Children grants. The Community Crime Prevention Unit purposefully resourced the community of practice as an integral part of its grants program. The purpose was to support practitioners to connect with each other, share experiences, identify common challenges, generate solutions, capture know-how, and learn from one another. A community of practice is a well-established mechanism for sharing resources between experts in a specific field and has been applied in many diverse areas.

Primary prevention communities of practice exist in different forms across Victoria[3] and one of the defining features of this group was that the community of practice was specifically funded and targeted to meet the needs of the practitioners who were recipients of the grants. This meant that all practitioners were delivering their programs across the same three year implementation period.

Phase I included four workshops facilitated by VicHealth between May 2013 and February 2014. VicHealth released a comprehensive project and evaluation report in April 2014[4]. This report provided considerable detail about the history of communities of practice in diverse settings (including the emerging use of community of practice in primary prevention programs) and the model that was developed for these sessions by VicHealth and their community of practice participants.

[3] Recent communities of practice around Victoria include the new Women's Health Grampians group, VicHealth advanced practitioner forum (which has now concluded) and the Partners in Prevention (PiP) network.

[4] VicHealth (2014). *Project report (including evaluation findings) Building a community of practice for prevention.* Available: http://assets.justice.vic.gov.au/ccp/resources/9eeeb9d3-a58c-43dd-ba5d-36962010835f/report+~+-+vichealth+-+community+of+practice+-+reducing+violence+against+women+and+their+children.pdf

Our Watch was contracted by the Department of Justice and Regulation to coordinate, deliver and evaluate Phase II of the community of practice. **Phase II** consisted of a series of five workshops spanning from October 2014 and October 2015. Phase II sought to respond to the recommendations identified in Phase I (see Appendix 1) and to evaluate the impacts of this model on practitioners.

These sessions had the same overarching aims as outlined in Phase I:

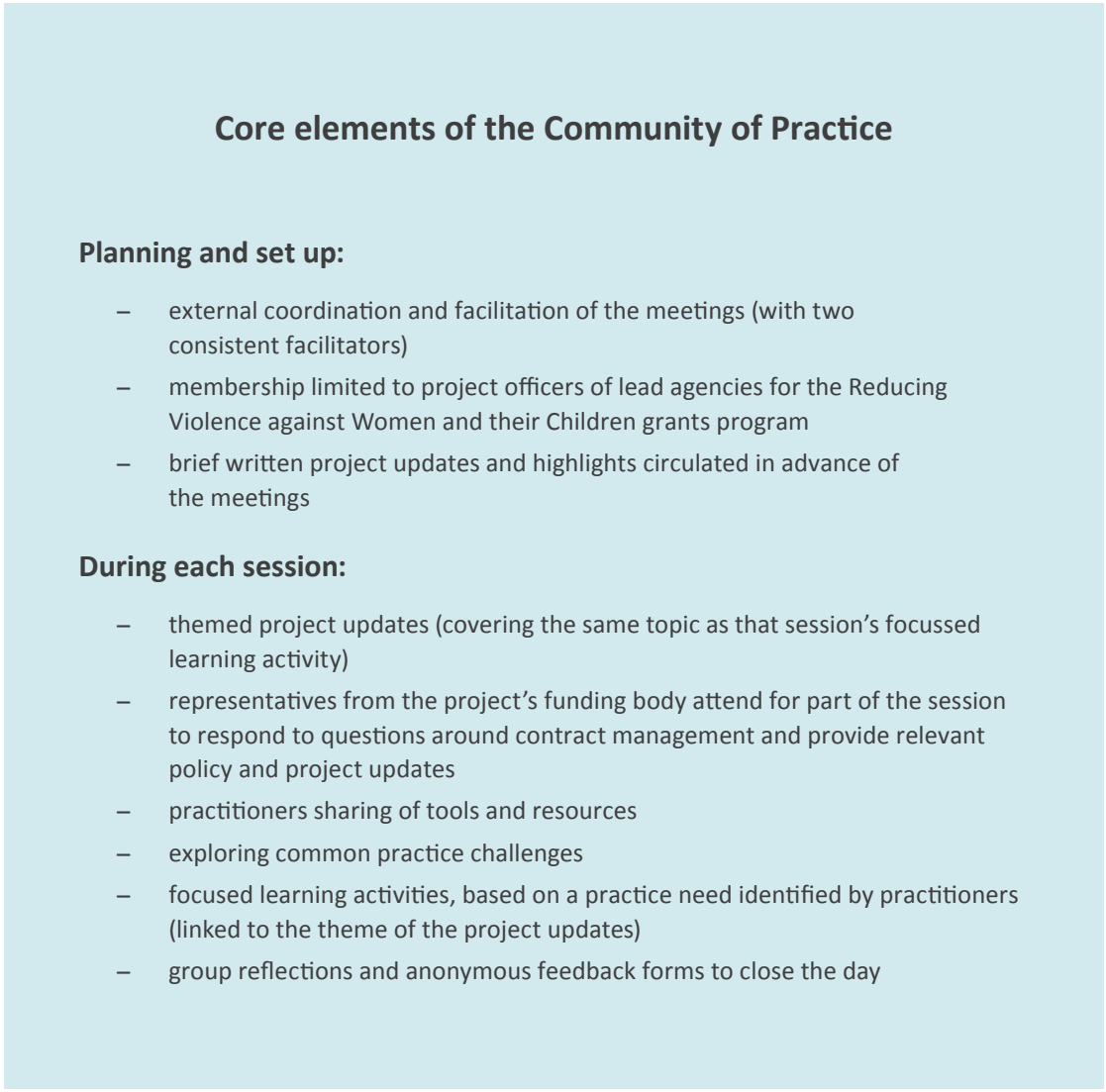
1. Assist practitioners to access resources to improve primary prevention practice;
2. Make current research clear and available to strengthen project planning, implementation and monitoring; and
3. Allow practitioners to exchange skills, knowledge and problem-solving approaches with each other.

1.2.2 Summary of Implementation

Phase II adapted a very similar model of implementation to Phase I. The project and evaluation report from Phase I also provided a number of recommendations which were incorporated into the Phase II model (see Appendix 1). Following each session, evaluation feedback and reflections from practitioners were reviewed and adjustments made for the following session. The core elements of the community of practice that were consistently repeated throughout each workshop are summarised in the Figure 1.

The agendas of the five Phase II sessions can be found in Appendix 2.

Figure 1 Core elements of the Community of Practice



Brief summaries of each session are provided below:

Session 1: The first meeting of Phase II focused on planning for future meetings. The Terms of Reference from Phase I were reviewed and updated to incorporate practitioner's own reflections on the model and the recommendations outlined in the Phase I report. The revised Terms of Reference are provided in Appendix 2.

Session 2: The second meeting was themed around sustainability. There was much to share as practitioners had recently submitted their project sustainability plans to the department and were in the process of actioning these plans. The meeting yielded insights and learnings for practitioners that could applied to future work to build sector capacity. One practitioner described the session as *practical for now and future sustainability planning* with the overall consensus being the session generated *increased knowledge of sustainability planning.*

Session 3: The group focused on 'using data to communicate about our projects'. Practitioners were able to give several examples of using their evaluation findings to promote their work using showcases, presentations, conferences, word of mouth, social media/animations and statistical sheets . The discussion highlighted the importance of 'framing data'. This meant exploring how data can be interpreted, packaged and messaged, to maximise its potential.

Session 4: The group focussed on the topic of 'gender transformative change,' which is at the heart of all primary prevention efforts. The group unpacked this concept by exploring personal and professional experiences. The discussion highlighted that the way others 'see gender' can be an opportunity and a challenge in primary prevention work. The challenge was described as *this [gender] is personal, you can see the wall immediately go up.* The opportunity was that once *eyes are opened, they cannot be closed again*. We also used online resources to analyse a number of violence prevention campaigns.

Session 5: The final session was an opportunity to discuss future plans for practitioners and their projects and to reflect on the key practice learnings from nearly three years of implementation. Representatives from the Department of Justice and Regulation, including the Community Crime Prevention Unit Director, Julianne Brennan, answered questions which were largely focussed on the Victorian Royal Commission into Family Violence and the future of PVAW projects in Victoria. Final evaluation forms and a focus group were completed to inform this evaluation report.

2 Evaluation Overview

The evaluation of Phase II of the community of practice sought to build on Phase I findings, focussing particularly on the impacts on the practice of participants. The following evaluation design and methods were developed in consultation with the Department of Justice and Regulation.

2.1 Purpose of this report

The purpose of this final evaluation report is to:

- Contribute to the emerging evidence base for communities of practice as a mechanism for sharing resources between violence prevention practitioners
- Provide findings and recommendations to current and future community of practice funding agencies

A detailed account of the genesis of the community of practice can be found in the Phase I Report.[5]

2.2 Evaluation Design

Evaluation of Phase II of was conducted in parallel with project implementation. This allowed for the evaluation of both the process and the impacts of the community of practice. A project plan and corresponding Evaluation Framework (Appendix 4) was developed at the commencement of the project, drawing on the recommendations from the Phase I evaluation report. One of the recommendations from this report suggested that:

> *The next phase of the … community of practice is evaluated with a stronger focus on impact evaluation using methods that can assess more fully the benefits of the meetings to project implementation. Such methods include (but are not limited to) focus groups, case studies, and most significant change technique.*

[5] VicHealth (2014) Op Cit.

Drawing on the evaluation tools employed by VicHealth during Phase I, this evaluation report sought to answer the following:

- Process Measures: *How did the workshops go?*
  Measures of reach, appropriateness and quality to gauge how the workshops were delivered and received by participants
- Impact Measures: *What was the benefit?*
  Measures relating to the three intended aims of the community of practice and qualitative data gathered from practitioners to identify the ways in which the community of practice benefitted their practice

These process and impact measures (or indicators) listed in Appendix 4 were approved by in October 2014.

2.3 Evaluation Methods

A mixed methods approach was taken including facilitator and participant reflections (noted during sessions), post session surveys (Appendix 5) collected during sessions 1-4, summative evaluation survey (Appendix 6) and focus groups (Appendix 7). Data collection tools were reviewed throughout implementation to ensure that they meet the evaluation aims.

3 Process Evaluation

3.1 Reach

Our Watch facilitated five community of practice sessions for the practitioners of the eight Reducing Violence Against Women and their Children projects. The 'target group' of practitioners grew from nine practitioners in 2014 to eleven practitioners in 2015 as one practitioner returned to the group following unexpected leave and another practitioner (subcontracted to one of the projects) was also invited to attend. Several projects shared project implementation amongst two or more personnel so that participants attending the meetings exceeded the number of projects.

Meeting records indicated that Phase II of the community of practice was well attended, as shown in Table 2. This was particularly encouraging given the large number of regionally based staff who travelled over two hours to attend these sessions. Session 3 in May and the last in October were smaller groups due to illness and unavoidable training clashes.

Table 2: Attendance

Date	Theme	Attendees	% of target group (n=9)
22 October, 2014	Session 1 focussed on project updates since Phase I and planning for future sessions	7 practitioners	78%
18 February, 2015	Session 2: Sustainability Planning	10 practitioners	91%
13 May, 2015	Session 3: Communicating evaluation data	7 practitioners	64%
12 August, 2015	Session 4: Gender transformative practice	10 practitioners	91%
21 October, 2015	Session 5: Practice and policy reflections and recommendations	7 practitioners	64%

3.2 Appropriateness

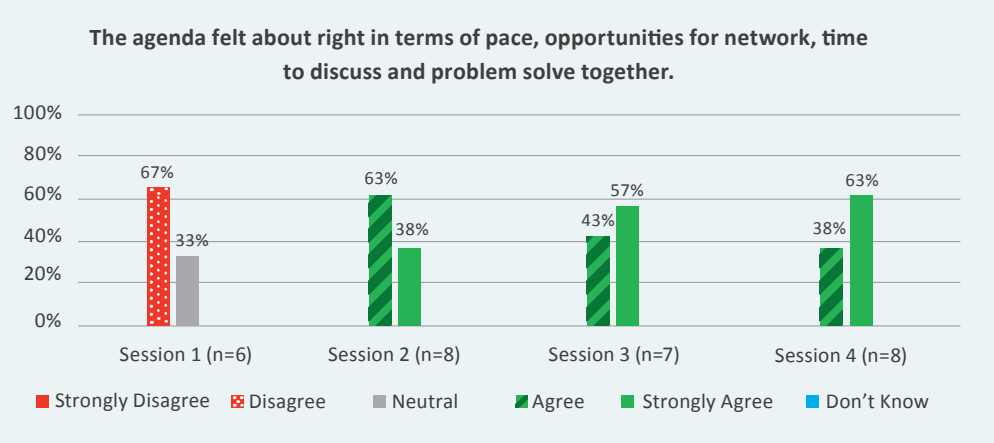
Evaluation forms (as per Appendix 5) were distributed at the end of sessions 1-4 to gather practitioner's feedback on the agenda, session duration and the level of 'safety and support' engendered by the community of practice. Results are as follows.

3.2.1 Meeting agenda and duration

As per the terms of reference, meetings followed a standard agenda which was initially 6 hours in duration, then reduced to 5 hours to allow regional practitioners more time to travel to and from the meetings. Feedback from Phase I suggested that the length of the community of practice sessions could be shortened and this was reinforced by feedback from the first session.

Practitioner feedback indicated that, with the exception of Session 1, all practitioners agreed or strongly agreed that the agenda and duration of the sessions felt 'about right' (see Figure 1 below). The first session was attended by representatives from the Department of Justice and Regulation, and Our Watch. A significant amount of time was allocated to updates from these guests and to reviewing the Phase II Terms of Reference. Session 1 (of Phase II) took place eight months after the final community of practice of Phase I, and practitioners were obviously eager to commence problem solving and sharing their project experiences from during this time. Several practitioners reported that the busy agenda did not allow sufficient time to explore recent practice experiences. As one practitioner stated *"A day that was necessary to regroup but looking forward to getting back into the 'grit'"*.

Figure 2: Agenda and duration[6]



[6] **Evaluation forms were collected at the end of sessions 1-4 (questions provided in appendix 5). This same form was not administered in session 5 as this session was focussed on summative findings (feedback from across all five sessions).**

Practitioners reported that the process for providing structured project updates (developed in Phase I) continued to work well. Prior to each session, practitioners were asked to provide a brief, general project update which was circulated to participants prior to the meeting. During this final year of implementation, the projects had all gained significant momentum. Each session, all participants were able to list large number of highlights and challenges they had identified since the last community of practice. Project updates were focussed around three questions which were posed by the facilitators to relate to that day's theme (sustainability, communications etc.) Practitioners reported that these 'themed' project up dates were useful and *'kept everyone on track'*

Practitioner's anonymous evaluation feedback and reflections were incorporated into each successive agenda. As a result of practitioners' feedback, the Department of Justice and Regulation representatives were invited to attend later in the day to allow more time to identify common queries amongst practitioners to discuss with Department of Justice and Regulation representatives. Practitioner feedback indicated that these facilitated discussions with their funders was a crucial agenda item, allowing practitioners an opportunity to:

- Ask questions anonymously (facilitators could ask questions on practitioners behalf)
- Review upcoming deliverables and expectations of reporting requirements
- Regularly check in with broader policy and department changes and developments

Facilitators reflected that these discussions with Department of Justice and Regulation staff promoted regular and efficient communication between practitioners and the funding agency. All question and answer sessions were minuted and this ensured that all practitioners (including those who were unable to attend the meeting) were provided with consistent directives and advice.

3.2.2 A safe and supportive environment is created

Practitioners sense of a 'safe and supportive environment' increased throughout Phase II of the community of practice, as shown in Figure 2. Having a closed group of consistent attendees appears to have enhanced the practitioner's level of comfort, as reflected by this comment from session three: *The community of practice feels like a well-established group, familiar faces…Increases the level of information and expertise sharing*.

With the exception of Session 1, all respondents agreed or strongly agreed that they felt supported to:

1. share information and experiences
2. exchange skills, knowledge and resources
3. bring out the prevention knowledge share learnings.

Comments on the environment that was created included:

> *Yeah, the way it was done and the timing- it was a safe space*
>
> *Great facilitation/engagement. Safe space to chat!*
>
> *You feel connected with people*
>
> *I've found this to be a great mechanism for sharing practice, trouble shooting ideas and developing networks with peers.*
>
> *There is a good positive feeling within the group. Great sharing opportunities.*
>
> *Well facilitated and group functions well together.*
>
> *The breadth of knowledge in the room is immense and I really felt that this is an actively participating group that are willing to share expertise.*

Regarding the less positive feedback on Session 1, practitioner's comments indicated that this was due to insufficient time to bring out the prevention knowledge in the room. This was particularly challenging given the eight months of implementation had elapsed between Phase I concluding and Phase II commencing. This was reflected in the following comments on Session 1 evaluation forms:

> *Packed agenda would've liked opportunities to problem solve.*
>
> *As already mentioned, today was different from other community of practice. I prefer more time to hear about the different projects, the challenges they face and discuss solutions.*

"Great facilitation/ engagement. Safe space to chat!"

Figure 3: A safe and supportive environment was created to...

3.3 Quality

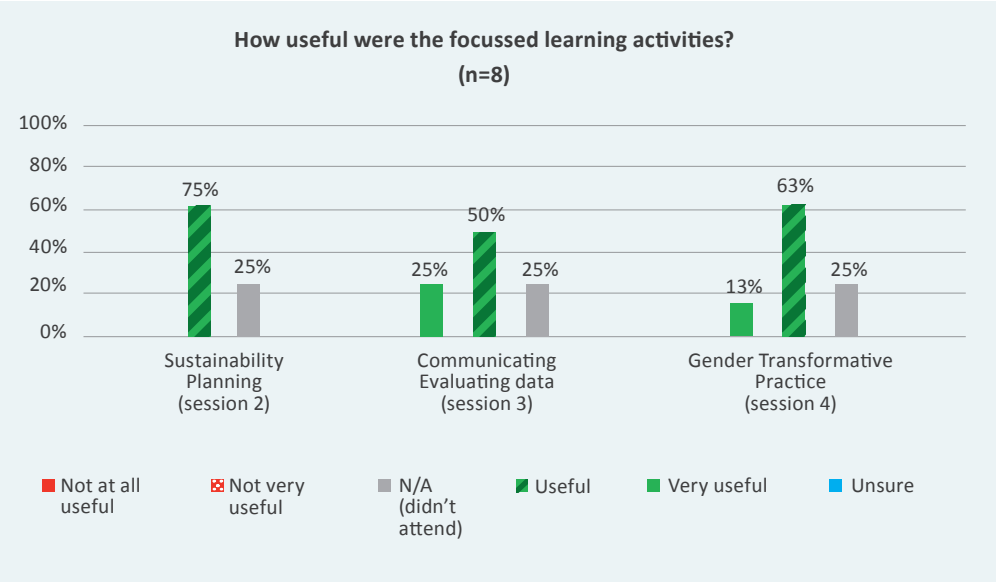
3.3.1 Focused Learning Activity

Practitioners reported that a key strength of community of practice was the selection of focussed learning activity topics by the practitioners themselves.

> *I think it's been helpful how the themes of the community of practice then have been selected by the group and then sort of matched the different phases of our project.*

Topics were reviewed and voted on at each session to ensure that the learning activities responded to the learning needs of participants. At the final session in October, practitioners were asked to reflect on the three focussed learning activities, and to rate the practical relevance of these topics. Practitioner ratings of how useful each of the learning activities were are summarised below.

Figure 4: Practical relevance of learning activities[7]



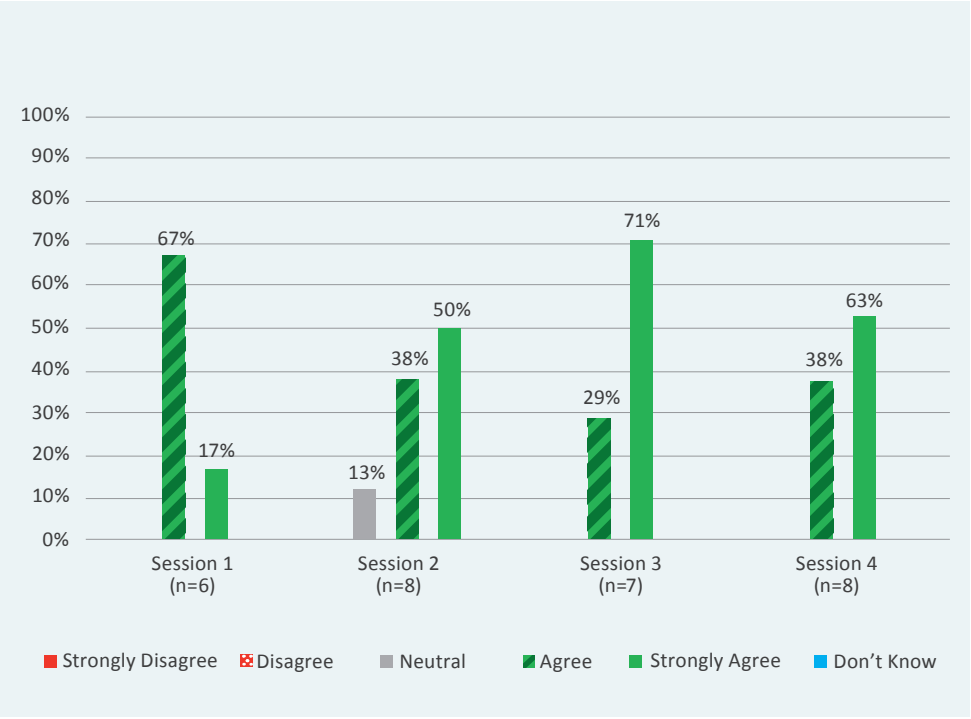
Note: There was no focussed learning activity for session 1 or session 5.

As shown in Figure 2, all focussed learning activities were considered to be 'useful' or 'very useful' by practitioners, particularly the session on Sustainability Planning. Focus group and evaluation survey data suggests that these sessions were not only valued by practitioners, but were actually applied to their practice. The impacts of these focussed learning activities are discussed in the following section, Impact Evaluation.

[7] Results based on summative evaluation form, (see appendix 6) which was administered in session 5 and made available online to those who were unable to attend.

3.3.2 Time well spent

Figure 5: Time well spent



There was strong agreement amongst community of practice members that the sessions were worthwhile. Following each session (excluding session 5), practitioners were asked to respond to the statement, *the day was time well spent*. With the exception of Session 2 (where one 'neutral' response was received), practitioners consistently agreed or strongly agreed that the time they spent in the community of practice was worthwhile.

Comments noted on the evaluation forms and through the survey add to this finding.

> *I'm really careful now that I come to but there are often times you come* [to another workshop or network meeting] *and you'd really say, well I didn't get a lot out of that day…I've never felt that with any of the community of practices.*
>
> *I found these meetings incredibly valuable, both from a personal and professional perspective in terms of learning and support. I would highly recommend that these continue for future grants.*
>
> *I found this community of practice very valuable– it's been very rewarding 1) having the time and space to reflect 2) hearing the successes and challenges from other projects 3) Sharing resources 4) Having a framework and to be able to put the resources into practice.*

"I found these meetings incredibly valuable, both from a personal and professional perspective in terms of learning and support. I would highly recommend that these continue for future grants."

4 Impact Evaluation – *What was the benefit to primary prevention practice?*

As depicted in Appendix 4, the evaluation framework, three impact measures were identified from the outset of Phase II. These were based on the three original aims of the community of practice:

1. Assist practitioners to access resources to improve primary prevention practice;
2. Make current research clear and available to strengthen project planning, implementation and monitoring; and
3. Allow practitioners to exchange skills, knowledge and problem-solving approaches with each other.

These aims were assessed through a combination of qualitative and quantitative methods. This included a summative evaluation survey (Appendix 6), which was distributed to participants at session 5 and online via survey monkey. Practitioners were also invited to participate in a focus group at the conclusion of session 5 (see Appendix 7). Two practitioners who were unable to attend the session also answered the same focus group questions via a teleconference. The first following impact indicators (see Appendix 4 Evaluation Framework) were combined for the purposes of this report as there was significant overlap between the sharing of resources and tools with subsequent impacts on project planning, implementation and monitoring.

1.1. Participants report that resources and tools shared through the community of practice enhanced their work
1.2. Participant's report that, as a result of the community of practice, project planning, implementation and monitoring was enhanced.

Overall, there was strong evidence that the community of practice assisted practitioners to access new tools and resources they would otherwise not have been aware of. Practitioner feedback also indicated that having access to resources and tools enhanced their primary prevention practice. These tools and resources identified by the group over the course of the five sessions are outlined in Table 3.

Table 3: Tools and resources

Resource	Shared by	Source
The Program Sustainability Assessment Tool	Facilitators	www.sustaintool.org
Women's Health Grampian's Workplace Resources	Practitioners	http://whg.org.au/priorities-programs/prevention-of-violence-against-women/actatwork#resources
Gender Transformative Public Health Messages	Practitioners	http://awhn.org.au/wp-content/uploads/2015/03/193_AWHNDoingBetterGenderTransformativePublicHealthMessages.pdf
Workplace Gender Equality Agency	Practitioners	https://www.wgea.gov.au/learn/research-and-resources
Gender Transformative Change In Health Promotion	Facilitators	http://promotinghealthinwomen.ca/
Act@Work Training Manual	Practitioners	The group looked at physical copies of the Action Manual for workplaces including fact sheets, evaluation data summary and infographic and orientation videos.
VicHealth's Concise Guide To Evaluating Primary Prevention Projects	Facilitators	https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects
Utilization-Focused Evaluation (Chapter 12)	Facilitators	Patton, Michael Quinn. *Utilization-focused evaluation*. Chapter 12. Sage publications, 2008.
Project Specific Interim Evaluation Reports	Practitioners	Summary available from Department of Justice and Regulation: http://assets.justice.vic.gov.au/ccp/resources/e6af76d0-6a06-4a2a-a86a-bf3ce031e56d/report+-+report+-+aic+evaluation+-+reducing+violence+against+women+and+their+children.pdf
Speaking Publically On Preventing Violence Against Women	Practitioners	Speaking Publically on PVAW resource and language guide will be made available on the WHW website: http://whwest.org.au/ (due for release January 2016)
National Community Attitudes Survey Videos And Infographics	Facilitators	https://www.vichealth.vic.gov.au/media-and-resources/publications/2013-national-community-attitudes-towards-violence-against-women-survey
Our Watch Video	Facilitators	https://www.youtube.com/watch?v=tB7Pkcue9Rk

Table 3: Tools and resources (continued)

Resource	Shared by	Source
YouTube Clips	Practitioners	– Promoting equality and respect – Interfaith collaboration clip from the Challenge Family Violence Project: https://www.youtube.com/watch?v=nuv3ewPuomY – Texas association against sexual assault - It does matter - Breaking the box – Swedish gender mainstreaming https://www.youtube.com/watch?v=xYikioYiilU – 'Be the Difference' – WHG Act@Work https://www.youtube.com/watch?v=sYJCBEDoxyo – Dreamworlds 3 https://www.youtube.com/watch?v=JDMo5cIJN3A

4.1 Resources and tools to enhance planning, implementation and monitoring

Evaluation forms indicate that practitioners 'took something away' from every session. At the conclusion of each session, respondents were asked if there were times in the meetings when they thought, 'That's something I could use for my project'. 100% of respondents answered 'yes' after every session. In the words of one practitioner: *You'd always walk away with something-sometimes you'd walk away with almost too much information* [laughs]. The impacts of the tools and resources shared via the community of practice are summarised below:

4.1.1 Embedding sustainability

During one focussed learning activity, facilitators presented Program Sustainability Assessment Tool (www.sustaintool.org). This is a validated and reliable tool that can be used as a self-assessment for program staff and stakeholders to evaluate the sustainability *capacity* of a program. The vast majority of practitioners utilised this tool, in various ways. Practitioners reflected that the tool had assisted them to think more broadly about their options for building their program's capacity to continue. Comments included:

> *Particularly around that prioritisation and being able to take that back to the steering committee…. it improved the process and I think the plan was better as a result.*
>
> *It* [the tool] *just made you think about different elements. I guess it just made me think about it in a different way, rather than just opportunities that have sort of come our way, or might come our way. Thinking a bit more broadly about it.*
>
> *…a useful tool to use in a process that I would've done anyway. It just added a bit of a process to it and particularly helped with prioritising those actions.*
>
> *The sustainability tool was used with our Steering Committee and helped form our Sustainability plan…It was also useful to hear how others had used the tool and their developmental process.*

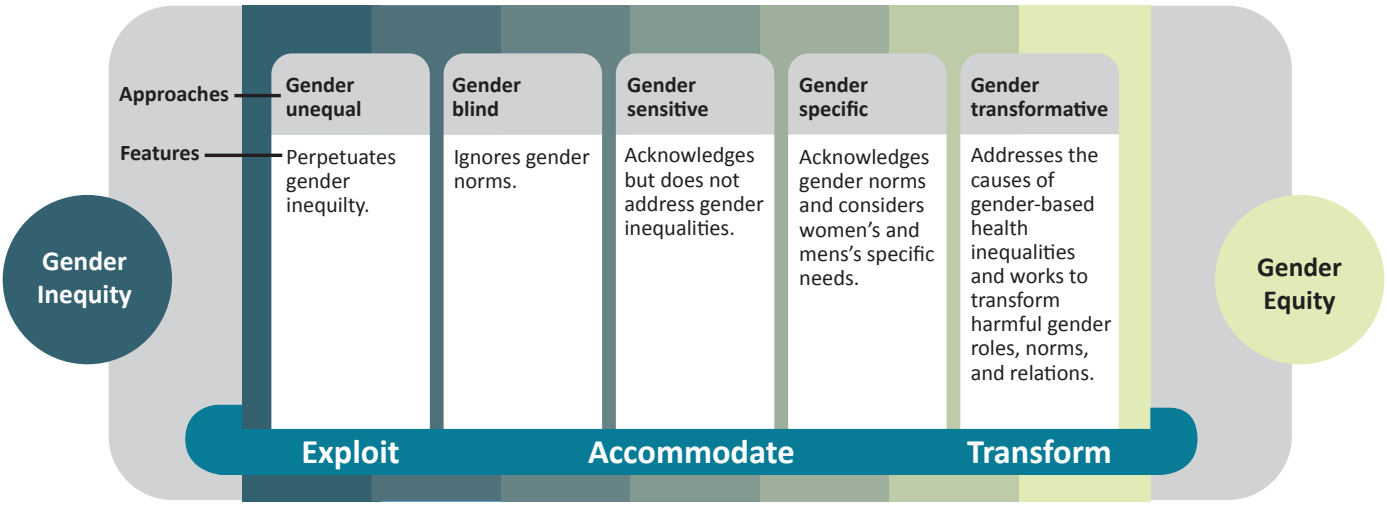
Based on this practitioner feedback we can conclude that the community of practice enhanced practitioner's planning for sustainability.

4.1.2 Implementation of prevention–a continuum of practice

At practitioner's request, a session was devoted to gender transformative practice. Gender transformative initiatives are activities that actively *strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives*[8]. This is consistent with the ultimate goal of primary prevention, which aims to shift individuals, organisations, communities and society towards greater gender equity, in order to realise a society

free from violence against women. The group explored the Gender Integration Continuum, a resource which provides quite detailed descriptions and examples of each of the five levels seen on the continuum of approaches (see figure below).

Figure 6: A continuum of approaches to action on gender and health[8]



Several months after this session, practitioners reflected on the impact of this discussion on their practice, noting that it had enhanced the way they communicated about primary prevention, but also, how they might plan initiatives differently in the future.

> [the continuum]… *just gave you that framework to understand and make sense of your past professional life and your current, and then the work you do in the future.*
>
> *Sort of having that diagram…of looking at the difference between gender blind and accommodating and transformative, and sort of going across the different stages or levels I guess. Yeah, then that's something I've now incorporated into like a PD [professional development] workshop that I'm running and actually refer to that.*
>
> *It was really relevant to me and my work because, obviously, in prevention of violence against women work, we really are gender equity - more gender specialist is really the crux of the job, in a lot of ways.*

Inspired by remarks by Geeta Rao Gupta, Ph.D, Director, International Center for Research on Women (ICRW) during her plenary address at the XIII International Aids Conference, Durban, South Africa, July 12, 2000:

"To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interactions should, at the very least, not reinforce damaging gender and sexual stereotypes."

[8] Gender Transformative Health Promotion (2015). *Unit 3: Approaches to integrating gender into health promotion.* Available: http://promotinghealthinwomen.ca/online-course/unit-3-approaches-to-integrating-gender-in-health-promotion/gender-transformative/

So I guess, for me, capacity building around improving my own understanding around gender and ways to explain it to other people, has been really important, out of the community of practice.

I hadn't seen the tool before. So that was great. The Canadian Women's Organisation one - that website. That was really helpful.

4.1.3 Communicating evaluation findings – drip feeding of results

The third resource that was identified throughout the focus groups was a tool to support the dissemination of evaluation findings. The group worked together using *Tool 9: Dissemination strategy worksheet*, from the new VicHealth Concise Guide to Evaluation (2015)[9] to examine how evaluation findings from projects might be packaged for different stakeholder groups. Feedback from practitioners at the conclusion of the community of practice sessions indicated that this exercise had changed the way practitioners had gone on to use their interim data to communicate to stakeholders.

I think it was another session we did on communicating our project…Then I got a lot more intentional about doing it after the community of practice.

I still took a lot away and one example is that communicating a project and the value of drip feeding in order to get buy in from the partnership.

We made use of this [the exercise using tool 9] *to discuss with evaluators who the report is written for? And to produce tools on evaluation for general community and advocacy.*

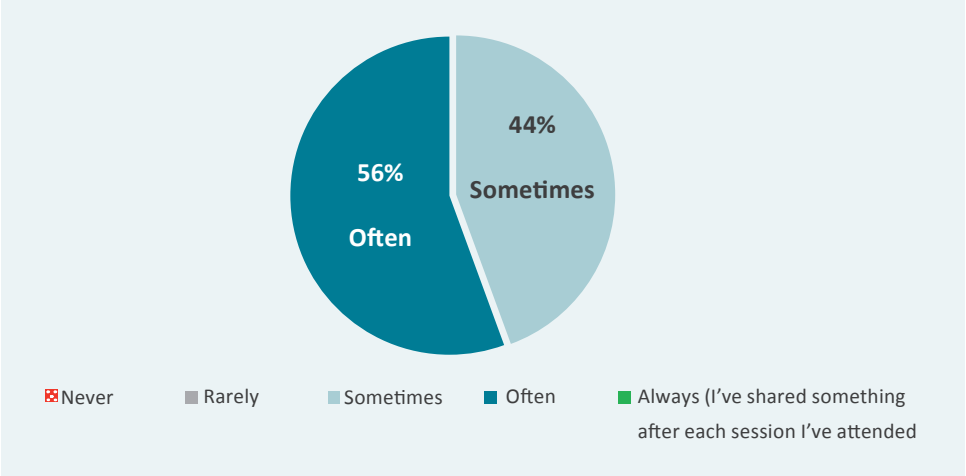
While there is not necessarily a direct, causal link between the presentation of evaluation findings, and increased buy in and engagement from stakeholders, there was good evidence from reflections that practitioners had utilised evaluation data as powerful advocacy tool for their projects.

[9] VicHealth (2015). *A concise guide to evaluating primary prevention projects.*Available: https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects

4.1.4 Benefiting the broader primary prevention sector

An unexpected result was the number of practitioners who reported that they went on to share the information, resources and tools beyond the community of practice. Through discussions with the group, it became apparent that practitioners frequently shared materials with their colleagues in their organisation and other external primary prevention practitioners. To quantify this 'contagion effect', an additional question was included in the final reflection survey, results are depicted below:

Figure 7: Sharing of resources beyond the group



Practitioners described sharing resources and tools within their organisations:

> *You kind of go, oh hey, I just heard about this fantastic resource, this great book or whatever, might have come up.*
>
> *We definitely would take it* [Community of Practice tools and resources] *back and in our team - when there were six or seven of us, it would be, oh did you know this is the latest thing that's happening?*
>
> *People in the PVAW* [prevention of violence against women] *space, within your own regional areas, that you can share that up to date knowledge – who don't come to these kind of forums.*

"You kind of go, oh hey, I just heard about this fantastic resource, this great book or whatever, might have come up."

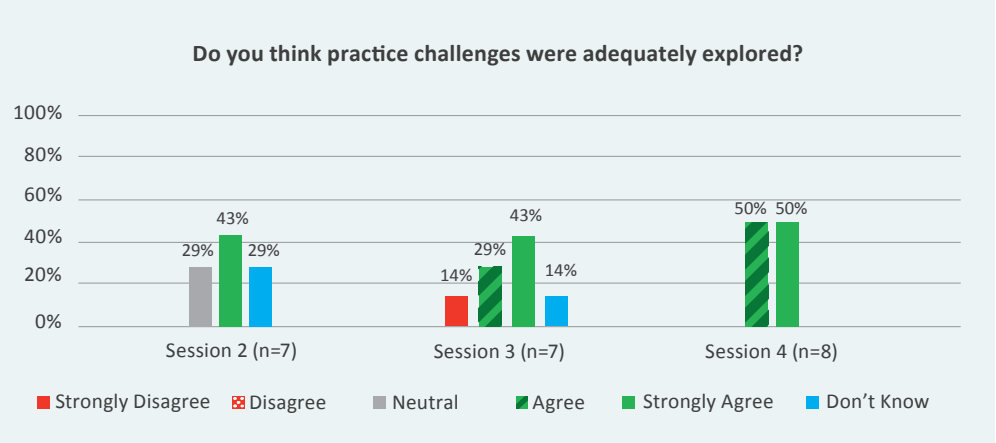
4.2 Exploring and problem – solving practice challenges

The final aim of the community of practice was to facilitate the identification and exploration of practice challenges. The indicator relating to this aim was:

1.3 Participants report that practice challenges were effectively identified and addressed as a group through the workshops and out of sessions (as per Appendix 4)

Evaluation feedback forms for sessions 2-3 asked practitioners to reflect on whether the practice challenges identified by the group were sufficiently explored. Results were as follows:

Figure 8: Exploring practice challenges



Practitioner feedback in session 1 and 2 indicated that there was not sufficient time to explore practice challenges as part of other planned agenda items, therefore from session 3 onwards, time was devoted specifically to discussing practice challenges. This adjustment did improve practitioner's experience, with 100% of practitioners in session 4 agreeing that this had occurred. In the fifth and final session, the group allocated an hour and a half to identifying key practice highlights, challenges and the strategies they had undertaken to overcome these challenges. These are listed in Appendix 5.

Through the focus groups and practitioner reflections it was apparent that the community of practice was a forum where practitioners identified a variety of challenges and solutions, as described below:

4.2.1 Someone to call

A number of practitioners reflected that the community of practice had made them aware of challenges other practitioners had encountered which allowed them to follow up on suggested resources, tools or processes.

Feedback indicated that this practical exchange of ideas often occurred outside the community of practice, via email or phone follow up, and was not limited to the members of the community of practice. For example:

> *…following each session I have had to follow up with at least one, if not several members of Community of practice to gain access to resources, discuss challenges, share tools etc.*

> *I remember a situation where I got really stuck and yeah, remembered I could actually ring saying* [to fellow Community of practice member] *did you find a solution to this? Did this work? What would you do differently?*

> *We followed up with 'taking a stand' regarding their self-directed resource as we're looking at developing something similar.*

> *I've often referred other colleagues to contact other DJR* [Department of Justice and Regulation] *projects when I know theirs overlapped with work happening in our region*

> *We've used the 'make the link' pyramid in our training material (with permission to do so!) I've provided the workbook and other resources to anyone who's asked for them! Or given links to our resources to* [facilitator] *to include in the notes.*

> *I think another thing has been putting on events, learning what's worked and what hasn't…someone had done a community event and they spoke about it at one of the practices…just sort of what had worked well with promotion and getting people there. What even content they'd explored at something like an event.*

It is also evident from these quotes that the discussion of common challenges resulted in less duplication of resources and time, creating or searching for solutions. Further, knowing the source of the resources and the process used to develop them meant that practitioners felt more confident in the relevance to their work.

"…following each session I have had to follow up with at least one, if not several members of Community of practice to gain access to resources, discuss challenges, share tools etc."

4.2.2 Responding to similar challenges

The value of exploring practice challenges was not only in finding practical solutions, it was also the reassurance that practitioners felt, knowing they were not alone in facing these difficulties.

> *Just knowing, having some of the challenges reflected back, hearing – oh this is happening – similarities of what's working and not working, is a bigger focus.*

> *Each session provided an opportunity to hear from other practitioners how they deal with practice challenges. Most importantly, there is a strength in seeing the similarities across the project settings and geographical areas of practice challenges. We are not alone in our experience of challenges.*

Just from hearing about other people's experiences, just normalises the challenges that you're facing and provides that support

Once people would talk about a challenge they were facing, there would often be immediate nods and stuff around the room that people got it - so I think that allowed for really sophisticated conversations around the challenges of doing prevention of violence against women work and partnership work

It was refreshing (maybe that's not the right word?) but good to hear someone else is having evaluation dramas!

Through talking with others about these shared challenges, practitioners were often able to identify alternative solutions that they may not have considered, or to reflect on and improve existing plans of action.

It helped to identify opportunities that I hadn't already seen, because other representatives of the group were thinking different things than I was.

It prompted that higher level thinking, I guess. Because as we've found, most of the issues were then common across all the projects. So then in terms of sharing strategies at that higher level.

All of a sudden, you're able to start looking for a solution… So it's almost like process evaluation occurring all the time- action learning yeah.

"All of a sudden, you're able to start looking for a solution… So it's almost like process evaluation occurring all the time-action learning yeah."

4.2.3 We're part of 'something bigger'

A reoccurring theme in the focus groups was that without the community of practice, it could be difficult for practitioners to see the broader impacts of their individual projects were contributing to. They reported that discussion with other practitioners at the community of practice, gave a sense of solidarity and being part of a broader movement, and this was extremely motivating. For example:

> *The prevention of violence against women is all about social change so the community of practice is particularly important as they connect us to something bigger.*
>
> *Hearing from others was great as was the chance to hear from experienced facilitators in the area. Great to get the 'big picture' as often isolated in day to day work.*

These reflections are in direct contrast to the responses that were given when the group was asked 'what would your work have been like without the community of practice?' Thinking about this question, practitioners reported it would be:

> *Siloed*
>
> *Isolated*
>
> *More frustrations because you're just – carrying it all on your own*

5 Recommendations

The evaluation findings presented in this report indicate that the community of practice was immensely valuable to primary prevention practitioners. The process and impact data presented in this report provides strong evidence that the Department of Justice and Regulation funded community of practice, created a safe and supportive environment where practitioners were able to exchange skills, knowledge, tools and resources. Impact data demonstrates that workshops not only fostered strong peer support, they also enhanced primary prevention practice. Practitioners reported that hearing from others experiencing similar challenges was a source of reassurance and also led to productive problem solving. Practitioner reflections also suggest that the exchange of practice wisdom continued beyond the workshop, with practitioners frequently contacting each other in-between sessions. In response to these findings, the following recommendation is made:

> **Recommendation:** Communities of practice should be built into the overall program design and framework of primary prevention projects as they offer participants unique opportunities to exchange skills, knowledge, tools and resources.

In addition to these impacts, a number of strengths of the model emerged through the evaluation data and facilitator reflections. These findings do not relate to specific evaluation questions.

5.1 Strengths of the model

The experience of facilitating and evaluating the community of practice has revealed a number of strengths of this approach to enhancing primary prevention practice. Many of these strengths are highlighted in the outcomes above, however the following themes also emerged as assets of the model:

5.1.1 Continuity across the projects

A key point of difference between the Department of Justice and Regulation funded community of practice and other primary prevention networks or professional development opportunities was the fact that all prevention programs were being delivered under the same three year implementation period, with similar phases of set up, planning and implementation. This led to the identification of tailored practice learning activities, aligned to the particular deliverables or practice activities that all practitioners were working towards.

Recommendation: Communities of practice are ideally placed to support a number of projects that have common timelines for delivery. Impacts should be maximised wherever possible by providing a shared community of practice for projects that are part of the same funding cycle.

5.1.2 Skilled facilitation

Practitioners frequently commented on the dynamic of the facilitation approach and the expertise that the facilitators brought to the group. Two facilitators ran the sessions - the Our Watch evaluation coordinator and an experienced primary prevention and evaluation expert who was contracted by Our Watch to co-facilitate[10]. The support of an exceptionally skilful facilitator, with a background in primary prevention was an invaluable asset to the group and no doubt supported the practice gains that were observed. In terms of resourcing, our experience was that two facilitators were well placed to manage groups of approximately ten practitioners.

Recommendation: Sessions are most effective when facilitated by experts in the primary prevention area.

Phase II also benefitted from the facilitation model that was shaped and documented throughout Phase I (refer to VicHealth report for original documentation[11]).

Recommendation: The model developed throughout Phase I and II of the community of practice was found to be successful and provides future groups with a template for implementation. It is important that the themes for each session are identified by the practitioners themselves.

[10] Wei Leng Kwok has extensive experience in the Women's Health and primary prevention sector and was also involved in delivering and evaluating Phase I of the community of practice for VicHealth.

5.1.3 A shared platform

A strength of the group was their shared understanding of primary prevention. All PVAW programs funded by the Department of Justice and Regulation were informed by the *VicHealth Framework for Preventing Violence against Women* (2007). This framework represented best-practice in primary prevention research at the time these projects were commencing. Practitioners from Phase II of the community of practice described the VicHealth framework as *invaluable*. Although practitioners worked across a range of diverse projects, this consistent reference ensured that practitioners came to the community of practice meetings with a similar understanding of the issue of violence against women and how to prevent it. Because members of the community of practice were already 'on the same page' in terms of foundational knowledge, the community of practice was able to explore more complex practice issues. From a facilitator's perspective, Our Watch found that having this shared platform eased the process of facilitation, as all practitioners were approaching their work in similar way. This ensured that the scope of research, tools and resources presented as part of the community of practice were relevant to the group.

> **Recommendation**: Communities of practice should utilise best-practice primary prevention research and frameworks.

5.2 Challenges for consideration

Based on practitioner feedback, a number of adjustments were made to the community of practice model, however the following issues required ongoing consideration.

[11] VicHealth (2014) Op Cit.

5.2.1 Location and timing

It was noted by regional practitioners that the time required to travel to and from the community of practice (held in Melbourne) could prohibit practitioners from attending the group. Efforts were made to adjust the timing of the sessions and the location was moved to a more train accessible building. More creative options for enhancing the accessibility were not required as sufficient levels of participation were achieved, however, other options might include rotating the location of sessions or utilising communication technologies for remote participants.

> **Recommendation:** The length, timing and location of sessions should always be identified and decided by the practitioners, with careful consideration of the travel implications for participants.

5.2.2 Balancing contributions

One challenge that was not fully resolved was the tendency for some group members to dominate conversation. In creating a safe and welcoming environment for practitioners to share and reflect on their work, some group members enthusiastically contributed their experiences, but this could prevent others from sharing. Despite several adjustments to the facilitation model and the agendas, one practitioner reported in session 4 that:

> *…Still feel that a few of the members dominate the conversation. Would like to hear from everyone.*

Fortunately, this did not negatively impact the practitioner's overall sense of a 'safe and supportive environment', as discussed in section 3.2.2. On a positive note, by distributing regular evaluation forms, practitioners were able to provide their honest feedback and the facilitators were able to take steps to mitigate any concerns.

> **Recommendation:** Facilitators should collect feedback from all participants on a regular basis, acting on participants concerns to ensure that a safe and supportive environment is maintained and learning needs are met.

5.2.3 An emerging evidence base

Although communities of practice are well established mechanism for sharing expertise in a diverse range of settings, there are few documented evaluations of these groups in the context of primary prevention. The sessions implemented in Phase II benefited from being able to draw on the comprehensive project and evaluation report from Phase I[12], which was largely focussed on process data. As future communities of practice are initiated in varied contexts and settings, there is the opportunity to build the international evidence for best practice in supporting practitioners working to prevent violence against women and their children. The experience from implementing and evaluating these workshops indicates that both qualitative and quantitative data collection is necessary for facilitators to identify the strengths of their model, make ongoing improvements to their delivery and to examine the impacts of communities of practice on the practice of its members.

Recommendation: Future communities of practice should ensure integrated evaluation and continual improvement, through the collection of process and impact data throughout program delivery.

[12] VicHealth (2014) Op Cit.

Conclusions

Phase II of the Department of Justice and Regulation funded community of practice had three original aims. These were to:

1. Assist practitioners to access resources to improve primary prevention practice;
2. Make current research clear and available to strengthen project planning, implementation and monitoring; and
3. Allow practitioners to exchange skills, knowledge and problem-solving approaches with each other.

Based on evaluation surveys and practitioner reflections, we can conclude that Phase II achieved and each of these key aims. Further, there is strong evidence to suggest that a fourth aim was achieved– **the community of practice increased the efficiencies and impacts of the Reducing Violence Against Women and their Children funded projects.** Based on these evaluation findings, there is a strong case for embedding regular, well-facilitated communities of practice into the design of future primary prevention projects.

Appendices

Appendix 1: Recommendations from Phase I

The following recommendations were provided by VicHealth following their evaluation of Phase I of the community of practice (May 2013–Feb, 2015).

1. That the terms of reference be reviewed at the commencement of the second phase of the community of practice to ensure alignment with the needs of its members.
2. That the topics for future focused learning activities be determined by a group process similar to that which has already occurred.
3. That the model developed throughout the first phase of the community of practice is implemented in future meetings of the group and that project coordinators continue to be consulted and involved in improving the model. By way of summary, the model includes external coordination and facilitation of the meetings (with two consistent facilitators), brief written project updates circulated in advance of the meetings, themed project updates, focused learning activities that are linked to the theme of the updates, attendance by Department of Justice representatives to discuss contract management issues and respond to questions, and reflections to close the day.
4. That the Community Crime Prevention Unit identifies relevant regional, statewide or national forums to promote community of practice as an effective way for primary prevention practitioners to share experiences, identify common challenges, solve problems and learn – and thereby to maximise opportunities to improve practice in real time.
5. That an earlier finish time is considered for future meetings provided that this does not affect the pace of the day or the integrity of the community of practice model.
6. That members of the community of practice are consulted on how to improve their experience of the focused learning activities at the same time as they are consulted on potential topics for future meetings.
7. That the next phase of the community of practice is evaluated with a stronger focus on impact evaluation using methods that can assess more fully the benefits of the meetings to project implementation. Such methods include (but are not limited to) focus groups, case studies, and most significant change technique.
8. That future meetings could incorporate a session on sharing resources as a formal part of the agenda (called, for example, 'Tools we love to use' or 'Beg, borrow and steal') as long as this does not affect the pace of the day or the integrity of the community of practice model as described above.

Appendix 2: Terms of Reference (Phase II)

Department of Justice, Reducing Violence against Women and their Children

Community of Practice Terms of Reference (Phase II)

Purpose

The purpose of the community of practice is to enable practitioners funded under the Community Crime Prevention Reducing Violence against Women and their Children grants program to implement good practice prevention projects. The goal of the community of practice is to enhance project achievements and outcomes, through the following strategies:

- Assisting practitioners to access resources that will improve their practice;
- Translating current research into relevant and accessible knowledge that will enhance project planning, implementation and evaluation;
- Facilitating exchange of skills and knowledge and development of shared understanding of prevention of violence against women amongst practitioners;
- Providing opportunities for practitioners to support each other, develop working relationships and share problem-solving strategies with one another.
- Supporting each other to continue to build on the evidence base for the prevention of violence against women

Terms of Operation

In order to build the community of practice, Our Watch proposes to provide:

- Five meetings, commencing in October 2014, with future meetings scheduled for February, May, August and October 2015.
- Each meeting will run from 10am–3.30pm
- Each meeting will include time allocated for:
  - Focused learning activities, and
  - Project updates and information exchange.

Convener and Facilitation

Meetings will be convened and facilitated by Our Watch.

Agenda and Meeting Notes

- An agenda for each community of practice meeting will be circulated one week prior.
- The notes of the meeting will be recorded by Our Watch staff and circulated two weeks after.
- Meeting notes are intended for community of practice participants only.
- All members have the right not to have something noted.
- Distilled themes from the day will be reported to the Department of Justice and project Primary Contacts. The summary will also be circulated to participants of community of practice model as described above.
- Our Watch staff will speak with Department of Justice staff three weeks after each community of practice to discuss the summary.

Agenda items:

- Focused learning activity – Our Watch will deliver a session on an aspect of PVAW practice identified by the group. The topic of the focused learning activity will form theme for the session.
- Project updates – each project will have up to 15 minutes to discuss successes and challenges in relation to the theme for that meeting.
- Department of Justice update – staff from Department of Justice central office will attend the community of practice for part of the day to answer questions and communicate with project officers about grant matters.
- Reflections – meetings will close with a guided group reflection including what stood out for participants as beneficial to their practice.

Membership

Membership of the learning circle is limited to project officers associated with the Reducing Violence against Women and their Children grants program.

Role of Individual Members

Individual members of the community of practice are expected to:

- Provide a brief written update (6–8 dot points) prior to the meeting. This will be collated and distributed to the group prior to the meeting. Note: summaries will not be shared beyond the community of practice.
- Contribute to informed discussion about the successes and challenges of the projects.
- Support and respect positive, open and candid dialogue during meetings of the community of practice.
- Maintain the confidentiality of matters discussed at the meetings or obtain explicit permission to share others' stories (including information in the brief written updates) (consider sharing themes rather than specifics).
- Create a safe atmosphere for learning through respect, listening and equal contribution.
- Leave egos aside (the meetings are not for boasting about individual projects or competing against one another).

Role of Our Watch

- Coordinate all administrative aspects of the community of practice
- Plan and facilitate the meeting
- Document meeting discussion, focused learning activity and outcomes
- Distribute updates to practitioners prior to meeting and notes/ materials after meetings
- Communicate with practitioners in between meetings to identify learning needs
- Respond to needs of the group, monitor contemporary research and emerging practice developments in the field with a view to shaping focused learning activities
- Assist practitioners to develop a means for communicating with each other in between meetings
- Conduct process and impact evaluation of the community of practice

Date: 22 October 2014

Appendix 3: Meeting Agendas

Agenda 1: Wednesday, 22nd October, 2014

Start time	Item	Duration
9.05 am	1. Paul Linosisser (CEO, Our Watch) – Introduction	5 min
9.30 am	2. Hon Edward O'Donohue – Minister's address and meet/greet	20 min
9.35 am	3. Welcome from Sarah and Wei Leng	25 min
10.00 am	Morning tea	30 min
10.30 am	4. Since last we met…	30 min
11.00 am	5. Revisit Terms of Reference	20 min
11.20 am	6. Project Updates	60 min
12.20 pm	Lunch	30 min
12.50 pm	Project Updates continued	30 min
1.20 pm	7. Department of Justice Update (Stef Morris and Maria Delos Reyes)	30 min
1.50 pm	8. Needs Assessment – Focused Learning Activities for next four sessions	50 min
2.40 pm	9. Reflection and Evaluation forms	20 min
3.00 pm	Close	

Agenda 2: Wednesday, 18th February, 2015

Start time	Item	Duration
10.00 am	1. Welcome and apologies	10 min
10.10 am	2. Approve Terms of Reference	10 min
10.20 am	3. Project Updates	75 min
11.35 am	4. Department of Justice & Regulation Update (Stef Morris and Maria Delos Reyes)	30 min
12.05 pm	Lunch	35 min
12.40 pm	5. Focussed learning activity – Sustainability	60 min
1.40 pm	6. Resources we love	20 min
2.00 pm	7. Prioritise future Focused Learning Activity (for May)	15 min
2.15 pm	8. Reflection/feedback sheet	15 min
3.00 pm	Close	

Agenda 3: Wednesday, 13th May, 2015

Start time	Item	Duration
10.00 am	1. Welcome and apologies	10 min
10.10 am	2. Project Updates	90 min
11.40 am	3. Shared challenges for exploration	30 min
12.10 pm	Lunch	30 min
12.40 pm	5. Focussed learning activity – Communicating our projects	90 min
2.10 pm	6. Resources we love	30 min
2.40 pm	7. Department of Justice & Regulation Update (Sue Clout and Maria Delos Reyes)	30 min
3.10 pm	8. Prioritise future Focused Learning Activity (for August)	10 min
3.20 pm	9. Reflection/feedback sheet	10 min
3.30 pm	Close	

Agenda 4: Wednesday, 12th August, 2015

Start time	Item	Duration
10.00 am	1. Welcome and apologies	10 min
10.10 am	2. Project updates relating to theme (Gender Transformative Practice)	90 min
11.40 am	3. Shared challenges for exploration	30 min
12.10 pm	Lunch	30 min
12.40 pm	4. Focussed learning activity – Gender Transformative Practice	70 min
1.50 pm	5. Sharing our resources	30 min
2.20 pm	6. Brief Our Watch Update (TBC with practitioners)	10 min
2.30 pm	7. Department of Justice Update/Discussion (Sue Clout and Maria Delos Reyes)	30 min
3.00 pm	8. Plan for final session (to be held in August)	15 min
3.15 pm	9. Reflection/feedback sheet	15 min
3.30 pm	Close	

Agenda 5: Wednesday, 21st October, 2015

Start time	Item	Duration
10.00 am	1. Welcome and apologies	10 min
10.10 am	2. Prevention experience (the last 3 years) – Highlights – Lowlights – Recommendations for future prevention practice	90 min
11.40 am	3. Resources we love	30 min
12.10 pm	Lunch (with Maria, Julianne and Claire from the Department of Justice and Regulation)	30 min
12.40 pm	4. Department of Justice and Regulation update and discussion: a. Any last questions for the Department? b. Facilitated discussion- how to share programmatic and policy messages from these projects?	45 min
1.25 pm	5. Final feedback sheets	15 min
1.40 pm	6. Focus Group, thanks and farewell	50 min
2.30 pm	Close	

Appendix 4: Evaluation Feedback

Impact Evaluation			
COMMUNITY OF PRACTICE Aims:	**Assist practitioners to access resources to improve primary prevention practice**	**Make current research clear and available to strengthen project planning, implementation and monitoring**	**Allow practitioners to exchange skills, knowledge and problem-solving approaches with each other.**
Impact Indicators: **(1.1 – 1.3)**	1.1 Participants report that resources and tools identified through the community of practice enhanced their work	1.2 Participants report that, as a result of community of practice, project planning, implementation and monitoring was enhanced	1.3 Participants report that practice challenges were effectively identified and addressed as a group through the workshops and out of sessions
Process Evaluation			
	Reach	**Appropriateness**	**Quality**
Process Indicators: **(1.5 – 1.8)**	1.4 Meetings are attended by those for whom they are intended	1.5 The agenda and duration of the meetings feel right to participants; 1.6 A safe and supportive environment is created for: 1.6.1 sharing information and experiences; 1.6.2 exchanging skills, knowledge and resources; 1.6.3 distilling the prevention know-how of participants; and 1.6.4 shared learning	1.7 Focused learning activities respond to the learning needs of participants 1.8 Participants feel attending the meetings is time well spent

Appendix 5: Post Session Survey

(Administered following sessions 1–4)

Community of Practice Feedback

Thank you for attending today's community of practice. Please complete the following questions for the evaluation and ongoing development of the community of practice.

1. **From your perspective, what were the main practice challenges that were identified by the group today? (please list up to three)**

   Do you feel these challenges were accurately explored?

   ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

   Comments:

2. **Thinking about the focused learning activity–'XXXX', how much relevance did the topic have to your work as a primary prevention practitioner?**

   ☐ Not at all ☐ A little ☐ Neutral ☐ A lot ☐ A great deal ☐ Don't know

   Comments (why/why not?):

3. **Thinking about your experience of the workshop, please rate your impressions in regards to the following statements:**

   3.1 The agenda felt about right in terms of pace, opportunities for networking, time to discuss and problem solve together

   ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

   Comments:

3.2 A safe and supportive environment was created to:

a) Share information and experiences

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

b) Exchange skills, knowledge and resources

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

c) 'Bring out' the prevention know-how in the room

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

d) Share learning

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

Comments (regarding the group environment):

3.3 The day was time well spent

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ Don't know

Comments (why/why not?):

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4. **Were there times today when you thought, 'that's something I could use for my project?'**

   ☐ No ☐ Yes (If yes, please describe below)

   _____

   Was this in relation to:

   ☐ Program Planning ☐ Program Implementation ☐ Program Monitoring

   ☐ Tools / Resources ☐ Other (Describe): _____

   Can you give an example of how you have / intend on using this resource / information in your day-to-day practice?

   _____

5. **Any other comments or suggestions?**

   _____

THANK YOU FOR YOUR FEEDBACK!

Appendix 6: Summative Evaluation Survey

(Administered following session 5)

Community of Practice Overall Feedback

Thank you for attending the Phase II of the Reducing Violence against Women and their Children community of practice. Please complete the following questions for the evaluation of the community of practice. This survey will also be available online via Survey Monkey for those who were not able to attend this final session.

1. **Thank you for attending the Phase II of the Reducing Violence against Women and their Children community of practice. Please complete the following questions for the evaluation of the community of practice. This survey will also be available online via Survey Monkey for those who were not able to attend this final session**

	Not at all useful	Not very useful	Useful	Very useful	Unsure	N/A (didn't attend)
Sustainability Planning (session 2): included the Program Sustainability Assessment Tool	☐	☐	☐	☐	☐	☐
Communicating Evaluation data (session 3): included a tool for mapping dissemination of evaluation findings (Tool 9 from the VicHealth Concise Guide to Evaluating PVAW projects)	☐	☐	☐	☐	☐	☐
Gender Transformative Practice (session 4): included Canadian website for understanding this theory: http://promotinghealthinwomen.ca/	☐	☐	☐	☐	☐	☐

2. Did the opportunity arise to apply any of the learning topics to your practice? If so, please tell us how?

3. Over the past five sessions, we have discussed many practice challenges including:

- Responding to requests (outside of project scope/resourcing)
- Managing partnerships
- Different key messages for different audiences
- Project sustainability
- The challenge of shifting towards gender transformative practice
- The risks and challenges of exploring gender (and many, many more!)

a) Thinking about our sessions overall, did you find the time spent problem solving these practice challenges useful?

☐ Not at all useful ☐ Not very useful ☐ Useful ☐ Very useful ☐ Unsure

b) Can you think of an example? A time where the conversation in the community of practice helped you with a particular practice issue?

c) We're interested to know if the conversation continues outside the community of practice. Can you think of an example of a practice challenge, tool or resource that you went on to discuss with your community of practice colleagues, outside the session?

d) At the community of practice we discussed many PVAW related topics, resources and tools. After the workshops, did you share information with your other colleagues?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

☐ Always (I've shared something after each session I've attended)

Can you think of an example?

4. **Any other comments or suggestions regarding Phase II of the community of practice?**

THANK YOU FOR YOUR FEEDBACK!

It's been a pleasure working with you.

Appendix 7: Focus Group Questions

(Administered following session 5)

From your point of view, can you describe the most significant change in your violence prevention work that has resulted from your attendance at the community of practice?

(Prompts)

- In terms of access to/ awareness of resources/ tools? What were they? What were the benefits?
- In terms of program **planning**? What were the flows on benefits of that?
- In terms of program **implementation**? Can you give an example? What effects did that have?
- In terms of **monitoring**? What sparked that change?
- **Why** are these changes significant to you?

Depending on the responses elicited by MSC1, further exploration of the impacts of the community of practice may be required. Prompting questions may include:

(Prompts)

- Can you tell us about any **resources** or **tools** that you found out about through the community of practice? How did this change your work? Was it for the better?
- What would your prevention work have been like **without** the community of practice? Eg. Missed opportunities; potential strategies overlooked, connections built that would not have been developed in other forums
- What were the **unexpected impacts** of participating in the community of practice? Good/bad/other

Appendix 8: Alternative text for figures

Figure 2: Agenda and duration.

- The agenda felt about right in terms of pace, opportunities for network, time to discuss and problem solve together.
- Session 1 (n=6).
  - More than 60% answered disagree.
  - More than 30% answered neutral.
- Session 2 (n=8).
  - More than 60% answered agree.
  - More than 30% answered strongly agree.
- Session 3 (n=7).
  - More than 40% answered agree.
  - More than 50% answered strongly agree.
- Session 4 (n=8).
  - More than 30% answered agree.
  - More than 60% answered strongly agree.
- Note 6: Evaluation forms were collected at the end of sessions 1-4 (questions provided in appendix 5). This same form was not administered in session 5 as this session was focussed on summative findings (feedback from across all five sessions).

Figure 3: A safe and supportive environment was created to a) share information and experiences.

- Session 1 (n=6).
  - More than 30% answered agree.
  - More than 60% answered strongly agree.
- Session 2 (n=8).
  - 50% answered agree.
  - 50% answered strongly agree.
- Session 3 (n=7).
  - More than 50% answered agree.
  - More than 40% answered strongly agree.
- Session 4 (n=8).
  - More than 20% answered agree.
  - More than 70% answered strongly agree.

Figure 3: A safe and supportive environment was created to b) Exchange skills, knowledge and resources.

- Session 1 (n=6).
  - More than 30% answered neutral.

- More than 10% answered agree.
- More than 40% answered strongly agree.

– Session 2 (n=8).
- 50% answered agree.
- 50% answered strongly agree.

– Session 3 (n=7).
- 30% answered agree.
- 70% answered strongly agree.

– Session 4 (n=8).
- 50% answered agree.
- 50% answered strongly agree.

Figure 3: A safe and supportive environment was created to c) Bring out the prevention knowledge in the room.

– Session 1 (n=6).
- More than 10% answered disagree.
- More than 10% answered neutral.
- More than 30% answered agree.
- More than 30% answered strongly agree.

– Session 2 (n=8).
- More than 70% answered agree.
- More than 20% answered strongly agree.

– Session 3 (n=7).
- More than 40% answered agree.
- More than 50% answered strongly agree.

– Session 4 (n=8).
- More than 30% answered agree.
- More than 60% answered strongly agree.

Figure 3: A safe and supportive environment was created to d) Share learnings.

– Session 1 (n=6).
- More than 30% answered neutral.
- More than 30% answered agree.
- More than 30% answered strongly agree.

– Session 2 (n=8).
- 50% answered agree.

- 50% answered strongly agree.

– Session 3 (n=7).
  - More than 10% answered agree.
  - More than 80% answered strongly agree.
– Session 4 (n=8).
  - More than 30% answered agree.
  - More than 60% answered strongly agree.

Figure 4: Practical relevance of learning activities.

– How useful were the focussed learning activities? (n=8).
– Sustainability Planning (session 2).
  - 75% answered useful.
  - 25% answered didn't attend.
– Communicating Evaluating data (session 3).
  - 25% answered very useful.
  - 50% answered useful.
  - 25% answered didn't attend.
– Gender Transformative Practice (session 4).
  - 13% answered very useful.
  - 63% answered useful.
  - 25% answered didn't attend.
– Note 7: Results based on summative evaluation form, (see appendix 6) which was administered in session 5 and made available online to those who were unable to attend.

Figure 5: Time well spent

– Session 1 (n=6).
  - 67% answered agree.
  - 17% answered strongly agree.
– Session 2 (n=8).
  - 13% answered neutral.
  - 38% answered agree.
  - 50% answered strongly agree.
– Session 3 (n=7).
  - 29% answered agree.
  - 71% answered strongly agree.
– Session 4 (n=8).
  - 38% answered agree.
  - 63% answered strongly agree.

Figure 6: A continuum of approaches to action on gender and health.

- This figure shows a continuum starting with gender inequity and moving towards gender equity.
- Between these two poles there are five sections starting with: gender unequal approach, perpetuates gender inequity; then gender blind, ignores gender norms; then gender sensitive, acknowledges but does not address gender inequalities; then gender specific, acknowledges gender norms and considers women's and men's specific needs; then gender transformative, addresses the causes of gender-based health inequalities and works to transform harmful gender roles, norms, and relations. Underneath these stages are the words, exploit, accommodate and transform. Note 8. This concept is from the Gender Transformative Health Promotion (2015). Unit 3: Approaches to integrating gender into health promotion.
  Available: promotinghealthinwomen.ca

Figure 7: Sharing of resources beyond the group.

- A pie chart shows 44% of participants answered sometimes.
- 56% of participants answered often.

Figure 8: Exploring practice challenges: Do you think practice challenges were adequately explored?

- Session 2 (n=7).
  - Over 20% answered neutral.
  - Over 40% answered strongly agree.
  - Over 20% answered don't know.
- Session 3 (n=7).
  - Less than 20% answered strongly disagree.
  - Over 20% answered agree.
  - Over 40% answered strongly agree.
  - Less than 20% answered don't know.
- Session4 (n=8).
  - 50% answered agree.
  - 50% answered strongly agree.

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