OCRFV Evaluation Framework

April 30th 2016

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Woman abuse is any use of psychological, physical or sexual force, actual or threatened, in an intimate relationship. The intimate relationship can include a current or former spouse, and an intimate, or dating partner. The violence is used to intimidate, humiliate or frighten victims, or to make them feel powerless. Additionally, we recognize that human trafficking, sexual violence and harassment is part of the continuum of woman abuse and intricately linked to experiences of intimate partner abuse.

Background

The Ontario Collaborative Response to Family Violence (OCRFV)[1] is a coalition of organizations that are based on "hub" models providing co-located or collaborative services for victims of violence against women, intimate partner violence, child abuse, and family violence.

For purposes of this report, we will be using "family violence" as a term inclusive of intimate partner violence, domestic violence, violence against women, and family violence[2].

In Ontario, family violence (FV) hubs have been in existence for about 10 years, and OCRFV members have been working to create innovative and effective service models. Yet, the OCRFV and the provincial government both need both more evidence to support the implementation and improvement of service delivery through FV hubs.

To create a harmonized evaluation effort across different hubs, in 2015 the OCRFV undertook a project to answer the questions:

How can we best evaluate FV hub quality and outcomes in Ontario?

What is the logic behind FV service hubs?

What does success look like?

How can we learn what works well in different contexts?

Specifically, OCRFV hub partners needed an evaluation framework that created consensus around the common activities and desired outcomes of hub models, the assumptions linking activities and outcomes, and tools to measure outcomes and experiences for clients and staff.

Framework Development Methods

Collaborative working group co-created framework materials

A working group of OCRFV members collaborated with evaluation consultants[3] to develop a harmonized evaluation framework for FV hubs. The design process for the evaluation framework involved ongoing consultation and feedback with working group members during monthly in-person and remote meetings. The participatory nature of the evaluation design process was intended to support shared decisions and collaboration among stakeholders and

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[1] OCRFV evaluation working group members are: DRIVEN (Durham Region), Safe Centre of Peel, Family Violence Project of Waterloo, Connecting Women with Scarborough Services, START (Peterborough), and York Region Centre for Community Safety).

[2] OCRFV partner hubs collectively serve victims and survivors of violence: individuals and families; women and men; children and youth. We recognize the gendered nature of violence and apply a feminist anti-oppressive analysis to our service delivery. The primary focus of the hubs is to provide coordinated services to women. Children are also a primary focus at many hubs, whereas other hubs connect with offsite supports for children. Some FV hubs (e.g., in south-western Ontario) also provide services to male victims of violence.

[3] Evaluation expertise on this project was provided by Dr. Anne Bergen (Knowledge to Action Consulting) and Dr. Mina Singh (York University).

evaluators, facilitate working from the strengths and experiences of all partners, and ultimately to increase ownership over final products, and therefore uptake and impact.

Background research

Literature review determined scope of evaluation

A review of grey and academic literature was conducted to identify best practices in hub evaluation (see Appendix A). This environmental scan was based on literature and resource recommendations from OCRFV hub partners, and examined the benefits and drawbacks of various approaches for the evaluation of co-located hub models for FV services.

The information collected in the literature review framed discussions within the working group about what evaluation approaches were suitable for OCRFV partners, with the idea of maximizing the potential utility of information collected, while also minimizing resource and client survey burden. Evaluation approaches identified in the literature review as beyond the feasible scope of the harmonized evaluation project, included approaches requiring ongoing access to resources and research expertise, or to detailed data from outside the hub.[4]

A sustainable yet comprehensive approach was identified by OCRFV partners: using process and outcome evaluation together for ongoing monitoring and evaluation of hub models. That is, process evaluation assesses quality of implementation by examining both program outputs (e.g., # referrals) and client and staff experiences. Outcome evaluation assesses what has changed for individuals, agencies, and systems as a result of a program. In FV hub models, these centre on clients' self-reported changes in knowledge, skills, and connection to services, and empowerment related to ease of system navigation. For service providers in FV hubs, outcomes include building knowledge and partnerships that support more coordinated services.

Process and outcome data regularly collected from clients and service providers will enable a developmental approach to evaluation, guiding the process of FV hub evolution and further implementation. Hubs are dynamic service delivery models, therefore, hub evaluation needs to

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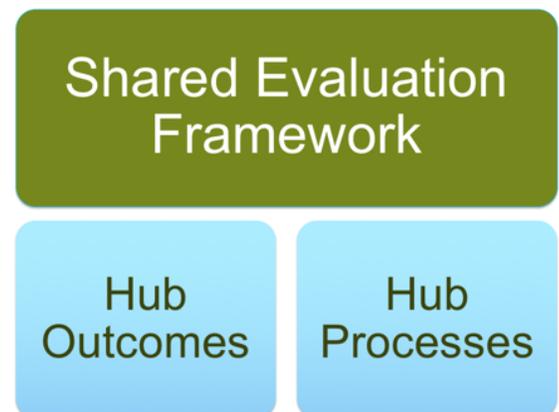
[4] These "out of scope" evaluation approaches in the OCRFV evaluation project included tracking changes in the police and criminal system requiring access to justice system data, impact evaluations looking at longer-term outcomes through a quasi-experimental time series design with a control group or counterfactual, and Social Return on Investment (SROI), where proxies are obtained to determine the value-added in programming when domestic violence is reduced. These intensive approaches to evaluation would be more suitable as separate research projects, but are less useful in ongoing hub monitoring and evaluation.

be focused on goals of iterative improvements by learning what works and what does not work in specific contexts.

Partner assets combined as foundation for harmonized evaluation

The OCRFV evaluation project built upon existing partner knowledge and evaluation resources. First, logic models from the OCRFV partners were combined and collated into a single document. Specifically, by identifying commonalities and themes in FV hub activities and outcomes for clients, service providers, and systems, it was possible to create a draft "consensus" model of the logic behind FV hubs. Client survey tools were also collected from OCRFV partners, and these existing tools were used as draft indicators for key outputs and outcomes in the consensus model.

The interim logic model developed by the Ministry of Children and Social Services (MCSS) for VAW hubs in fall 2015 was also incorporated into the consensus OCRFV model, along with MCSS reporting guidelines for outputs and outcomes.

Figure 1. Mind map from early logic model draft showing short term service provider outcome goals.

Stakeholder event prioritized evaluation options, built shared knowledge

An event with OCRFV stakeholders was used to understand similarities and differences across FV hub models, prioritize outcome goals and quality assumptions for clients, service providers, and systems, and identify feasible and useful evaluation approaches for hubs in different contexts and stages of implementation.

Invitations were shared by OCRFV working group partners with agencies working within their local hubs, resulting in sold-out registration of 50 participants across 31 agencies:

Bethesda House
Catholic Crosscultural Services
Catholic Family Services of Durham
Catholic Family Services Peel Dufferin
Community Counselling & Resource Centre
Connecting Women with Scarborough Services
DRIVEN
Durham CAS
Durham Region Domestic Violence/Sexual Assault Care Centre

Elizabeth Fry Society of Peterborough
Family Services Toronto
Family Services York Region
Regional Municipality of Durham
Herizon House
Interim Place
Kawartha-Haliburton Children's Aid Society
Legal Aid Ontario
Mackenzie Health (DASA)
Ministry of Community and Social Services (MCSS)
Ministry of Attorney General
Peel Children's Aid Society

Peterborough Regional Health Centre
Sandgate Women's Shelter of York Region Inc.
Scarborough Women's Centre
St. Mary's General Hospital
Victim Witness Assistance Program
Waterloo Regional Police
York Region CAS
York Region Centre for Community Safety (YRCCS)
York Regional Police
YWCA Peterborough Haliburton

At the event, participants worked in small groups (tables) to review and revise the draft harmonized logic model, and to prioritize process and outcomes based on: (1) importance of measurement and; (2) whether the outcome was perceived as easy or difficulty to measure. The logic model prioritization work was built around two questions:

1. What are the basic **activities** of a DV Hub?

2. What **outcomes** should we expect for **clients**, **service providers**, **systems**?

Workshop participants also worked together to describe audiences of the evaluation (e.g., clients, funders), and created engagement plans for each target audience.

Finally, workshop participants created the first draft of a common codebook for services sought and received in FV hubs. This codebook will assist in documenting and examining client needs and services available, and in sharing and combining data across hubs. Detailed results from the prioritization work are shown in Appendix B.
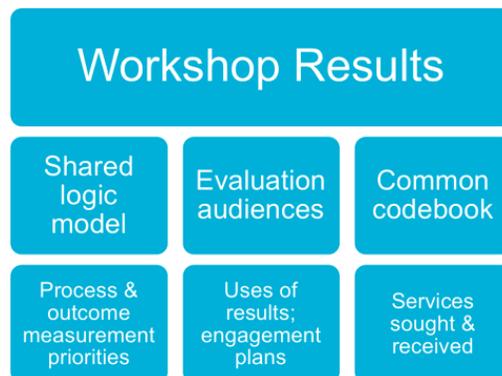
Multiple layers of review to refine the logic model and tools

After the evaluation consultants compiled the results from the OCRFV stakeholder event, the evaluation working group reviewed the next iteration of the consensus logic model, and generated a final list of key activities and outcomes that would be measured in the harmonized evaluation framework. Similarly, the OCRFV working group reviewed and provided several rounds of detailed feedback on the draft measures created for clients and service providers. A final round of review will be completed in February 2016 by all OCRFV members, as well as the project funder, the Ministry of Community and Social Services.

Results: What is the logic behind DV service hubs?

Consensus logic model

The consensus logic model shown in Figure 4 below provides an overview of shared activities and outcomes across FV hubs. In the left column, service provider activities are listed to highlight co-location and coordination of services, followed by intended outcomes for staff knowledge, partnerships and communication, and systems changes. In the right column, client-facing activities are listed, followed by intended outcomes related to clients' skills and knowledge, situations and contexts, psychosocial, and behaviour. The ultimate goals for FV hubs include improved service delivery and increased safety/ decreased violence.

In the consensus logic model, OCRFV stakeholders highlighted activities and outcomes they deemed priorities for measurement. Yellow highlighted items will be measured via secondary or administrative data, green highlighted items via client survey, and blue highlighted items via service provider survey.

Figure 2 Community Hubs for Family Violence Services: Consensus Logic Model

Activities

Service Providers

- A1) Co-locate (space; time) and collaborate in service delivery
- A2) Establish a specialized team of professionals; engage in internal collaboration (e.g., meetings, committees)
- A3) Provide opportunities for relationship building for coordination and peer support
- A4) Develop key shared tools for seamless coordination (e.g., partnership framework & operating principles, centralized intake & assessment forms, shared consent, services delivered, file management, database with tiered access by sector/mandate)
- A5) Develop and support centralized intake and case coordination processes
- A6) Engage in joint/shared training & learning
  - Joint strategic plan, gap identification, evaluation, research, development
- A7) Obtain survivor input and feedback (client-centred)
- A8) Engage in community outreach and advocacy (e.g., shared funding & resources)

Clients

- A9) Provide survivors of abuse with wraparound/ coordinated access to domestic violence services
- A10) Provide centralized intake & case coordination and shared consent process
- A11) Provide common risk assessment process at intake (B-Safer)
- A12) Develop & communicate client safety plans
- A13) Provide information & resources about available Hub services (e.g., partner list, calendar of events)
- A14) Provide internal Hub referrals
- A15) Provide internal Hub consultations
- A16) Provide onsite access to child minding services
- A17) Provide referrals to external resources/ access to offsite services
- A18) Offer follow-up and waitlist support
- A19) Increase accessibility - identify and eliminate/ reduce barriers to service (e.g., interpretation services, access to food, child-minding, accessibility for disability, remote access for rural communities)

Shorter-term Outcomes

Staff Knowledge

- ST1) Increased knowledge of partner & community agencies
- ST2) Increased knowledge of how to use tools and coordinate services
- ST3) Increased knowledge of ongoing client (safety) needs
- ST4) Increase in evaluation evidence to guide project development
- ST5) Increased knowledge of gaps and duplications in service
- ST6) Increase in trauma-informed knowledge and practice

Partnerships & Communication

- ST7) Increased communication and collaboration among service providers (improved relationships)
- ST8) Improved communication of client risk between service partners
- ST9) Improved process for addressing needs of high risk cases
- ST10) Increased information and data collection & sharing
- ST11) Increased community awareness of hub

Knowledge & skills

- ST12) More clients understand next steps (plan) in dealing with situation
- Increased knowledge of:
- ST13) Hub services & of available resources
- ST14) External resources
- ST15) Safety plans & strategies

Situation & context

- ST17) Improved intake and case coordination experience
- ST18a) Increased access to services
- ST18b) Fewer barriers to service
- ST18c) Connection with needed services under one roof

Psychosocial

- ST19) More hope for a better future (able to imagine a better future)
- ST20) Increased autonomy & empowerment
- ST21) Reduced fear and anxiety

Longer-term Outcomes

Systems Changes

- LT1) Increased ability to provide coordinated services
- LT2) Increased use of standardized & client-centred process
- LT3) Improved transitions of clients between agencies (More effective client & service provider system navigation)
- LT4) Fewer service gaps and duplications (more creative and innovative solutions for service delivery)
- LT5) More sustainable funding
- LT6) Increased referrals to Hub and community agencies

Access/ Uptake/ Behaviour

- LT7) Increased engagement & use of Hub services
- LT8) Easier and more effective system navigation
- LT9) Increased use of external resources
- LT10) Increased use of safety strategies
- LT11) Reduced recantation & minimization by victims
- LT12) Taking action to increase quality of life & determinants of health

Ultimate Goals

- UG1) Better-coordinated, more responsive service system
- UG2) Definite program sustainability
- UG3) Improved service delivery (less intrusive, more effective & cost-effective SV/DV/IPV interventions; fewer barriers and more supports/opportunities; Improved tailoring of programs to client needs)

- UG4) Increased safety/ decreased violence (fewer SV/DV/IPV assaults & homicides; less child exposure to DV)
- UG5) Improved quality of life for SV/DV/IPV survivors (social determinants of health – e.g., housing, employment; financial freedom) and better able to accomplish goals).

Highlighted items are priority to measure via: Client survey Service provider survey Secondary/ admin data

Conditional assumptions link activities and outcomes

Assumptions that are required for activities to reliably produce outcomes are listed below. Validating assumptions through assessing client and service provider experiences is one way to demonstrate process quality. As with the logic model activities and outcomes, highlighted items were identified as priorities for measurement.

- Accessibility
  - Accessibility in the building
  - Language needs
  - Location was difficult to get to
  - I had trouble with transportation
  - I live in a rural area
  - Time of services (office hours)
  - Availability of services
  - Availability of childcare
- Client privacy is respected
- ARAO (anti-racist, anti-oppressive)
- Communities need VAW/IPV/FV protocol with hub as centralized navigation lead.
- Cultural sensitivity

- Everyone works from trauma-informed approach
- Intersectionality – diversity, trauma, etc.…
- Partners see a value to relationship building
- Have a common language
- Safe secure environment, respectful
- Services are useful and relevant – client satisfied with services
- Services are socially inclusive and reach diverse victims of family violence and intimate partner violence– youth, LGBTQ, men, religion, cultural & indigenous communities

Results: What does success look like?

Indicators for process & outcome measurement priorities

For OCRFV stakeholders, a successful hub has impacts on clients, service providers, and systems. Due to the difficulties in tracking clients over time, indicators of success are relatively short-term in nature and rely on self-report. To allow triangulation of evidence related to process quality and outcome goals, half of all items have 2 or more indicators. In particular, both client and service provider surveys have both closed-ended (quantitative) and open-ended (qualitative) components. Secondary and administrative data (e.g., # referrals) are used as a further data source to assess assumptions, activity outputs, and outcome goals.

A complete overview of measurement priorities (activities, outcomes, assumptions), and the indicators for those items can be found in the Appendix C spreadsheet matrix. The formatted client and service provider measurement tools can be found in Appendix D1 and D2, respectively.

Client Outcomes and Experiences

The formatted client survey can be found in Appendix D1. The client survey is designed to capture client experiences (process quality), client perceptions of service delivery outcomes, and self-reported client outcomes. The survey is designed to be completed by clients at the end of every hub visit. Note that bolded items in the table below indicate multiple items.

Table 1. Client experience and outcome indicators
(green = client survey; blue = service provider survey; yellow = administrative & secondary data).

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
ST13) Increased knowledge of hub services & of available resources ST15) Increased knowledge of external resources	I received information about resources and services available at [hub name]. (SD-SA;5pt)	I received information about other local resources and services in the community. (SD-SA;5pt)		
ST14) Increased knowledge of safety plans & strategies	I discussed safety planning for my situation. (SD-SA; 5pt)	I learned new ways to manage my safety needs. (SD-SA;5pt)	I created a safety plan for myself. (SD-SA;5pt)	I created a safety plan for my children.(SD-SA;5pt)
ST16) More clients understand next steps (plan) in dealing with situation	As a result of hub services….I better understand the next steps in dealing with my situation. (SD-SA;5pt)			
ST17) Improved intake and case coordination experience	I felt my needs were understood. (SD-SA;5pt)	I felt staff were working together as team to help me. (SD-SA;5pt)		
A18) Provide onsite access to child minding services (VAWST-2) ST18c) Fewer barriers to service Assumption: Accessibility	I was satisfied with the child-minding services. (SD-SA;5pt)			
ST18a) Increased access to services	Services were easy to access. (SD-SA;5pt)	How many service providers did you meet with at [this hub]? (#)		

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
ST18b) (Connection with needed services under one roof	I was connected to the services I need. (SD-SA;5pt)	It was helpful to receive services and supports at one location. (SD-SA;5pt)		
A21) Increase accessibility ST18c) Fewer barriers to service Assumption: Accessibility	Did you have difficulties accessing [hub name] due to any of the following? Choose all that apply. - No difficulties - Accessibility in the building - Language needs - Location was difficult to get to - I had trouble with transportation - I live in a rural area - Time of services (office hours) - Availability of services - Availability of childcare - Other (please specify):	If you had any difficulties, were they resolved? (please explain your answer) (open ended)	Client demographics	
ST20) Increased autonomy & empowerment	As a result of hub services….I feel more in charge of my own life. (SD-SA;5pt)			
LT7) (VAWLT-5) Increased engagement & use of Hub services	How many times have you visited [hub name]? (#)	How many service providers did you meet with today at [hub name]? (#)	What would you tell your friends and family about your experience at [hub name]? (open ended)	What did you appreciate most about your visit(s) to [this hub]? (open ended)
LT8) (VAWLT-5) Easier and more effective system navigation	I was connected to the right services at the right time. (SD-SA;5pt)	Themes from explanation of challenges, whether would recommend to friend & what would tell a friend.		
UG6) Increased safety/ decreased violence	Coroner reports on service coordination	[Future] Hubs eventually should reduce DV (no woman who had contact with a hub subsequently murdered – like accident-free	As a result of hub services….I feel safer (SD to SA; 5-pt)	

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
		working days – homicide free working days. Need to link with police database		
UG4 Service Delivery; Assumption: quality services	As a result of hub services… I would recommend these services to others. (SD-SA;5pt)	What would you tell your friends and family about your experience at [hub name]? (open ended)	What did you appreciate most about your visit(s) to [this hub]? (open ended)	What changes or improvement would you recommend? (open ended)
Assumption: Maintain and respect client privacy during information sharing at hub	Was your personal information shared at [hub name] in a way that respected your privacy? ☐ Yes ☐ Somewhat ☐ No Please explain your answer:	Do you have any privacy concerns about how client information is shared at this hub? ☐ Yes ☐ Somewhat ☐ No Please explain your answer:		
Assumption: cultural sensitivity, ARAO, intersectionality	I received service in a manner sensitive to my culture, background or other life circumstances. (SD-SA;5pt)			
UG4 Service Delivery; Assumption: quality services	I felt [hub name] was a safe and secure space. (SD-SA;5pt)			
UG4 Service Delivery; Assumption: quality services	I felt listened to and respected. (SD-SA;5pt)			
UG4 Service Delivery	I was satisfied with the wait for services I received today. (SD-SA;5pt)	I was connected to the right services at the right time. (SD-SA;5pt)		
UG4 Service Delivery; Assumption: quality services	I felt the staff were knowledgeable and skilled. (SD-SA;5pt)			
UG4 Service Delivery;	The information provided was useful.			

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
Assumption: quality services	(SD-SA;5pt)			
UG4 Service Delivery; Assumption: quality services	Overall, I was satisfied with the services I received. (SD-SA;5pt)	What did you appreciate most about your visit(s) to [this hub]? (Open ended)	What changes or improvements would you recommend? (Open ended)	
Assumption: Reaching non-traditional victims of IPV/FV – youth, LGBTQ, men, religion, cultural & indigenous communities	Client demographics			

Service provider and system indicators

The formatted service provider survey can be found in Appendix D2. The service provider survey is designed to track both experiences at the hub (process quality) and outcomes for agency, staff, and systems. The service provider survey is designed to be completed once or twice a year by hub staff. For small hubs where handwriting identification creates a risk of identifiable surveys, the survey could be completed online or through an electronic document (e.g., fillable pdf). Note that bolded items in the table below indicate multiple items.

Metrics from administrative data can be used as indicators of hub process quality and outcomes, and to support and verify self-reported evaluation findings. For example, tracking number and type of referrals can be used to measure "increased communication and collaboration among service providers", together with self-report from service providers about working relationships inside and outside of the hub, and referrals to the right place at the right time.

Table 2. Service provider, agency, and systems level indicators
(blue = service provider survey; green = client survey; yellow = administrative & secondary data).

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
ST6) Increased communication and collaboration among service providers	# & type of referrals and consultations (inside Hub)	Overall, I have a strong working relationships with onsite Hub partners. (SD-	Overall, I have strong working relationships with offsite community partners and	I understand how to refer clients to the right service at the right time. (SD-SA;5pt)

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
		SA;5pt)	organizations. (SD-SA;5pt)	
ST7) Improved communication of client risk between service partners	Our hub team effectively works together to deal with high risks cases. (SD-SA;5pt)	# case conference, B Safer conference, Jackie Campbell assessment		
ST23) Improved process for addressing needs of high risk cases	I understand how to deal with high risk cases. (SD-SA;5pt)			
ST12) Increased knowledge of gaps and duplications in service LT4) Fewer service gaps and duplications. Creative and innovative solutions for service delivery.	What are the gaps you have identified in the services for clients? (open ended)	Map waitlists.	Success stories of innovative solutions for service delivery.	Being a partner in the Hub has improved our agency's ability to meet demand for service. (open ended)
LT13) (Increased referrals to Hub and community agencies	# & type of referrals (inside/outside Hub)			
LT1) Increased ability to provide coordinated services	I am easily able to coordinate services within the Hub. (SD-SA;5pt)	I am easily able to coordinate services outside the Hub. (SD-SA;5pt)		
UG4) Improved service delivery	The hub model supports my capacity to offer high quality services. (SD-SA;5pt)	How, if at all, has working at the hub changed your practice? (open ended)	What do you appreciate most about working at [this hub]? (open ended)	What changes or improvements would you like to see at this hub? (open ended)
A1) Co-locate (space; time) and collaborate in service delivery A2) Establish a specialized team of professionals; engage in internal collaboration (e.g.,	Hub structure and meetings.	Are you an □ onsite or □ offsite partner at [Hub name]?		

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
meetings, committees)				
A5) Develop and support centralized intake and case coordination processes	There is a well managed centralized intake at my hub. (SD-SA;5pt)	Do you have access to the hub database? ☐Yes ☐ No ☐ n/a (no database)	Please explain how hub leadership impacts your agency's ability to coordinate with Hub partners. (open ended)	
A6) Engage in joint/shared training & learning	I am satisfied with joint/shared training & learning opportunities within my hub. (SD-SA;5pt)			
Assumption: Maintain and respect client privacy during information sharing at hub	Was personal information shared within this hub in a way that respected client privacy? ☐ Yes ☐ Somewhat ☐ No Please explain your answer:	Do you have any privacy concerns about how client information is shared at this hub? ☐ Yes ☐ Somewhat ☐ No Please explain your answer:		
A4) Develop key shared tools for seamless coordination A12) Provide centralized intake & case coordination and shared consent process	Hub tool inventory- e.g., partnership framework & operating principles, centralized intake & assessment forms, shared consent, file management, database with tiered access.	There is a well managed centralized intake at my hub. (SD-SA;5pt)		
A14) Develop & communicate client safety plans	# of safety plans			
A16) Provide internal Hub referrals & consultations A17) Provide internal Hub	# & type of referrals (inside/outside Hub)			

Logic Model Priority	Indicator 1	Indicator 2	Indicator 3	Indicator 4
consultations A19) Provide referrals to external resources/ access to offsite services				

Next steps for OCRFV evaluation

How can we learn what works well in different contexts?

Data collection and sharing

Beginning data collection with the harmonized evaluation framework requires OCRFV hubs to change their client survey, adjust the metrics they are tracking, and update their databases (where applicable) with the new variables.

Table 3. Data collection plan.

Measure	Timing
Client survey	After each visit to hub
Staff survey	Once or twice yearly
Secondary/ admin data	Collate monthly or quarterly.

Custom database development and rollout

OCRFV partners are investigating updates to a shared database system built by Palomino Systems. This tool will eventually be able to allow multiple levels of access to shared data (by hub location, organization, role, etc.). The roll out across partners has been challenging. In the interim period before a secure shared database with user management is in place, hubs need support and resources for data sharing and rollup. In particular, the resources required to roll up data across hubs on a semi-annual basis have not yet been defined or located.

Questions: Could a data analyst could be contracted to help support the hubs with developing a shared data analysis framework that is compatible with their current databases? More specifically, can the analyst be involved in helping to shape the development and implementation of the database before the database is fully in place?

Common codebook of services sought/ received

The purpose of this "codebook" is to itemize the reasons for seeking services and services received within FV hubs in Ontario. The codebook creates shared categories for documenting and examining client needs and services available, and will assist in sharing and combining data across hubs.

Table 4. Services sought and received at hubs.

Major Service Areas	Details

Major Service Areas	Details
1) Crisis Intervention	
Early Police Services	• Reporting on-site with support
Early Victim Services	• Victim Quick Response/ Integrated Domestic Violence Unit
Domestic Violence Early Services	• Admission to a shelter • Crisis Counselling • Risk Assessment and Safety Planning
2) Intervention and Supports	
Assessment	• Central intake form • Needs and risk assessment • Consent for multiple partners to view information • Develop safety plan • Identification of options • Facilitate navigation of services • Referrals to internal and external agencies
Child protective services	• Assessment • Safety planning • CAS support-advocacy • CAS mandated • CAS high risk infant services
Child welfare	• Referrals for children's counselling, family counselling • Referrals to meet instrumental needs (i.e. housing, food security) • Support groups for children • Child witness programs • Parenting groups • School placements for children
Employment Services	• Employment counselling • Employment workshops (resume writing, interviewing skills etc.) • Resource Centre with computers and fax
Financial assistance	• Access to financial assistance for rental arrears, rent for last month, moving costs • Access to financial assistance for utility bills • Financial assistance to address immediate safety concerns-if eligible • Support in applying for Criminal Injuries Compensation • Financial Literacy program • Ontario Works, ODSP
Housing	• Access to landlord database

Major Service Areas	Details
	• Coordinating shelter placement and housing assistance • Facilitate identifying housing options or with completing subsidized housing paperwork, including special priority housing • Subsidized Housing Services: will assist in completing new applications, updating existing applications, advocating and mediating for tenants when issues arise with subsidized housing

Legal Aid and Services	• One of the top services requested behind only counselling and safety planning
	• Legal advice sought for:
	  – Criminal compensation claims,
	  – Human rights claims,
	  – Immigration services,
	  – Consumer/ collections assistance (e.g. Arrears),
	  – Family law,
	  – Employment insurance,
	  – Court support and accompaniment,
	  – Process for laying a charge and leaving the relationship,
	  – Facilitation of the prosecution of domestic abuse cases and early intervention.

Mental health/Addictions	• Assess individuals who have mental health and/or substance abuse issues in order to support their referral to the appropriate CMHA and/or community service. • Specialized mental health and/or addictions counselling
Settlement and immigration services	• Culturally specific services • Interpretation/translator • Settlement services for newcomers to Canada • Peer support groups for immigrant women
Sexual Assault and Rape Services	• Provide medical forensic services for youth (over 12) and adults recently assaulted by a current or past intimate partner or anyone recently sexually assaulted. • Access to support groups • Forensic documentation • Medical reports • counselling (i.e. individual, group) • STI/HIV/AIDS testing, referrals, and supports
Youth Services	• Counselling and support services • Family counselling • Child Witness Programs
Additional services	• Access to Transportation

Major Service Areas	Details
	• Provision of childcare • Provision of snacks/drinks • Provision of grocery gift cards • Provision of toiletries
3) Prevention	
Community Education	• Community presentations (school boards) • Violence awareness and recognition; abuse education
Violence	• Safety plans
4) Universal Supports	
Food and Clothing	• Access to clothing vouchers • Basic clothing and bedding and small household items • Emergency clothing-new and gently used • Food box for those in financial need • Hygiene bags for those in financial need • Provision of furniture through furniture banks
Parent Education	• Counselling, education and parenting resources to prenatal and parenting • Parent education and resource guidance • Parenting programs • Transitional Support & Child Witness Program • Young Parent Support Services
Support Groups	• Women's support groups
Additional services	• Access to Transportation • Provision of childcare • Provision of snacks/drinks

Making use of evaluation: audiences and engagement

The results of FV hub evaluations are relevant to multiple audiences. Planning for audience engagement as part of the evaluation framework emphasizes the importance of utilization of evaluation results – and the fact that knowledge does not mobilize itself. To allow for learnings from evaluation to improve future practice, FV hubs need to work to disseminate and share key findings, with hub partners, clients, and funders, as well as other potential audiences.

The following table lists potential audiences of FV evaluation results, ways the evaluation results can and should be used, and suggests techniques for audience engagement. A selection of engagement and communications methods tailored for particular audiences is most likely to lead to awareness, uptake, and use of evaluation results.

Note that many of the engagement methods overlap with hub activities related to communication, collaboration, and outreach.

Table 5. Using evaluation results: audiences and engagement.

Audience	Use of evaluation results	Engagement methods
- Clients - Community agencies - Community members - Donors, funders, foundations - Federal, regional, provincial governments; specific ministries (MOHLTC; MCSS etc.).) - Hub members - Media (public awareness) - Networks (DV, VAW, etc.) - Other multi agency service-mental health and additions - Other stakeholder agencies - Politicians - Public - Relevant communities - Researchers (academic, community) - Service providers - Steering committee	- Communication between agencies - to improve collaboration - to improve employee morale - build and maintain buy-in for hub participation - Community outreach - To determine gaps and provide best practice evidence - to confirm/prove effectiveness-we are doing what we are saying we are doing and doing it well - to work towards reducing and eliminating service gaps - identify gaps in efficiencies - Financial - justify value for money to public and funders - to obtain sustainable funding - investment of resources - value of donation or contribution - are we advancing our mission-can we afford it? Can we afford not to do it? - maintain accountability to funders - Identify further research opportunities (e.g., developmental evaluation, comparison across sites, social return on analysis) - Service Improvement - agency development - to support our outcomes - more outreach - Program development - Raise awareness - advocacy - to inform of services - promote education and awareness of VAW/IPV/FV - Support other initiatives (e.g., systems change projects; sector-wide evaluation and collective impact)	# and % of outputs and change 1:1 with clients - Acknowledgement - Annual reports - Awards - Community fundraising activities - Community presentation - Conference presentations - Cultural and multi-linguistic media - Develop community engagement plan - Discussion groups - Facts - Focus groups - Forums/events/workshops - Government advocacy-action committees - Hub websites - Infographic - Media and social media - Meetings - Newsletters - Political forums - Press conference - Reports - Statistical analyses - Stories - Surveys

Appendices

Appendix A_Literature Review Final - Sept 17.pdf

Appendix B_OCRFV - Brief Event Report - Nov 2015.pdf

Appendix C_Shared Outcomes and Indicators_Feb 25.xlsx

Appendix D1_Client Survey_v11_Feb 23.pdf

Appendix D2_Service Provider Survey_v8_Feb 25.pdf