



IMPRODOVA Assessment Framework Deliverable Report (D4.1)

by Norbert Leonhardmair, Paul Luca Herbinger, and Marion Neunkirchner,
March 2020

IMPRODOVA project

Grant Agreement Number 787054

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 787054. This report reflects only the authors' views and the European Commission is not responsible for any use that may be made of the information it contains.

Website: www.improdova.eu

Twitter: <https://twitter.com/improdova>

LinkedIn: www.linkedin.com/in/improdova-project-7067791a6

Facebook: www.facebook.com/improdova

ResearchGate: www.researchgate.net/project/IMPRODOVA-Improving-Frontline-Responses-to-High-Impact-Domestic-Violence-3

YouTube: www.youtube.com/channel/UC998cREyGoT--daViEII2fQ

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. INTRODUCTION | 3 |
| 2. NORMATIVE FRAMEWORK | 4 |
| 2.1. Fundamental rights and needs of persons involved in cases of DV | 4 |
| 2.2. Capacity Building & Use-Value for FLRs | 5 |
| 2.3. Usability & Intelligibility of Tools | 6 |
| 3. TASK SPECIFIC ASSESSMENT | 8 |
| 3.1. Policy-making toolkit | 8 |
| 3.1.1. T3.1 objectives | 8 |
| 3.1.2. Policy-making toolkit success measures | 8 |
| 3.2. Risk assessment integration module | 9 |
| 3.2.1. T3.3 description | 9 |
| 3.2.2. Risk assessment integration module success measures | 9 |
| 3.3. Training material and formats | 9 |
| 3.3.1. T3.4 objectives | 9 |
| 3.3.2. Training material and formats success measures | 10 |
| 3.4. Frontline Responder ICT Platform | 11 |
| 3.4.1. T3.5 objectives | 11 |
| 3.4.2. Frontline Responder ICT Platform success measures | 11 |
| 4. METHODOLOGIES | 12 |
| 4.1. Face-to-face interview | 12 |
| 4.2. Focus group discussions | 12 |
| 4.3. Surveys | 13 |
| 4.3.1. Single measure | 13 |
| 4.3.2. Pre-/Post assessment | 13 |
| 4.3.3. Control group design | 14 |
| 4.4. Pilot design | 14 |

1. INTRODUCTION

This deliverable aims to outline criteria for assessing the IMPRODOVA toolkits developed in WP3. The assessment of the WP3 toolkits is performed in tasks 4.2-4.5; every toolkit developed in WP3 having its own respective, devoted assessment task. T4.1 will take the success criteria defined in WP3 for each task specifically and operationalise these into indicators which shall be measured in the individual assessment tasks. The success criteria of WP3 ensure that the toolkits are designed to address the specific project goals responding to the call challenges.

D4.1 will list the individual WP3 toolkits, identify the success criteria which have been set at proposal stage and by the WP3 task leaders in their initial tool design, and operationalise these into corresponding indicators, whose measurement will then be carried out in the WP4 assessment tasks.

Section 1 gives an overview of the goals of WP4 and how it relates to WP3 tasks.

Section 2 describes the normative framework of the assessment, which is designed as three-tier-approach addressing (1) fundamental rights level; (2) operational and organisational level, and (3) the technical level in respect to the tools' usability. The assessment norms and corresponding indicators developed in this section will form the main body of the assessment framework. Norms and indicators developed in this section will be applicable to all tools developed in WP3. These will be compiled into three separate assessment modules corresponding to the three tiers of the assessment framework. Task leaders for WP4 will be able to identify the relevant indicators developed in each module and adapt these to specifically fit the tool being assessed as well as the assessment methodology.

Section 3 will address each tool specifically, suggesting further tool specific success measures and corresponding indicators. These, along with the three modules developed in section 2, will provide input for the specific assessment tasks of WP4 for each tool implementation.

Section 4 will list assessment methodologies (assessment formats, tools, methods, standards) on how to conduct measurements of these indicators, setting standards for a lege artis assessment conduct. Depending on the indicators defined for each toolkit, as well as corresponding to the intended use of the tools developed, the task leaders should choose appropriate assessment methods to ensure an adequate data collection and feedback on the toolkits by the frontline responder groups.

The annex includes an example of a possible questionnaire for frontline responders, including questions relating to each indicator included in the normative framework. The function of this example is to provide suggestions for the operationalisation of the indicators developed in all three modules. These can be used as a baseline for the planning of focus-group discussions, face-to-face interviews or adapted and translated into the relevant languages for use as a survey.

2. NORMATIVE FRAMEWORK

The assessment of tools developed in WP3 of IMPRODOVA Project will be guided by three tiers of overarching norms:

1. Safeguarding the fundamental needs and rights of persons involved in cases of domestic violence and abuse
2. Contributing to capacity building and ensuring the use-value for front-line responders
3. Guaranteeing the usability and intelligibility of the tools across multiple contexts

In positioning the assessment framework within these overarching norms, IMPRODOVA firstly aims to guarantee a fundamental orientation of all tools around beneficial outcomes for victims of domestic violence and abuse, while safeguarding fundamental rights of all persons involved. As the majority of intended beneficial outcomes for victims shall be achieved through the support and strengthening of front-line responder interaction and interventions, the framework is secondly guided by an assessment of the on-the-ground use-value of tools, as well as capacity building achieved by the same. Lastly, all tools will be assessed along technical criteria, aimed at guaranteeing their usability, intelligibility, longevity, scalability and contextual sensitivity. This guarantees, that each tier of this approach is able to respectively focus the assessment of the tools on:

1. Victims, their needs and the fundamental rights of all persons involved
2. Practitioners and the use-value IMPRODOVA tools may have for their work
3. Technical assessment of the tools themselves

Drawing from these overarching norms and focusing the assessment on victims, practitioners and tools respectively, allows for the development of indicators that safeguard all relevant ethical, practical and technical dimensions required for a sound evaluation.

2.1. Fundamental rights and needs of persons involved in cases of DV

Ultimately, all tools developed within IMPRODOVA Project are aimed towards the primary goal of aiding persons experiencing domestic abuse and should be evaluated against this fundamental metric. Simultaneously, the clear orientation towards victims' needs and the benefits the developed tools are able to provide them, must be continuously tested against the fundamental rights of all persons involved. Moreover, these tools must be sensitive to the complexity of settings any intervention into a case of DA takes place in.

All tools developed within IMPRODOVA follow the overarching aim to improve the situation of victims of domestic abuse by reducing the frequency, impact and intensity of violence with the ultimate goal of overcoming violence entirely. Equally, tools developed by IMPRODOVA should aim to ameliorate the effects of past experienced violence and avoid the risks of secondary victimisation. This first tier of overarching norms shall include indicators aimed at examining the direct and indirect beneficial

outcomes of future applications of IMPRODOVA tools. To do so, any tool developed within the project must be sensitive to the complexity of the phenomenon of domestic abuse in its societal, economic, psychological, as well as health and well-being dimensions. In line with the Istanbul Convention, these tools must also be sensitive to the “structural nature of violence against women as gender-based violence” as well as the recognition of the frequent exposure of women and girls to “serious forms of violence such as domestic violence, sexual harassment, rape”. (Preamble)

Knowledge on, and inclusion of, these structural dimensions must at the same time avoid and counteract the reproduction of biases and stereotypes within the design of the tools and their intended implementation. Moreover, the application of any tool developed within the project must not come at the cost of an encroachment of a victim’s autonomy, privacy and data rights, or the volitional nature of their participation in interventions employing these tools.

These same considerations must be extended beyond victims of domestic violence, to include the fundamental rights and needs of front-line responders employing these tools, family members or other persons involved in a case of DV, as well as the accused. All tools developed by IMPRODOVA Project will therefore be assessed against criteria of fundamental human and procedural rights of all persons involved. Finally, this approach of contrasting beneficial outcomes of the tools developed with possible encroachments of fundamental rights, is intended to uphold an orientation towards aiding victims of domestic violence and counteract a punitive approach as a central means to achieve such aid.

| Module: victims needs and fundamental rights | Possible Operationalization |
|---|-----------------------------|
| <i>Tool helps to better address clients’ needs through: Increased protection against imminent risks; Ameliorating the effects of experienced violence; Providing relevant information and referrals to support agencies</i> | I1.01 - I1.03 |
| <i>Tool increases service responsiveness</i> | I1.04 |
| <i>The tool helps frontline responders to identify high risk situations</i> | I1.05 |
| <i>The tool provides unique/additional insight to FLRs helping to overcome blind spots</i> | I1.06 |
| <i>The tool is sensitive to the complexity of domestic violence cases, considering societal, economic, psychological, health and wellbeing risk factors, as well as risk factors in relation to gender</i> | I1.07 – I1.11 |
| <i>The tool does not reproduce biases and stereotypes</i> | I1.12, I1.12a |
| <i>The tool safeguards the privacy rights of victims, perpetrators/accused, relatives, frontline responders</i> | I1.13 - I1.15 |
| <i>The tool safeguards the autonomy and voluntary participation of victims</i> | I1.16 – I1.17 |
| <i>The tool aids FLRs in identifying risks of procedural rights violations</i> | I1.18 |

2.2. Capacity Building & Use-Value for FLRs

Tools developed by IMPRODOVA Project are intended to benefit victims of domestic violence by aiding frontline practitioner’s work and interventions. This may be achieved by identifying and addressing gaps between policy and practice, traversing sectoral divisions or overcoming fissures in the chain of institutions and organisations involved in a networked response to DV. Focusing on this practitioner level, the second tier of the assessment framework aims to ascertain the ability of tools developed to improve cooperation between different sectors and organisations within these; advance the identification, detection and prevention of cases of DV; address problems in risk-assessment and case documentation; and advance the immediacy of benefit to

victims.

Tools will be assessed against their ability to raise awareness and increase knowledge of DV among different frontline practitioners. This includes both the level of increased sensitivity towards the phenomenon of domestic violence in general, as well as insight on organisational, institutional or policy levels. Equally, the framework will assess tools along criteria of replicability in different national and sectoral contexts, the extent of innovative content compared to tools already in use, and the level of additional expenditure and strain on practitioner resources.

Central to the objectives of the IMPRODOVA-Project, tools developed in WP3 should be assessed against their contribution to furthering the understanding that frontline responders have of the work and interventions conducted by other organisations and sectors. Such insight into the practices of others are seen as a prerequisite to furthering the human factors involved in attempts to better inter-sectoral cooperation. Tools will be evaluated against their probable contribution to furthering cooperation and ability to moderate and improve communication between different frontline responder groups.

| Module: capacity building and use-value for FLRs | Possible Operationalization |
|--|-----------------------------|
| <i>Tool aids FLRs to feel more confident in addressing clients' needs</i> | I2.01 |
| <i>Tool expands FLRs knowledge about other sectors' procedures</i> | I2.02 |
| <i>Tool expands FLRs knowledge about other sector's tools and traverse sectoral divisions</i> | I2.03 - I2.06 |
| <i>Tool provides inputs to FLRs to re-discuss/improve internal procedures and cooperation</i> | I2.07, I2.08 |
| <i>Tool provides FLRs input to review communication modalities/procedures</i> | I2.09, I2.10 |
| <i>Tool provides FLRs input to review existing, or create new, risk assessment tools</i> | I2.11 |
| <i>Tool provides clear overview and understanding of existing policies and practices</i> | I2.12 |
| <i>Tool is able to reveal gaps between existing policies and frontline responder practices</i> | I2.13 |
| <i>Tool provides innovative use-value and/or contents</i> | I2.11-I2.13 |
| <i>Tool does not overly strain FLR workload</i> | I2.14-I2.18 |
| <i>The tool serves as an aid for identification, detection and prevention of different types of DV</i> | I2.19, I2.20 |

2.3. Usability & Intelligibility of Tools

The third tier of the assessment framework provides norms for the evaluation of all developed tools on a technical level. This includes scalability and ease of implementation along criteria of national policies, available resources and longevity. Ease of implementation should be measured through feedback given by frontline responders. Relevant factors here should be the likelihood of use they perceive for each tool, the frequency of such use, and the conditions that need to be met to do so. Assessments including frontline responders from different sectors and different countries will be able to provide an estimation of the scalability of the tools developed as well as specific hurdles faced by different organisations or countries.

All tools developed should be easily intelligible and guarantee ease of use. These criteria should be evaluated through direct practitioner feedback. Moreover, the technical evaluation allows for a greater use of quantitative indicators including impact-measures such as the number of people employing tools.

| Module: Usability & Intelligibility | Possible Operationalization |
|---|--|
| <i>FLRs find quickly the information they're looking for</i> | I3.01 |
| <i>Tool's format envisages information about all sectors</i> | I3.02 |
| <i>Tool's information is clear and concise</i> | I3.03 |
| <i>Tool's information language is context specific</i> | I3.04, I3.18 |
| <i>Tool exhibits longevity in FLR practice</i> | I3.05—I3.10, I3.12-I3.14 |
| <i>Tool can be used by FLRs and managers</i> | Usability Indicators BY Position of respondent |
| <i>Tool is transferable and scalable across sectoral and national contexts</i> | I3.15-I3.17 |
| <i>Tool does not overly strain FLR resources, allowing for a sustainable implementation</i> | I3.11 |
| <i>Impact indicator for implementation rate</i> | <i>Number of persons reached/size of relevant population</i> |
| <i>Tool's use-value and usability is confirmed by FLR-Feedback from all organisational levels</i> | Usability Indicators BY Position of respondent |

3. TASK SPECIFIC ASSESSMENT

3.1. Policy-making toolkit

3.1.1. T3.1 objectives

THL will lead the work on developing a maturity model, which will link the level of policy implementation to specific next steps to be taken, ensuring a process that will feed frontline practitioners' perspectives into the policy making cycle starting in month 14. The maturity of policy implementation, including formal and operational dimension of all partners in 8 European countries will be taken into account based on the research accomplished in T1.1 and T2.1-2.2. The results of Task 3.1 will be transferred to Tasks 3.5 and 3.6 to enable drafting requirements for a national platform across all stakeholder levels to ensure a continuous monitoring of local implementations and formulate targeted requirements. The output will be D3.1.

3.1.2. Policy-making toolkit success measures

| | |
|--|--|
| | Possible Operationalization |
| <i>Development of a maturity model, that links the level of policy implementation to next steps to be taken</i> | Internal Reviewer Feedback |
| <i>Development of a maturity model, that will ensure feedback of practitioners' perspectives into policy making cycle</i> | FLR Feedback |
| <i>Development of a maturity model, that develops indicators for maturity of policy implementation: formal and operational dimensions of all partner countries identified in T1.1, T2.1 and T2.2</i> | Internal Reviewer Feedback |
| <i>Transferral of T3.1 results to T3.5 and T3.6</i> | To be assessed in T3.5 and T3.6 |
| <i>Results will enable drafting requirements for a national platform, encompassing all stakeholder levels</i> | Internal Reviewer Feedback |
| <i>Results will enable drafting requirements for a national platform, ensuring continuous monitoring of local implementations</i> | FLR Feedback |
| <i>Results will enable drafting requirements for a national platform, formulating targeted requirements</i> | FLR Feedback (Management Level, Policy Makers) |
| <i>Development of a scalable policy development module (from deliverable description)</i> | Internal Reviewer and FLR Feedback |
| <i>Policy development module should integrate bottom-up input</i> | FLR Feedback |
| <i>Policy development module should integrate feedback at different stages of the standard policy cycle</i> | FLR Feedback |
| Associated modules | |
| <i>Module: Victims' needs and fundamental rights</i> | See section 2.1 |
| <i>Module: Capacity building & use-value for FLRs</i> | See section 2.2 |
| <i>Module: Usability and intelligibility</i> | See section 2.3 |

3.2. Risk assessment integration module

3.2.1. T3.3 description

Drawing from research analysing formal requirements of risk assessment and case documentation in T1.3 which has been contrasted in T2.3 against frontline responder practices, T3.3 will develop an integration module which will allow to link the outcomes of different risk assessment tools utilized by different frontline responders. This should foster a mutual understanding of what is regarded as risk factors and what the approaches and aims of different professions are when ascribing risk categories. Different approaches and perspectives on cases of HIDV depending on the practitioners' profession can be made out, and it is the goal of T3.3 to develop an integration module, which allows to link the various assessment procedures in place to be linked and enhance identification of HIDV.

1. Developing a tool which integrates the different tools used by front line responders
2. Identifying clear/common risk factors among the different professionals
3. Integrating the different approaches, knowledge, skills, procedure

3.2.2. Risk assessment integration module success measures

| | |
|---|--|
| <i>Development of an integration module for different risk assessment tools/procedures currently utilized by different FLRs.</i> | Possible Operationalization FLR confirmation of comprehensive inclusion of existing risk-assessment tools |
| <i>Facilitate the linking of different RA results & procedures by different FLRs</i> | 11.07, |
| <i>Enhance the identification of HIDV by linking assessment procedures already in place.</i> | 12 |
| <i>Foster a mutual understanding of what is regarded as risk factors (RA-indicators?)</i> | 12 |
| <i>Foster a mutual understanding of the respective approaches and aims of different FLRs when ascribing risk categories (RA-indicators?).</i> | 11 |
| <i>Development of integration module of HIDV risk assessment tools and case documentation</i> | 12 |
| <i>Development of modular risk assessment tool, aligning existing indicators</i> | 12 |
| <i>Development of modular risk assessment tool, Aligning "entrenched" practices of different professions into overall framework</i> | 12 |
| Associated modules | |
| <i>Module: Victims' needs and fundamental rights</i> | See section 2.1 |
| <i>Module: Capacity building & use-value for FLRs</i> | See section 2.2 |
| <i>Module: Usability and intelligibility</i> | See section 2.3 |

3.3. Training material and formats

3.3.1. T3.4 objectives

Training formats and materials will be designed to optimize frontline strategies by providing examples of simulation techniques, material of workshops, educational videos tailored to the various frontline responder, as well as guidelines to enhance frontline officers' cooperation across the different professions. Case studies will be integrated as basic material to elaborate and illustrate training modules. In particular, we shall conceive a series of practical exercises based on our case studies and general

recommendations. Practical guidelines aim at improving on already existing material will be further optimized. Gender norms and perception as identified in WP1 and 2 by IMPRODOVA will be integrated in all instruments and guidelines. To sensitize the medical community, as well as social and refugee aid agencies, and representatives of the school system a special focus will be put on how to detect signs of HIV. IMPRODOVA will close this gap by providing training materials and guidelines especially for this stakeholder group. Also, two model scenario-based learning modules for the various first line responder groups will be designed as either separately and/or in common workshops: police: B.A. colleges and health system: a training work shop to be used during residency and at medical school.

After evaluation of these instruments and materials in WP4 materials will be further optimized and adapted to the specific national and cultural situation, and will be included in T3.6.

| 3.3.2. Training material and formats success measures | Possible Operationalization |
|--|-----------------------------|
| <i>Development Training formats and materials to optimize frontline strategies, providing examples of simulation techniques</i> | I2 |
| <i>Development Training formats and materials to optimize frontline strategies, providing Material for workshops</i> | I2 |
| <i>Development Training formats and materials to optimize frontline strategies, providing Educational videos tailored to various FLRs</i> | I2 |
| <i>Development Training formats and materials to optimize frontline strategies, providing Guidelines to enhance frontline officers' cooperation with different professions</i> | I1 |
| <i>Development Training formats and materials to optimize frontline strategies, providing case studies as basic materials for training modules</i> | I2 |
| <i>Development of practical exercises based on case studies and general recommendations</i> | I2 |
| <i>Development of practical guidelines to improve already existing material</i> | I2 |
| <i>Gender norms and perceptions (identified in WP1 & WP2) will be integrated in instruments and guidelines.</i> | I1 |
| <i>Sensitize medical community, social & refugee aid agencies, school system representatives focusing on detection of HIV</i> | I1 |
| <i>Sensitize medical community, social & refugee aid agencies, school system representatives providing tailored training materials and guidelines</i> | I1 |
| <i>Design separate and/or common workshops for various FLR groups including Police, B.A. colleges, and Health system (training work shop for residency and med school)</i> | I2 |
| <i>Post WP4 evaluation: optimization and adaption to national and cultural situation and Inclusion in T3.6</i> | I2 |
| Associated modules | |
| <i>Module: Victims' needs and fundamental rights</i> | See section 2.1 |
| <i>Module: Capacity building & use-value for FLRs</i> | See section 2.2 |
| <i>Module: Usability and intelligibility</i> | See section 2.3 |

3.4. Frontline Responder ICT Platform

3.4.1. T3.5 objectives

In order to facilitate interagency collaboration, improved rules and procedures must stimulate resource and information sharing between participants. Cooperation networks must possess a complete and functional management system including strong mechanisms for conflict prevention and resolution, as well as dedicated and competent network managers and boundary spanners.

Taken the Deliverables 3.1-3.3 into account requirements to establish an ICT-enabled national response platform. The platform will address at least three areas of frontline response: i) regulatory level (policy, administrative rules, leadership, ii) everyday management of first responder personnel (e.g. police group leaders, 'silver' managers, head of schools, senior physicians, department heads, heads of hospitals, head at other social agencies), iii) DV first responder front-line practice (e.g. patrol officers, general practitioners, paediatricians, gynaecologists, nurses, physicians at hospitals, emergency room staff, school and kindergarten teachers).

UM will lead the implementation of a pilot national platform based on the output and recommendations of D3.4. It will feature the outcomes of D3.1-3.3. The pilot platform will be completed at month 31 and evaluated in WP4. After assessment the platform will be further optimized. Establishment of this pilot national platform is D3.5 (National response platform).

3.4.2. Frontline Responder ICT Platform success measures

| | Possible Operationalization |
|--|-----------------------------|
| <i>Establish ICT-enabled national response platform, taking into account D3.1-3.3</i> | I3 |
| <i>ICT-enabled platform should address three areas of frontline response: regulatory level, everyday management of first responder personnel, and DV first responder front-line practice</i> | I2 |
| <i>Platform should facilitate inter-agency collaboration by improving rules and procedures to stimulate resource and information sharing between participants</i> | I1 |
| <i>Platform should facilitate inter-agency collaboration by providing solutions for complete and functional management system including strong mechanisms for conflict prevention and resolution</i> | I1 |
| <i>Platform should facilitate inter-agency collaboration by providing solutions of dedicated and competent network managers and boundary spanners</i> | I2 |
| <i>Implement pilot national platform based on output and recommendations of D3.4.</i> | I2 |
| <i>Post evaluation optimization of ICT-Platform</i> | I3 |
| Associated modules | |
| <i>Module: Victims' needs and fundamental rights</i> | See section 2.1 |
| <i>Module: Capacity building & use-value for FLRs</i> | See section 2.2 |
| <i>Module: Usability and intelligibility</i> | See section 2.3 |

4. METHODOLOGIES¹

4.1. Face-to-face interview

Face to face interviews can reveal a lot of detailed information on the experience participants had with interacting with a tool. Beyond the limited response gathered in a survey, it can give insight into the reasons why a particular aspect is designed well, helpful, or not, and how it would need to be changed to fit better to the daily work of stakeholders. However, such interviews are very time consuming to facilitate and analyse. They do not provide representative feedback for a given population (limited representation, but depth).

- **Requirements:** Interviews require a calculation of how many participants are needed to collect enough contrasting feedback. Sessions shall not exceed 1,5-2 hours. Interview guidelines to employ for all interviews need to be prepared beforehand. Participants have to give their informed consent, which means that they have to be provided with an information sheet on the evaluation. D2.1 and the ethical documents of the project provide further guidance.
- **Restrictions:** Interviews can only build on a limited number of questions. Interviewers need to be prepared in order to document (record, notes) the discussion well. Time and effort it will take to bring together this amount of people needs to be considered beforehand.
- **Appropriate for measurable indicator/tool:** In the annex to this document indicators are listed as survey items; however, these can be reformulated into more open questions for a group interview/focus group discussion.

4.2. Focus group discussions

In contrast to low-stimulus, narrative interviews, which require the interviewee to structure ones' narration revealing their own systems of relevance, guideline interviews and structured (group) discussions (recently also described as focus groups) provide a stronger and focussed context. For the purposes of evaluation, it allows to cross-check perspectives and complete impressions that might be forgotten in an individual interview. In contrast to the survey, it allows to go with more detail into the reasons of why a particular aspect is meaningful, or not relevant. E.g. Surveys reveal a significance of a negative response to a question (what is wrong), focus group discussion can reveal the why.

- **Requirements:** Groups should not exceed 6-8 people per session. Sessions shall not exceed 1,5-2 hours. It is recommended to employ two interviewers (one structuring the discussion, one observing/taking notes). Interviewers function as moderators, do not intervene in descriptions too much, but make sure all participants are engaged, and not just a few dominating. Researchers

¹ For qualitative methodology design, see: Flick, Uwe (2011): Qualitative Sozialforschung. Eine Einführung. 4th edition, Hamburg: Rowohlt. For quantitative methodology design, see: Diekmann, Andreas (2007): Empirische Sozialforschung. Grundlagen, Methoden, Anwendungen. 13th edition, Hamburg: Rowohlt.

need to get informed consent by participants and to provide them with an information sheet on the evaluation. D2.1 and the ethical documents of the project provide further guidance.

- Restrictions: Interviews can only build on a limited number of questions. Interviewers need to be prepared in order to document (record, notes) the discussion well. Time and effort it will take to bring together this amount of people needs to be considered beforehand.
- Appropriate for measurable indicator/tool: In the annex to this document indicators are listed as survey items; however, these can be reformulated into more open questions for a group interview/focus group discussion.

4.3. Surveys

- Requirements: Researchers need to get the number of the population under study. They need to understand what a valid sample size is, and to keep in mind to address enough people to secure a large enough sample considering a 20-30% response rate. Additionally, to calculate a minimum number of respondents it is necessary to compare meaningful subgroups. Items relevant to the tool need to be selected and items specifically needed must be added. In respect to the response options, items may need to be revised in order to adapt and enhance the tool. Participants need to familiarise themselves with the tool, thus enough time needs to be planned. It is advisable to keep the instructions to participants the same across different measurements (location or time). It is also advisable to translate the questionnaire if necessary, without confusing the meaning of the items if you employ a cross-national methodology. D2.1 and the ethical documents of the project provide further guidance.
- Restrictions: Enough time to analyse the answers needs to be planned. Befroehand, it needs to be considered how long it takes for participants to fill in the answers. Responses are a feedback on the questions asked, but not for the reasons why respondents chose the answer. If that information is crucial for evaluating and improving the tool, a focus group (see 4.2) or mixed method design can be considered.
- Appropriate for measurable indicator/tool: All the indicators of the three major tiers have been designed as survey indicators and are ready to use for this design. It should be considered to include further tool specific indicators and to select the indicators relevant to the specific tool.

4.3.1. Single measure

Single measure surveys give a feedback on the specific tool presented to stakeholders. It does not allow to compare changes on the attitudes, opinions, etc. of the same population – only to compare across locations and sectors. An online data collection strategy can be considered.

4.3.2. Pre-/Post assessment

This strategy allows for a before and after comparison of attitudes, etc. held by the participants. It is necessary to make sure the intervention is long enough for any

change to occur. Naturally, this takes a lot of time for the participants to respond to questions, which may appear redundant. It should be appropriate for the length participants have to actually experience the intervention.

4.3.3. Control group design

A control group design allows researchers to study the effect of an intervention of a tool on a particular group, in comparison to a group who didn't receive the intervention. Groups need to be composed large and similar enough, and it takes a lot of effort for participants who do not experience any form of intervention.

4.4. Pilot design

A pilot is an intense way of evaluating a tool. It is advisable to carefully design a pilot strategy outlining the number of sectors and participants and goals of the pilot. If a "real world" testing is not possible, designing (hypothetical) scenarios for the participants to be solved can be considered. Beforehand, it needs to be defined what stakeholder groups might be needed (at the same time/place) if e.g. the goal is collaboration. Sometimes, an online design can help measuring the pilot (interactions like page views, etc.) and ease the requirements of having people there at the same time. E.g. Over a course of x weeks, people have to solve y tasks per week, allowing them to do it whenever they like. A combination with 4.3.2 Pre/Post assessment and even a feedback round in the form of 4.2 focus groups discussion can be considered. It is advisable to plan way ahead, to secure participant commitments, and to clarify the resources needed.