|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***After Action Review*** | | | | | | |
| **OVERVIEW** | | | | | | |
| ***Background:***  An After Action Review (AAR) is exactly what it sounds like: a review exercise that occurs after an “action” has happened. Originally used by the military, they are also common in the business world, as well as in public health – after an incident or outbreak. Organizational learning and improvement requires us to look at successes and failures, as we strive to provide the best services to survivors and our communities. AARs provide a framework to step back from an incident to reflect and gain perspective.  Many sectors are looking into conducting AAR’s in response to the COVID-19 pandemic. Sexual assault (SA) and domestic violence (DV) service providers are facing additional uncertainty with funding cuts. We encourage all service providers to engage in a reflective planning process and have created tools to support these efforts. As we come through this challenging period, many do not want to return to business as usual; instead, we want to use this experience to learn and adapt to the evolving needs of survivors and staff.  Too often, organizations prioritize learning from outside experts, without acknowledging the experiences and expertise of the staff. The AAR process centers experiences and internal knowledge as key to learning. Additionally, organizations focus on building capacity but fail to connect that capacity building to implementation of new strategies. Emergent learning practices[[1]](#footnote-1) challenges these practices, instead focusing on:   * *The essence of learning is the discovery and use of knowledge, and one of the best sources of actionable knowledge is that which emerges from people’s own experience.* * *Learning discipline should be woven into ongoing work, which integrates getting “real work” done with building greater capability.* * *Learning is both possible and appropriate at a group level — by working and thinking together in certain ways, a work unit can build a real capacity for learning.*   This is especially true to anti-violence work, which is not only inherently complex, it is also centered and driven by experiences of survivors. By reflecting on the past 18 months through an AAR process, we can seek to center the voices and experiences of those most harmed as we strive to meet the needs of survivors and our community.  Typically, the AAR process centers around four questions:  What was expected to happen?  What actually occurred?  What went well & why?  What can be improved & how?  We will build on this framework and enhance it specifically for SA/DV service providers to help programs take a critical look at program services – both in the needs of survivors and staff. Through a thoughtful and reflective process, we can identify lessons learned and apply them to daily practices. | | | | | | |
|  | | | | | | |
| ***Process:***  There are a variety of ways to conduct an AAR. In review of many resources, WCASA has adapted existing tools to develop a process for service providers. Additionally, you may learn that a community level AAR may also be conducted – likely coordinated by your city, county, or Tribal public health. We would also encourage you to be involved in these community discussions.  WCASA will provide the support and tools to implement an AAR in your program. We have set up this multi-step process to both deliver training and support, while also providing tools for you to facilitate these conversations within your programs. We see this process happening in three important steps:  **STEP 1:** Introductory training for SA/DV directors   * Training provided on AAR process * Tools distributed to conduct AAR at programs * *Scheduled for September 15, 2021 (1:00-4:00)*   **STEP 2:** Programs conduct AAR with all staff   * Facilitate AARs with all staff (tools provided) * WCASA available to provide evaluation support * *As determined by program (recommended 4 hours)*   **STEP 3:** Follow-up meeting for SA/DV directors   * Coalitions host space to share about findings * Trends collected to inform statewide programming, including feedback for funders & coalition efforts * *Scheduled for October 20, 2021 (2:00-4:00)* | | | | | | |
| ***Considerations:***   * Black, Indigenous and People of Color (BIPOC) and other marginalized communities have been disparately impacted by the pandemic. Additionally, the pandemic has happened against a backdrop of ongoing racism and oppression that causes harm to BIPOC. * There are survivors in every space – especially within SA/DV programs, as we know experiences often lead individuals to this work. Due to the uncertainty and isolation of the pandemic, survivors may have experienced additional trauma. * The pandemic in and of itself has been a traumatic experience for many, and everyone has experienced it in different ways. We should approach these conversations in a trauma-informed way and recognize that common events may have been experienced differently. * Be aware of power dynamics that exist in your workplace. Strive to offer safety in gathering feedback through a variety of methods to give people different avenues to share. * In addition to a group discussion, you may want to use an anonymous survey or another method of collecting anonymous feedback. This may be especially important if your staff have not had much time to build trust and comfort in being vulnerable together. See the [AAR Supplement on Using Technology & Collecting Anonymous Feedback](https://www.wcasa.org/wp-content/uploads/2021/09/AAR_Supplement-Tools_final.docx) for high- and low-tech methods of collecting staff input anonymously. The supplement includes a sample survey template for your use. WCASA staff is available to provide additional support on gathering anonymous feedback. * Be open to hearing all experiences – especially when they are different from your own. This can be difficult for leaders who were responsible for making decisions during an unprecedented time. Do your best to take in all the feedback, while resisting justifying decisions and actions. * It is important for all participants to understand the purpose of AAR, what is being reviewed (project, timeframe, etc.), and what is expected of them during the process. We recommend introducing the process, so your staff know what to expect. Sharing this document with your team in advance is one way of doing that. | | | | | | |
|  | | | | | | |
| ***Tips:***   * It may be helpful to have some agency data accessible during this process. There may be times when it is helpful to look at data on services such as types of service provided, demographics of survivors served, etc. Survivor feedback may be helpful to bring into the conversation as well. You may even want to pull data from the same period the previous (pre-COVID) year to assess for trends. * It is important to hear from everyone during this process. While there are a variety of different ways to conduct an AAR, you’ll want to make sure everyone is able to be heard and make contributions. Simple facilitation strategies like a [Circle Process](https://www.csh.umn.edu/sites/csh.umn.edu/files/csh-restorative-dialogue-circle-process.pdf) can help ensure participation. * You may consider hiring an outside facilitator, to ensure everyone’s ability to participate fully. Shared facilitation may be another alternative. More tips for facilitation are included later in this document. * As with any group process, agreements and expectations support safe & equitable participation. * Take into consideration the size of your team when planning. The larger your team, the more time you will need to ensure all staff have time to contribute. Many resources recommend budgeting at least 20 minutes for each team member. * It may be helpful to use a timer to stay on task & ensure all areas of the assessment are given equal time and discussion. | | | | | | |
|  | | | | | | |
| **PREPARING FOR THE AAR** | | | | | | |
| ***Agreements:***  In addition to establishing clear expectations for the AAR process, it is important to set group agreements. Your agency may already have such agreements for your collaborative work. If not, suggested agreements include:   * Active participation from everyone is important. * Engage with one another with respect. * Everyone’s view has value. Do your best to respect views that are different from your own. * No blame. The point of this process is to identify areas for improvement and successes to sustain, not to decide fault or blame. * There are no right or wrong answers. Be open to exploring the possibilities and be creative in proposing solutions. * We will make decisions using consensus, when possible; clarification when not. * Commitment to identifying opportunities for improvement and recommending possible solutions. * Practice “Yes…and” rather than “either/or” thinking. * Quotes will not be attributed to individuals without permission. | | | | | | |
|  | | | | | | |
| ***Facilitator Role:***  The facilitator role is very important to the AAR process. The facilitator is responsible for keeping everyone on track and making sure that the group reaches the objectives set for the discussion. It is also the role of the facilitator to make sure everyone takes up equal space in the discussion and is heard. If you are self-facilitating, it will also be important to remember to contribute to discussion yourself and monitor how much space you are taking up as you would anyone else in the group.  Throughout this process, we want to get to the root causes of why something did or did not go as planned. Follow-up questions asking why and how outcomes came about are crucial to getting to the root causes. Open-ended exploratory questions like “Can you share more about that?” or “Why do you think that is?” can help participants dig deeper.  Some other helpful facilitation tips can be found in this [AAR Facilitation Tips and Tactics](https://www.nwcg.gov/wfldp/toolbox/aars)  Guide from the National Wildfire Coordinating Group. | | | | | | |
|  | | | | | | |
| ***Note-Taker Role:***  It is recommended that in addition to a facilitator, your team also has a notetaker to document and capture contributions of all staff. It is important that the note-taker keeps the process of AAR and its objectives in mind. All of the details from the discussion do not need to be captured in the notes. Rather, these notes will be analyzed to develop a list of recommendations based on your successes and areas for improvement and a plan for carrying out those recommendations.  If you have someone on your team serving as notetaker, they should also be participating in the discussion and be given the same amount of space as others. We recommend you rotate this responsibility to allow for equal participation, especially if you are planning for meetings to be longer than one hour at a time. | | | | | | |
|  | | | | | | |
| **CONDUCTING THE AAR** | | | | | | |
| The goal of the AAR is to guide and improve future work; it is not intended to assign blame or praise. There are always weaknesses to improve and strengths to sustain. Participants should share honest observations and personal reflections about what actually happened, while refraining from assigning blame or praise.  As a reminder, a typical AAR process is framed in these areas: what was expected to happen; what actually occurred; what went well & why; what can be improved & how. Due to the complexity of services provided by SA/DV providers, we’ve decided to structure this AAR process on these services. We selected the most common services; you may enhance these tools based on your individual agency needs. The services in this tool include:  Crisis/ Hotline  Support  Groups  Outreach  Prev/Ed  System Work  Shelter  We wanted to offer a variety of options to help ensure the questions met the complexity of your program. Some programs may not offer all of these services - like shelter; other programs may identify missing services - like therapy. We have also left blanks in the tool for you to add additional activities specific to your program services.  You do not need to ask all the questions; in fact, we recommend that you do not ask them all. Instead, we recommend programs review the process and tools to customize them to meet your specific needs. We recommend that you share these customized tools with staff, have them complete the assessment tool independently, and then come together for discussion. | | | | | | |
|  | | | | | | |
| ***Assessment Tool:***  To help prepare for the AAR process, we recommend you provide this assessment tool ahead of time to staff. Staff should bring their completed assessment to the AAR, to share & reflect on their individual experience.  For each Core Service, we’ve identified some specific activities to assess using the scale:   * Performed without challenges * Performed with some challenges * Performed with major challenges * Unable to be performed   This is not about scoring ourselves or our ability to provide these services, but rather to determine what barriers and facilitators were at play and how to address or best utilize them. Staff should be encouraged to be honest on the assessment tool and reminded that this process will not be used to assign blame. | | | | | | |
| *CORE SERVICES/ACTIVITIES* | | | *PERFORMED WITHOUT CHALLENGES* | *PERFORMED WITH SOME CHALLENGES* | *PERFORMED WITH MAJOR CHALLENGES* | *UNABLE TO BE PERFORMED* |
|  | Hotline (business hours) | |  |  |  |  |
| Hotline (nights/weekends) | |  |  |  |  |
| Crisis intervention | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | Referrals for services | |  |  |  |  |
| Case management | |  |  |  |  |
| Emergency support funds | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | DV support groups | |  |  |  |  |
| SA support groups | |  |  |  |  |
| Children’s groups | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | Survivor outreach | |  |  |  |  |
| Partner outreach | |  |  |  |  |
| Outreach events | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | Pre-K prevention | |  |  |  |  |
| K-12 prevention | |  |  |  |  |
| Campus prevention | |  |  |  |  |
| Community prevention | |  |  |  |  |
|  | |  |  |  |  |
|  | Medical accompaniment | |  |  |  |  |
| Legal accompaniment | |  |  |  |  |
| CAC accompaniment | |  |  |  |  |
| Restraining orders | |  |  |  |  |
|  | |  |  |  |  |
|  | Shelter placements | |  |  |  |  |
| Shelter referrals | |  |  |  |  |
| Case management | |  |  |  |  |
| Hotel placements | |  |  |  |  |
| Rental assistance | |  |  |  |  |
|  | |  |  |  |  |
|  | | | | | | |
| ***Discussion Questions – Agency Services:***  After staff complete the assessment individually, you should come together as a large group to discuss individual results. We recommend discussing services one at a time, spending about 15-20 minutes on each. Staff should have their individual assessment tools on hand to share.  Throughout the process, it is the facilitator’s role to make sure that the group is getting to the root causes of what the group has observed. While you want everyone to provide input, you might consider having staff who are less involved in a particular service facilitate the conversation around that service, to allow space for those who provide that service more often to focus on participation.  The discussion questions are similar for each section. As referenced above, you may not need to utilize all the questions, or you may have your own questions to add. | | | | | | |
|  | | **DISCUSSION QUESTIONS** | | | | |
|  | | * *How did you individually score Crisis/Hotline?* * *What do you think went well with Crisis/Hotline? Why?* * *What do you think didn’t go well with Crisis/Hotline? Why?* * *How did our Crisis/Hotline meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about Crisis/Hotline?* | | | | |
|  | | * *How did you individually score Support?* * *What do you think went well with Support? Why?* * *What do you think didn’t go well with Support? Why?* * *How did our Support meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about Support?* | | | | |
|  | | * *How did you individually score Groups?* * *What do you think went well with Groups? Why?* * *What do you think didn’t go well with Groups? Why?* * *How did our Groups meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about Groups?* | | | | |
|  | | * *How did you individually score Outreach?* * *What do you think went well with Outreach? Why?* * *What do you think didn’t go well with Outreach? Why?* * *How did our Outreach meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about Outreach?* | | | | |
|  | | * *How did you individually score Prevention/Education?* * *What do you think went well with Prevention/Education? Why?* * *What do you think didn’t go well with Prevention/Education? Why?* * *How did our Prevention/Education meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about Prevention/Education?* | | | | |
|  | | * *How did you individually score System Work?* * *What do you think went well with System Work? Why?* * *What do you think didn’t go well with System Work? Why?* * *How did our Systems Work meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about System Work?* | | | | |
|  | | * *How did you individually score Shelter?* * *What do you think went well with Shelter? Why?* * *What do you think didn’t go well with Shelter? Why?* * *How did our Shelter meet the needs of the most marginalized members of our community?* * *What organizational policies/practices impacted these services?* * *What do you think we should change about Shelter?* | | | | |
| ***Additional Discussion Questions:***  If there is time, you may want to continue discussions to not only examine past successes/challenges but to help improve programming as you move forward during these challenging times. Optional questions include:   * + What common challenges impacted more than one service?   What can we do to address those challenges?   * + What common successes did you identify across more than one service?   How can those strategies be utilized in other areas of our work?   * + What other issues need to be addressed?   + What can we do to better support staff?   + What new or adapted services do you think we should continue?   + What trends did we notice about the survivors we served?   Were there any shifts in certain demographics?   * + What trends did we notice about the services that were requested?   Were there any shifts in terms of needs?   * + With funding insecurities (DCF, VOCA), what lessons can we take away for providing services in an innovative, cost-effective way? | | | | | | |
|  | | | | | | |
| **COLLECTING & UTILIZING AAR RESULTS** | | | | | | |
| While these discussions alone are important to help staff process their feelings and responses to a traumatic period, we also want to gather this information to inform our work moving forward. It is important that the insights gained from an AAR are gathered and reported in a way that can be used by your team to improve your program. These steps take us from discussing how things went, to planning out how we will use that information to improve services to meet the needs of all survivors.  ***Developing Recommendations & Action Planning:***  An action plan will be important for future planning & implementation of organizational changes. Using the template provided, you will consult the notes and have a discussion with all staff to develop a list of recommendations for program improvement and a plan for implementation. Your action plan should be as specific and clear as possible.  WCASA has developed a simple tool for you to create an action plan based on the successes & areas for improvement that are identified in your notes. This tool can be found here: [AAR Action Planning Tool](https://www.wcasa.org/wp-content/uploads/2021/09/AAR_ActionPlanning_9-21.docx)  ***Optional Supplemental Tools:***  The [AAR 2x2 Matrix Tool](https://www.wcasa.org/wp-content/uploads/2021/09/AAR_2x2Matrix_9-21.docx) can help providers to prioritize and streamline your list of goals during the action planning process. This decision-making tool is optional and should be used if your agency has a long list of recommendations or is having a hard time reaching consensus on which changes need to be made first. More information on how this tool fits into the action planning process is available within the AAR Action Planning Tool.  The [AAR Supplement on Using Technology & Collecting Anonymous Feedback](https://www.wcasa.org/wp-content/uploads/2021/09/AAR_Supplement-Tools_final.docx) may be helpful to you in facilitating this process. This supplement features information on technology which may assist you in facilitation, both virtually and in-person, as well as many options for collecting anonymous feedback. Included within this supplement is a sample survey for staff to provide feedback anonymously. WCASA staff can provide additional support on gathering anonymous feedback and facilitation with technology. | | | | | | |
|  | | | | | | |
| **AAR FOR CONTINUOUS IMPROVEMENT** | | | | | | |
| The AAR process is designed to be repeated regularly in order to build on the expertise you have on staff to develop your own best practices. While we are hopeful that future AAR discussions will not focus on changes brought on by a global pandemic; incorporating this process as regular part of strategic planning or evaluation at your agency can help you keep up with any emerging trends or needs within your staff, the survivors you serve, and your community.  As a reminder, this process should not be used to assign blame or praise, but rather to identify our strengths and areas for improvement, in order to make our agencies stronger and better equipped to serve survivors. The goal is here to step outside our current policies and practices to re-imagine the ways we do our work, creativity and honesty should be encouraged. | | | | | | |
|  | | | | | | |
| **Statewide Follow-up Discussion** | | | | | | |
| Please join the Coalitions on October 20, 2021, at 2:00-4:00pm to share your findings and to discussion statewide trends. | | | | | | |
|  | | | | | | |
| **RESOURCES & SUPPORT** | | | | | | |
| ***Resources:***  We reviewed a variety of resources in the development of this process. Where specific sections or tools are used, they are referenced. These tools also informed our process and links are provided:  [After Action Review / Improvement Plan: Strategic Planning Toolkit](https://itcaonline.com/wp-content/uploads/2020/11/ITCA-AAR-Toolkit-Final-09.01.2020.pdf)  Inter-Tribal Council of Arizona, Inc.  [COVID-19 After Action Review Toolkit](https://www.mathematica.org/features/covid-19-after-action-review-toolkit)  Mathmatica  [After Action Review](https://www.betterevaluation.org/en/evaluation-options/after_action_review)  Better Evaluation  [Guide to the After Action Review](https://www.cebma.org/wp-content/uploads/Guide-to-the-after_action_review.pdf)  Using Evaluation to Improve Our Work  [AAR Faciliation Tips and Tactics](https://www.nwcg.gov/wfldp/toolbox/aars)  National Wildfire Coordinating Group  ***Support:***  WCASA Evaluation Coordinator, Megan Murray ([meganm@wcasa.org](mailto:meganm@wcasa.org)), is available for any support you may need throughout this process. Please reach out if you have any questions or need help customizing these tools to meet the needs of your program. | | | | | | |

1. Emergent Learning in Action: The After Action Review: <https://thesystemsthinker.com/emergent-learning-in-action-the-after-action-review/> [↑](#footnote-ref-1)