

VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW

GUIDANCE DOCUMENT: EVALUATION

JUNE, 2013

What is evaluation? Evaluation is the process of assessing the success of a project or program towards its stated goals and purposes. In Fatality Review, evaluation can be used to examine a variety of aspects of the process and its impact on the community. This Guidance Document and the accompanying resources were designed to assist Virginia's Domestic Violence Fatality Review (DVFR) Teams in exploring the benefits of different types of evaluation, and strategies for planning and implementing an evaluation plan that suits their individual team's needs and resources. For more information or assistance, contact Emma Duer, State DVFR Coordinator (see reverse for contact information).

Getting Ready: Needs Assessments and Logic Models

Evaluation can include a broad range of questions and strategies for assessing different aspects of fatality review. Before embarking on an evaluation project with your team, consider your team's particular needs and capacity. You'll want to answer questions such as:

- What is the goal of evaluation for our team? What do we hope to learn?
- What is our capacity to conduct evaluation activities?
- What do we plan to do with the information we collect? How will it be used?

In order to answer these questions, an informal needs assessment could suffice. Set aside a few minutes at a team meeting for discussion, or pass around a survey to gather ideas and feedback from members.

A tool called a Logic Model might assist you further in seeing the big picture and in considering the many aspects of fatality review that could be included in your evaluation. If you're interested in evaluating the impact of your team's activities on the community at large a Logic Model can be especially helpful, as long-term outcomes can be difficult to measure.

Put most simply, a Logic Model de-

scribes each of the components of DVFR which can be evaluated. This includes your teams "inputs" (your assets and resources as a team: e.g., your members and their knowledge and time), "outputs" (the team's activities and products, including meetings and reports), and ultimately it's "outcomes" (from increasing awareness in your community, to ultimately reducing the number of DV-related deaths).

Use the attached sample Logic Model or create one of your own using the blank template. Then select any combination of inputs, outputs, or outcomes as the focus of your evaluation.

Making a Plan: 5 Steps to Evaluation

An "Evaluation Plan" can provide the framework for your team's evaluation activities—and it need not be complex. Answering the following basic questions will clarify your team's goals and priorities; each team and their community presents unique challenges and opportunities, and any evaluation should be built around these for the best results.

Step 1: Who cares?

First, who on your team or in your community is interested in evaluation? Is it your team members and their agencies? Community partners? Funders or other supporters such as local government?

Step 2: What do they care about?

What kind of information are you interested in? Member satisfaction, the nuts-and-bolts of case review, or effective recommendations? Focus on what is most important to your team and its stakeholders.

Step 3: Where is the information?

Where will you need to look to find the information you're after? Your members can provide information on aspects of team functioning. Where will you look to evaluate the impact of your

recommendations?

Step 4: How will I get it?

Some information for your evaluation exists already, such as community statistics on crime or service delivery. But you may also need to find or develop a tool to collect what you are interested in, such as with a survey or interview.

Step 5: How will I share it?

Once you have the information you want, how will you share it with those who are interested? A written report or short presentation could communicate your summary and analysis.

June, 2013

See the attached resources:

- Sample Logic Model
- Logic Model Template
- Quantitative Survey
- Qualitative Survey
- Child Fatality Review Sample Assessment

Data Collection: Choosing the Right Tools

If your evaluation plan includes collecting data that is not currently available, you will need to locate or create a tool for collecting it.

There are two main types of data: qualitative (who, what, how, and why), and quantitative (how much/many). Depending on what kind of information you need and how you plan to use it, you may choose to collect one or both types of data.

Qualitative data can be especially helpful when you are first beginning evaluation or if you are addressing a new question, because it tends to be ex-

ploratory in nature. Qualitative information can easily be collected through interviews, or surveys that request open-ended responses. The resulting data can be analyzed by looking for patterns or themes, such as how many times respondents mentioned parking in response to a question about challenges to meeting attendance.

In contrast, quantitative information can be collected using a tool such as a survey containing scale, number, or multiple choice questions. For example, a survey of team members could ask respondents to rate the cohesiveness of

the team on a scale of 1 to 5. The resulting data can then be summarized by tallying the number of responses for each level of the scale (e.g., “25% responded with 1 or 2”), or with an average of all the responses (e.g., “the average response was 4.2”)

Examples of both quantitative and qualitative team assessment surveys are available in the [Team Protocol and Resource Manual](#). To create one of your own, free tools like [surveymonkey.com](#) allow you to easily distribute an online survey to team members or community stakeholders.

Sharing the Results

What and how you share the results of your evaluation activities will depend on your team’s goals. In general, evaluation data should be analyzed to determine whether and how your team made progress toward its goals and objectives; the resulting findings can be presented in terms of what successes and challenges you identified, areas for further evaluation, and recommendations for improvement.

Whether your audience is your team or the larger community, you should consider tailoring your reporting to suit your evaluation goals. If your team is publishing a report on review findings, evaluation findings can be included in the same document. Some audiences may benefit from an in-person presentation that allows for discussion, or a separate report that provides additional background information.

“What Does Success Look Like?”

How your team is functioning and what your impact may be can be hard to measure. How do you connect a complex outcome, such as a reduction in homicides, to your team’s activities? In evaluation we often use process and outcome “indicators” to make the connection. Indicators are measurable factors that show progress toward your teams goals.

Follow these steps to determine appropriate indicators for your team’s evaluation:

1. Refer to the attached logic model, or make your own using your team’s mission statement and protocol

2. Select which aspects of fatality review you wish to evaluate (processes [inputs and outputs] such as membership and reporting; and/or outcomes such as public awareness)
3. For each component, ask “What does success look like?”

Example:

Selected Process: Case Review

Success is: All eligible cases are reviewed within 1 year of adjudication

Indicator: Length of time to complete case review

For more information on Virginia DVFR:

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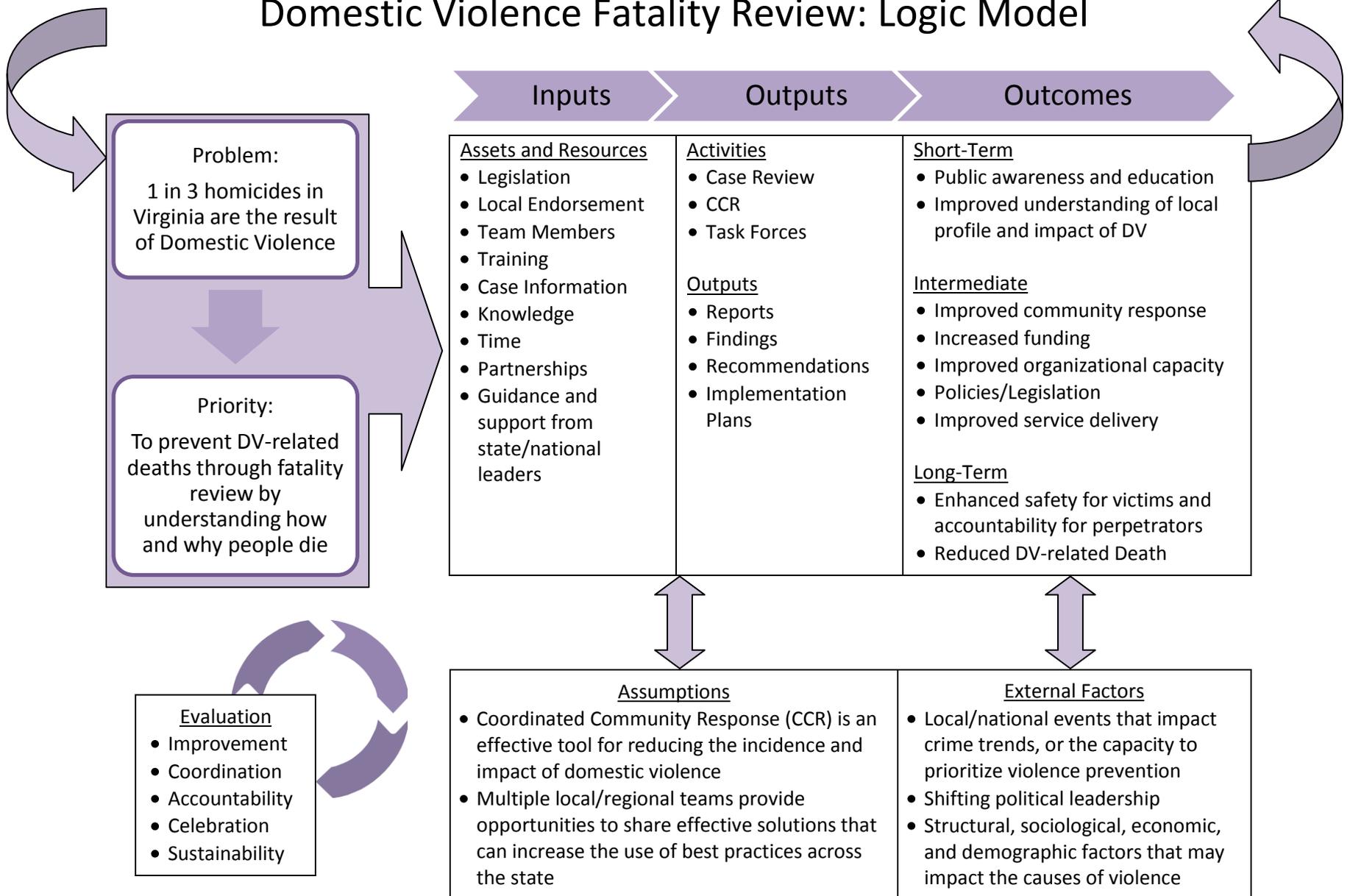
Sample Process Indicators:

- Meeting attendance
- Response to invitations/requests
- Actions implemented by team
- Interagency interactions/agreements

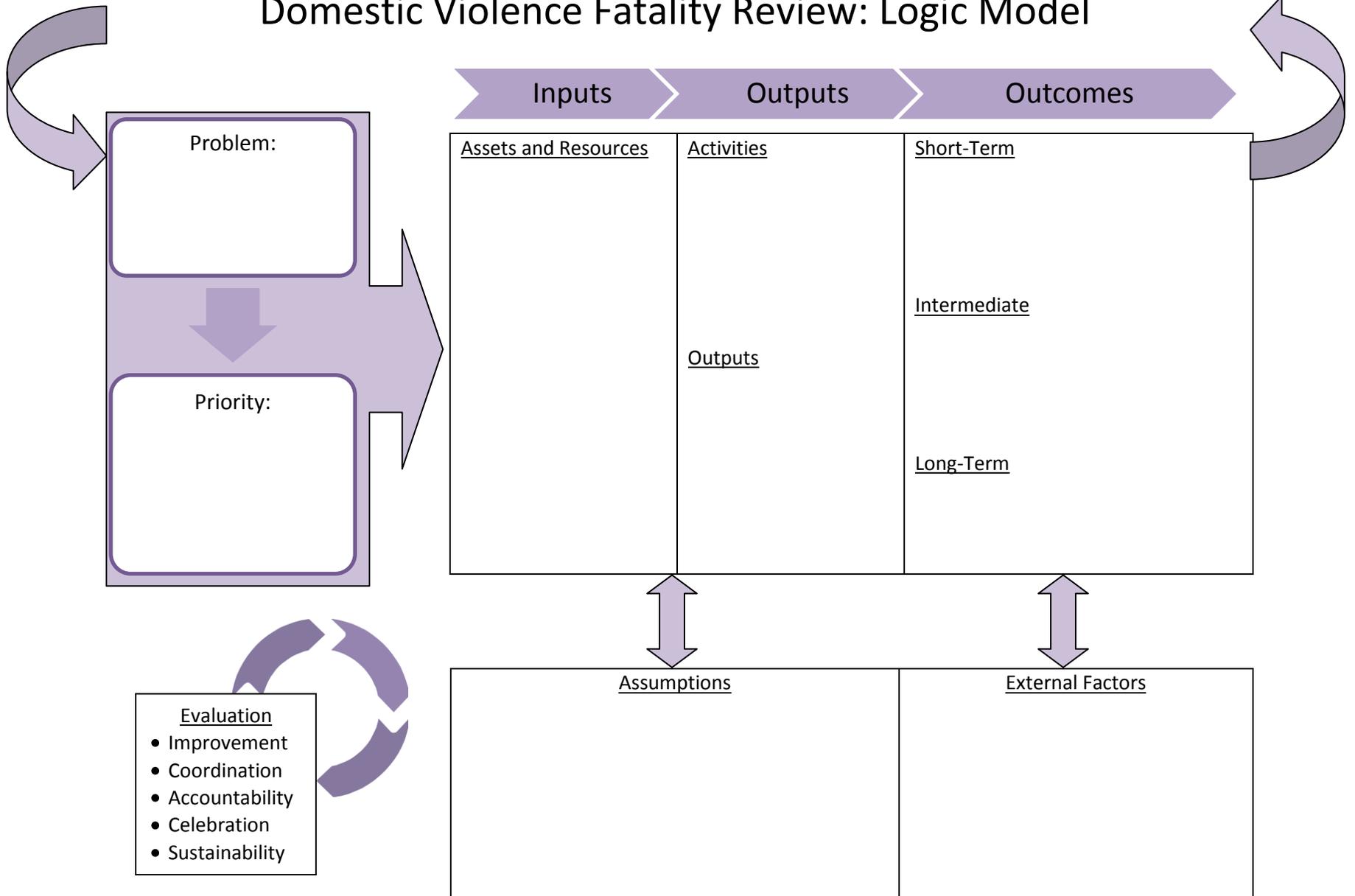
Sample Outcome Indicators:

- Community knowledge of lethality risks and available services
- Number of trained service providers
- Reduction in risk factors
- Increased funding for response and prevention services

Domestic Violence Fatality Review: Logic Model



Domestic Violence Fatality Review: Logic Model



Document 18: Team Evaluation Form (B)
Adapted and used with permission from the Virginia Maternal Mortality Review Team.

TEAM EVALUATION FORM

Please rate how much you agree with each of the following statements.

- 1= Strongly Disagree
- 2 = Disagree
- 3 = Agree
- 4 = Strongly Agree

| TEAM PROCESS | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|------------------------------|-----------------|--------------|---------------------------|
| Team members talk openly, share skills and knowledge, and learn from one another..... | 1 | 2 | 3 | 4 |
| Team members have a shared sense of purpose and direction..... | 1 | 2 | 3 | 4 |
| Team members feel equally responsible for the team's functioning and outcomes..... | 1 | 2 | 3 | 4 |
| The Team uses the consensus process adequately to draw conclusions..... | 1 | 2 | 3 | 4 |
| Team members draw on the resources and talents of all members..... | 1 | 2 | 3 | 4 |
| All team members actively participate in the process..... | 1 | 2 | 3 | 4 |
| Team members resolve disagreements effectively..... | 1 | 2 | 3 | 4 |
| The meeting atmosphere is informal, comfortable, relaxed..... | 1 | 2 | 3 | 4 |
| Team members are genuinely engaged in the process..... | 1 | 2 | 3 | 4 |

COMMENTS ON TEAM FUNCTIONING AS A WHOLE:

| <i>TEAM COORDINATION</i> | Strongly _Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------------------|-----------------|--------------|---------------------------|
| Team facilitator is effective in guiding the team through the case review process..... | 1 | 2 | 3 | 4 |
| Meeting materials are acceptable in content and form..... | 1 | 2 | 3 | 4 |
| The coordinator effectively works toward accomplishing the original mission of the team..... | 1 | 2 | 3 | 4 |
| Meetings are well planned and executed to accomplish the goals of the Team..... | 1 | 2 | 3 | 4 |
| The coordinator consistently works within the protocol established by the Team..... | 1 | 2 | 3 | 4 |
| The coordinator keeps me informed of issues relevant to maternal mortality review..... | 1 | 2 | 3 | 4 |
| The coordinator responds appropriately to suggestions for improvements by Team members. | 1 | 2 | 3 | 4 |

COMMENTS ON THE COORDINATION OF THE TEAM'S WORK:

| MY ROLE ON THE TEAM | Strongly _Disagree | Disagree | Agree | Strongly Agree |
|--|-------------------------------|-----------------|--------------|---------------------------|
| I am comfortable sharing my thoughts and concerns with the Team..... | 1 | 2 | 3 | 4 |
| I am happy with the direction in which the Team is moving..... | 1 | 2 | 3 | 4 |
| I am pleased with the accomplishments of the Team so far..... | 1 | 2 | 3 | 4 |
| I think the pace of the Team's work is appropriate..... | 1 | 2 | 3 | 4 |

COMMENTS ON HOW I FEEL ABOUT MY ROLE ON THE TEAM:

THE ONE THING I WISH I COULD CHANGE ABOUT THE TEAM IS:

THE ONE THING I WISH I COULD TELL THE COORDINATOR IS:

Document 17: Team Evaluation Form (A)
(Adapted and used with permission from the Henrico, Virginia DVFRT)

Team Evaluation Form

Please complete the following evaluation to provide your thoughts on the team's review process and to make recommendations for the improvement of future case reviews. Your candid feedback is critical to the continued success of this process, and we appreciate you taking the time to complete the following questions:

CASE REVIEW PROCESS:

1. Do you have any suggestions for improving future case reviews?

2. Did you feel that too much, too little, or not enough time was spent on the team's first case review? What amount of time would be appropriate for conducting future case reviews?

3. Was the Case Review Data Collection Form a useful tool? Does it need to be revamped in any way to make it more user-friendly?

LOGISTICAL ISSUES:

1. Are you satisfied with the frequency of team meetings and the current meeting time of (time/day etc.)?

2. Are you satisfied with how team meetings are facilitated? If not, what could be done to improve the quality of team meetings?

TEAM MEMBERSHIP:

1. Does the team need to expand its membership? If so, what agency/members/representatives should be asked to join the team?

2. Are you currently satisfied with your membership on the team? Are there any other representatives from your agency that should consider joining the team?

INITIAL REPORT/TEAM RECOMMENDATIONS:

1. Were you satisfied with the recommendations as outlined in the team's initial report?

2. Were you satisfied with the overall content of the team's first report? What can be done to improve the quality of future reports?

GENERAL FEEDBACK:

1. Please offer any other thoughts or comments below:

Regional Child Fatality Review Teams in Virginia
One Year Later – Lessons Learned, Charting the Future
Assessment Tool Exercise

Tuesday: April 30, 2013: 3:45 p.m. – 5:00 p.m.

The following Assessment Tool was designed to help your child death review team evaluate its strengths, challenges, and priorities in several areas related to implementation of strong death review practices. These items were drafted using Virginia legislation and national best practices as established through the work of colleagues and teams in other states and through resource materials provided by the National Center for the Review and Prevention of Child Deaths. Your Team will have roughly 75 minutes to begin discussion of this 45-item tool, reflecting on what is working, what needs improvement, and Team priorities. Your notes and comments during this discussion will form the basis for a larger discussion with state and national experts on Wednesday morning.

Wednesday: May 1, 2013: 8:30 a. m. – 10:15 a.m.

Team members will use their discussion of this tool, which is recorded below, to frame questions and a plan for future work together as a team. Using national and state consultants on child death review, this session will focus on helping your Team to address any concerns, questions, or barriers identified through use of this assessment tool.

Commonwealth of Virginia, Regional Child Fatality Review Teams

Team Assessment Tool: April 30, 2012

| | The following categories of information will help you to assess the status of your regional child fatality review team efforts and identify areas or practices needing additional attention as the team moves forward in its work | Strength | Challenge | Priority | Don't Know | Notes/Discussion |
|---|---|----------|-----------|----------|------------|------------------|
| Membership and Professionals on the Team | | | | | | |
| 1. | Overall, we have the right team members at the table. | | | | | |
| 2. | Child Protective Services social workers | | | | | |
| 3. | Child Protective Services supervisors | | | | | |
| 4. | Representative from Child Advocacy Center | | | | | |
| 5. | Representative from Prevent Child Abuse Virginia | | | | | |
| 6. | Representative from the Safe Kids Coalition | | | | | |
| 7. | Local law enforcement officers | | | | | |
| 8. | Local health departments | | | | | |
| 9. | Pediatricians | | | | | |
| 10. | Hospital representatives | | | | | |
| 11. | Forensic pediatricians | | | | | |
| 12. | School district representatives | | | | | |
| 13. | Medical examiner/Forensic pathologist | | | | | |
| 14. | Commonwealth's Attorneys | | | | | |

| | The following categories of information will help you to assess the status of your regional child fatality review team efforts and identify areas or practices needing additional attention as the team moves forward in its work | Strength | Challenge | Priority | Don't Know | Notes/Discussion |
|------------------------|--|-----------------|------------------|-----------------|-------------------|-------------------------|
| 15. | Emergency Medical Services providers | | | | | |
| 16. | Community mental health | | | | | |
| 17. | Substance abuse services | | | | | |
| 18. | Domestic violence specialists | | | | | |
| 19. | Other: | | | | | |
| 20. | Other: | | | | | |
| 21. | Other: | | | | | |
| Team Meetings | | | | | | |
| 22. | Team members have adequate notice of meeting dates and times and these dates and times are not changed once scheduled. | | | | | |
| 23. | Meetings are well-organized and facilitated. | | | | | |
| 24. | Time frames for team meetings allow for full review of each case. | | | | | |
| 25. | Team members respect and listen to each other. | | | | | |
| Confidentiality | | | | | | |
| 26. | The team has a clear policy and procedure for protecting confidentiality in cases under review. | | | | | |
| 27. | The team's policy and procedure is followed in all cases. | | | | | |
| 28. | Each team member and guest to team meetings signs a confidentiality form in each child death case. | | | | | |
| 29. | New members are oriented to the team's policy and procedure on confidentiality. | | | | | |

| | The following categories of information will help you to assess the status of your regional child fatality review team efforts and identify areas or practices needing additional attention as the team moves forward in its work | Strength | Challenge | Priority | Don't Know | Notes/Discussion |
|--------------------------|---|----------|-----------|----------|------------|------------------|
| Case Presentation | | | | | | |
| 30. | Local agencies and organizations are cooperative in providing information on a child and her/his family to the team. | | | | | |
| 31. | Case presenters are well-prepared for their presentation and bring all relevant materials to team meetings. | | | | | |
| 32. | The team is getting all the information it needs to thoroughly review each child's death. | | | | | |
| 33. | By the end of each review, a multi-agency, multidisciplinary perspective on the child and his/her family is achieved with the information provided. | | | | | |
| Case Review | | | | | | |
| 34. | Team members have the training and resources to review cases of suspected child abuse and neglect. | | | | | |
| 35. | Team members actively participate in case discussion. | | | | | |
| 36. | The team gets permissions from the appropriate Commonwealth's Attorney before reviewing a child death case that has not been fully investigated or prosecuted. | | | | | |
| 37. | Team members practice a no-blame, no-shame approach to child death. | | | | | |
| 38. | Team members are able to identify and understand all services provide to a child and her/his family. | | | | | |
| 38. | Team members are able to identify risk factors in child death cases they review. | | | | | |
| 40. | Team members are able to identify system failures in child death cases they review. | | | | | |
| 41. | There is adequate time devoted to review of each child death case at team meetings. | | | | | |

| | The following categories of information will help you to assess the status of your regional child fatality review team efforts and identify areas or practices needing additional attention as the team moves forward in its work | Strength | Challenge | Priority | Don't Know | Notes/Discussion |
|--|---|----------|-----------|----------|------------|------------------|
| Data, Findings, and Recommendations | | | | | | |
| 42. | The team has a well-organized process for completing the data form using the National Center for the Review and Prevention of Child Deaths Case Reporting System. | | | | | |
| 43. | At the end of each case review meeting, the team recorder has a completed data form. | | | | | |
| 44. | Findings from the team review form the basis for each team recommendation. | | | | | |
| 45. | Team members volunteer to take team recommendations to their agencies and organizations. | | | | | |
| 46. | Team recommendations directly address problems of child abuse and neglect in our region. | | | | | |
| 47. | Team recommendations can transfer to community agencies and organizations and impact our regional response to child abuse and neglect. | | | | | |

