



Preventing Violence Together:
A Strategy for the
Southern Metropolitan Region

Preventing Violence Together Strategy 2016-2021

Evaluation Report

Report prepared September 2021

Acknowledgement of Country

Women's Health in the South East (WHISE) acknowledges the traditional owners of the lands on which we work, the land of the Kulin Nation. We recognise their continuing connection to the land, waters and culture. We acknowledge their Elders past, present and emerging and that Australia was and always will be Aboriginal land.

We acknowledge and pay respects to the many strong and resilient Aboriginal and Torres Strait Islander women, who are disproportionately affected by discrimination and family violence and that Aboriginal selfdetermination requires a systemic shift of power and control from government and the non-Aboriginal service sector to Aboriginal communities and their organisations.

We commit our organisation to truth-listening, truth-telling, and bringing the Uluru Statement of the Heart to our hearts.

Acknowledgements

WHISE would like to acknowledge and thank the many organisations and individuals that contributed to the creation and writing of the Preventing Violence Together 2016-2021 Strategy. Their significant input and feedback into its development was vital and the collaborative effort of all involved has enabled the informed development of the next strategy for the region as we work together towards a region free from violence for women and girls.

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Executive summary

The *Preventing Violence Together: A Strategy for the Southern Metropolitan Region 2016 - 2021* (PVT strategy) was the very first strategy of its kind developed to enable organisations in the Southern Metropolitan Region (SMR) to collectively prevent violence against women and their children.

It has evolved from a strategy that saw WHISE and partners making a case for the Prevention of Violence against Women (PVAW) to now, four years post the Royal Commission into Family Violence, to now being a partnership of skilled primary prevention practitioners and professionals. At its inception, the strategy was designed to increase awareness around the importance of the work and build the skills and confidence of practitioners to embark on the prevention journey. It has now evolved and become a network, partnership and forum for practitioners to share and reflect on their journeys and bring in expertise from across the region to cross pollinate areas of intersectional gender expertise.

This executive summary of the final evaluation report presents the key findings and impacts of the strategy, under the five pillar of strategic action (below).

The evaluation process involved: 1) a desktop review of all evidence collected, conducted by WHISE, 2) engaging a consultant to conduct semi-structured interviews with 16 selected partners and stakeholders, and 3) developing and distributing an online survey which was completed by 44 partners and stakeholders. The evaluation provided a useful lens for understanding how the collection of activities and interventions worked in practice and led to change. It also provided an opportunity for partners and stakeholders to actively contribute and make recommendations for improvements to the next regional strategy to ensure a consultative collaborative approach was taken.

THE FINDINGS OF THE EVALUATION

Leadership Through Partnerships

A key aspect of the leadership work of WHISE has been working with leaders in partner organisations to assist in policy development and direction within those organisations, and to ensure there was a focus on PVAW and Gender Equity (GE). WHISE also supported local government partners to build a strong intersectional gender lens across Municipal Public Health and Wellbeing Plans, family violence and gender equity strategies, and associated action plans. Several partners who were interviewed for the evaluation of PVT, spoke of the organisational change brought about through their interactions with WHISE, either as a direct result of support or through staff attending training delivered by WHISE. There is significant evidence to suggest that the PVT strategy assisted in engaging leaders to embed this equity approach into their work.

Under the PVT strategy, collaborative partnership opportunities were maximised. WHISE's ability to leverage strategic partnerships with organisations (both in and outside of the health sector) to inform and support the regional strategy was crucial to its success. The Working Groups and Communities of

Practice (CoP) provided a forum for partners to meet and collaborate which resulted in stronger relationships and connections and provided opportunities for sharing and learning. This aspect of the PVT strategy and partnership was most highly valued among partners.

Organisational Transformation

The PVT strategy has contributed to partner organisational cultures that recognise and respect the value of women. Building the capacity and capability of partners and stakeholders to work towards achieving GE has enabled system-level changes within their workplace settings to occur (i.e., through supporting Workplace Gender Audits). Efforts to transform partner organisations have been cumulative through increasing leadership commitment, building staff capacity and capability, empowering the workplace to assess their workplace conditions, and exploring how to affect broader community change. This has increased partner understanding and knowledge of PVAW/GE and strengthened their capacity and capability to apply evidenced-based initiatives.

Community Change

The PVT strategy has strengthened the capacity and capability of the SMR's community to prevent violence against women. This has been achieved through a multitude of strategies, the most significant as a collective, being the support for the roll out of the Respectful Relationships initiative in schools across the region. A key aspect of this has been the establishment of, and support for, the Critical Friends Network.

A range of community facing campaigns (i.e., 16 Days of Activism) and resources (i.e., COVID-19 Health Social Media Toolkit) have also raised awareness across the region more broadly on the importance of PVAW. Additionally, WHISE has worked with partner organisations to identify and support community leadership to challenge and critique gender norms and attitudes that support violence against women.

Influencing Evidence

WHISE and partners have been involved in evidence creation, translation and dissemination on issues relating to violence against women to inform best-practice approaches. This has strengthened the evidence-base for PVAW across the region. As partners have increased awareness of best-practice approaches and evidence, this has ignited partner innovation in their prevention work across the region. The evaluation has demonstrated that the strategy has delivered a range of outcomes that contribute towards improving primary prevention practice in PVAW/GE across the region. It has demonstrated that, when facilitated effectively, collaborative work can enable more systemic ways of working towards PVAW.

Summary and Next Steps

The PVT strategy was a ground-breaking initiative for the SMR which led to significant and positive changes in the region within organisations, businesses, schools, and communities. Key features which contributed to the success of the strategy included the partnership and the mutually reinforcing

approach taken to achieve change which remains relevant for the next iteration of the strategy. Looking forward, the evaluation process has highlighted the need to incorporate emerging key areas of focus in the next strategy, as well as the need for a Theory of Change to ground the work and clarify the outcomes and their contribution towards long-term change. This will likely enhance understanding of the work across the partnership. The foundations have been laid for the next strategy to build on the significant achievements of the first strategy and further strengthen PVAW/GE in the region and its long-term impact at the community level.

Acronyms and abbreviations

AOD	Alcohol and other drugs
CALD	Culturally and linguistically diverse
CoP	Community of Practice
CFN	Critical Friends Network
CMY	Centre for Multicultural Youth
DET	Department of Education and Training
DFFH	Department of Families, Fairness and Housing (Prev. DHHS – Department of Health and Human Services)
EAPN	Elder Abuse Prevention Network
GE	Gender Equity
HR	Human Resources
HFHR	Healthy Families Healthy Relationships
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other sexually and gender diverse
PVAW	Prevention of Violence Against Women
PVAW&C	Prevention of Violence Against Women and Children
PVT	Preventing Violence Together
RR	Respectful Relationships
SC	Steering Committee
SMR	Southern Metropolitan Region
WG	Working Group
WHISE	Women’s Health in the South East

1. Background and Context

1.1 The PVT Strategy and Partners

‘Preventing Violence Together 2016-2021 – A Strategy for the Southern Metropolitan Region’ was developed to enable organisations in the region to collectively prevent violence against women and their children. It was the very first strategy for the region. Violence against women is an urgent worldwide public health and human rights issue that has devastating impacts. A growing body of evidence indicates that violence against women is prevalent, serious, and preventable. The vision of Women’s Health in the South East (WHISE) at the time of developing the PVT strategy was to make a case for collective action for the prevention of violence against women in the region.

The region is a diverse and expansive area made up of 10 local government areas and spanning over 2,888 square kilometres. It is home to a wide range of ethnicities and socio-economic groups. The significant diversity present in the SMR represents a growing community with diverse needs and experiences.

The PVT strategy was the result of a consultative process with 28 organisations in the SMR. It was designed as a mechanism to coordinate combined and consistent activity across all participating organisations in the region. By working together, this strategy has enabled all signatory organisations to benefit from increased coordination and collaboration, capacity building, new funding opportunities to further extend and integrate prevention of violence against women (PVAW) work across the region, and coordinate advocacy efforts that harness the collective influence and expertise of all. Most importantly, it ensured that partners were coordinating initiatives to achieve a mutually reinforcing effect towards PVAW in the region.

1.2 The role of Women’s Health in the South East (WHISE)

Overall leadership of the PVT strategy was provided by WHISE, to work together, to prevent of violence against women in the SMR of Melbourne.

The PVT strategy was led by a Steering Committee (SC), chaired by the CEO of WHISE. As a specialist organisation, WHISE was ideally placed to lead the regional PVAW strategy. WHISE’s specific contribution to the regional strategy was to demonstrate leadership through:

- Leveraging strategic partnerships with organisations within and outside of the health sector to inform and support the regional strategy.
- SC and consulting with partners to plan, implement and evaluate the annual action plans, operationalised in part by the running of regional working groups, and Communities of Practice (CoPs).
- Ensuring all actions are evidence-based, monitoring actions under the regional PVAW strategy to ensure women who experience any level of disadvantage, are at the forefront of all PVAW efforts.

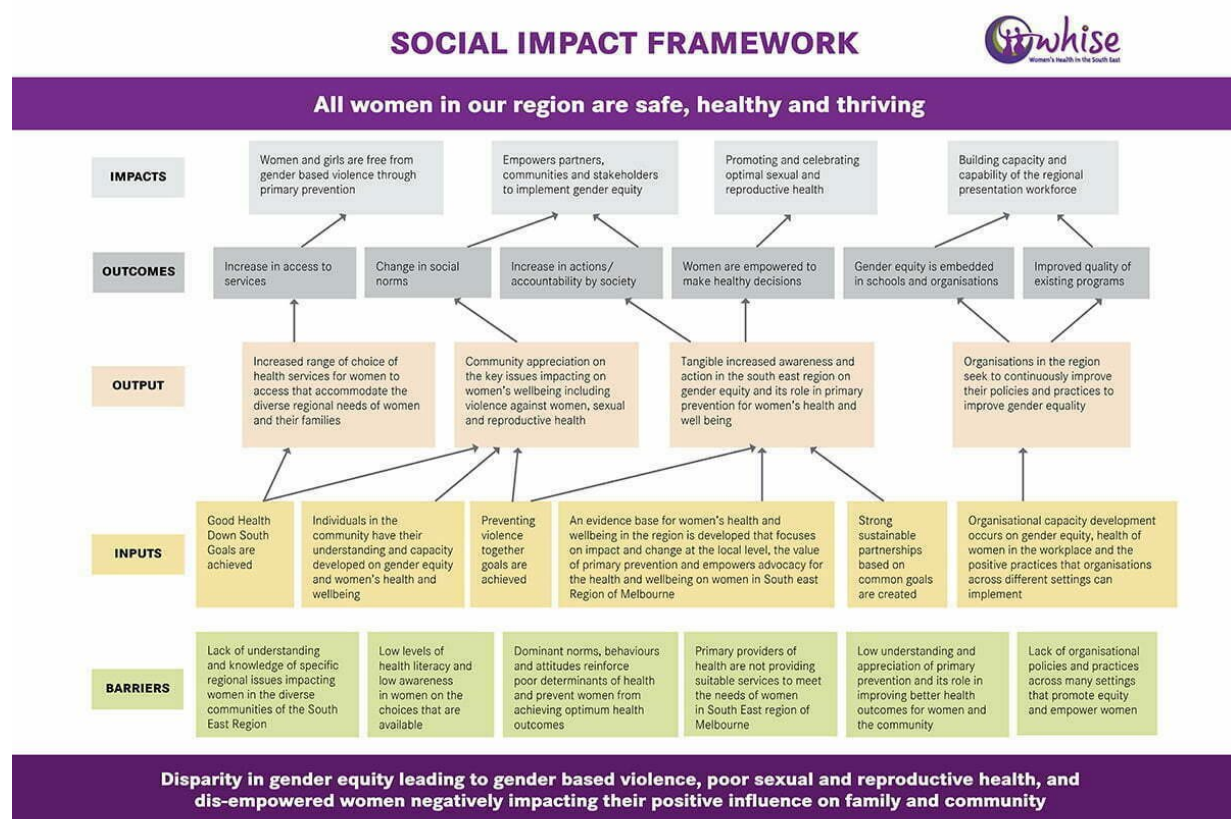
2. About the evaluation

2.1 Evaluation purpose and scope

The purpose of the evaluation was to conduct a rapid retrospective evaluation of the current and first regional primary prevention strategic plan - Preventing Violence Together 2016 – 2021. The evaluation provided a useful lens for understanding how the collection of activities and interventions worked in practice and lead to change. The evaluation also provided an opportunity to for partners and stakeholders to actively contribute and make recommendations for improvements to the next regional strategy to ensure a consultative collaborative approach was taken.

2.2 Approach and methodology

The PVT strategy did not have an evaluation framework at the strategy level, the evaluation sat at action plan level. Of the annual action plans in previous years, specifically Year 1 and some of Year 2 used predominantly process indicators to measure success. In Year 2 WHISE developed an organisational social impact framework (see figure below). This guided the work from Year 2 onwards and in Year 2 and Year 3 action plans drew upon impact measures from the annual WHISE Integrated Health Promotion (IHP) plans, the Office for Women 'capacity building program' indicators, the WHISE Benchmarking Survey and the National Community Attitudes Survey Report (NCAS).



These can be viewed in the WHISE Integrated [Health Promotion Report 2017-2021](#).

The evaluation of the overall strategy was done using a heavily qualitative approach. It used the Most Significant Change (MSC) technique. The Most Significant Change (MSC) approach involves generating and analysing personal accounts of change and deciding which of these accounts is the most significant and why (McDonald, Stevens, & Nabben, N.D.). The benefit of this approach is that it looks at what is valued as defined by those most closely involved and allows for expected as well as unexpected changes to be captured. The evaluation presented a largely descriptive account of the strategy and what has been achieved to date. The methodology also ensured engagement and participation from the stakeholders and partners in the evaluation processes to foster ownership of the resulting products.

2.3 Information collection

A combination of interviews and survey were chosen to enhance the validity of the findings; for example, by contrasting information from interviews with survey data or cross-referencing views of different partners. Information was collected via the following methods (note that due to the ongoing COVID-19 restrictions, all engagement was completed via online methods and technology).

a) Desktop review and synthesis of existing data.

WHISE undertook an initial desktop review of evidence collected during the strategy. The consultant who was assisting with the evaluation then reviewed and synthesised the information to identify gaps in the current data which were then addressed in the semi-structured interviews, including:

- Project data on activities for Gender Equity and PVAW
- Integrated Health Promotion (IHP) Reporting - Preventing Violence Against Women (PVAW) – Priority Two
- WHISE Annual Reports 2017, 2018, 2019, 2020
- PVT Toolkit evaluation
- 16 Days of Activism evaluation
- WHISE desktop review of the PVT strategy and Year 1,2,3, 4 Action Plans
- WHISE social impact report

b) Consultations with selected stakeholders

Semi-structured interviews were conducted to collect rich qualitative data on the key outcomes of the strategy and partnerships and explore which aspects of the approach influenced its success or acted as barriers. During this step, the MSC technique helped capture non-quantifiable changes from the strategy and allowed partners to express how the partnership changed their individual, organisational or collective capacity to undertake primary prevention practice in PVAW/GE across the SMR. All interviews were conducted via Zoom, recorded, and transcribed for the purposes of this evaluation.

Interview Sample

- A selection of 11 partner organisations were identified to reflect a range of engagement levels (High, Medium, and Low) – quotes from these interviews were assigned the code PTN (+ number).
- Five other key strategic stakeholders from the SC, Department of Education and Training (DET) Department of Families Fairness and Housing (DFFH) and the CEO of WHISE - quotes from these interviews are assigned the code KS (+ number).

c) Testing of interview findings with a wider cross section of partners

Initial analysis of the interview data was used to identify questions which informed the development of a survey instrument. This process allowed for a wider understanding of the perceptions and outcomes of the PVT reported during the interviews across a wider number of partners. This methodology (interviews and a survey) facilitated greater understanding of the uniqueness and/or universality of the experience of the PVT strategy and what it achieved across a wider sample of partners. Partners who participated in an interview were also invited to complete the survey. Several of the survey questions included open comment options and where these have been used in the report, they have been assigned the code (PS).

Profile of partners surveyed:

All partners involved in the PVT strategy were invited to participate in an online survey. A total of 44 individuals from a range of partner organisations completed the survey (with a 70% completion rate).

Partner survey sample

Those who completed the survey represented the breadth of partner organisations and their staff involved in the PVT Strategy:

- Local government represented the largest segment (43%), followed by Community Health (20%), Community Organisation (18%), State Government (7%), Education (5%) and Specialist Family Violence (2%). Five percent identified as 'other'.
- The majority of respondents were either Officers (40%) or Team Leader/Coordinators (34%). Fourteen percent identified as CEO/Executive and 12% as Manager level.
- Respondents indicated that they worked in health promotion (18%), community strengthening/development (18%), social/health planning (14%), CALD/Migrant (11%), specialist family violence (9%), access and inclusion, and Aboriginal and Torres Strait Islander Health and Wellbeing both at (5%) and LGBTQ+ (2% n=1). Eighteen percent nominated 'other'.
- 14% identified as having a HIGH level of engagement, 57% as MEDIUM engagement (having participated in some activities and groups), and 29% a LOW engagement (note some in this category were new to role and although their organisation had been involved, they had had limited engagement to date).

d) Interactive engagement and learning

To harness the knowledge and values of those most actively involved in the PVT, key stakeholders were invited to participate in an online 'Evaluation Summit' to analyse the data, identify key learnings and develop recommendations for future direction. A total of 35 individuals across a range of partnership organisations participated in the Summit held on the 16 September 2021, the outcomes of which have also informed this report.

2.4 Constraints and limitations

As with every evaluation, there were limitations. The main limitations are detailed below:

- Despite being invited to participate, not all partners contributed to the findings of this evaluation.

- The selection of a sample of partners for interview cannot capture all relevant views of the PVT. However, efforts were made to ensure representation from a range of partners to reflect differing levels of engagement and types of organisations that made up the partnership.
- The MSC stories collected as part of the interview process, reflected examples of where change had occurred and were not necessarily representative of all partners'/individuals' experience of the PVT.
- The quality of support and/or training provided under the partnership was not in the scope of this evaluation.
- The lack of a robust monitoring and evaluation framework meant that consistent data was not available for the duration of the PVT.

3. Key Findings

3.1 The Partnership

The PVT was implemented through a partnership which included Community and Women's Health Services, Local Government Councils, Primary Care Partnerships, and key health organisations from across the region including:

Bayside City Council
Bayside Peninsula Integrated Family Violence Partnership
Cardinia Shire Council
Caulfield Community Health Service
Central Bayside Community Health
Chisholm TAFE
City of Casey
City of Port Phillip
City of Stonnington
Connect Health and Community
Department of Education and Training
Department of Health and Human Services (now Department of Families Fairness and Housing)
Department of Justice and Regulation South East Metropolitan Region (now Department of Justice and Community Safety)
enliven
Family Life
Frankston City Council
Frankston Mornington Peninsula Primary Care Partnership
Glen Eira City Council
Greater Dandenong Council
Indigenous Family Violence Regional Coordinator Bayside Peninsula/Southern Melbourne Area (now Dhehk Dja Action Group – Southern Metropolitan)
inTouch Multicultural Centre for Women
Jewish Care
Kingston City Council
Monash Health
Mornington Peninsula Shire
Peninsula Health
SECASA – South Eastern Centre Against Sexual Assault
SEMPHN – South East Melbourne Primary Health Network
South East Community Links (SECL)
Southern Melbourne Integrated Family Violence Partnership
Southern Melbourne Primary Care Partnership
Southern Migrant Resource Centre
Star Health
The Salvation Army
Uniting Vic.Tas

Victoria Police
WAYSS
Wellsprings for Women
Windermere
Women's Health in the South East (WHISE)

Engagement in activities and events under the PVT strategy has varied depending on each partner's specific work and needs of their organisation, however, there has been a high level of participation overall. One-on-one engagement between WHISE and partners has been largely driven by strong individual relationships.

WHISE is currently in the process of engaging new partners and existing partners have expressed a desire to expand the network and broaden the remit of the work. As part of this evaluation, partners were surveyed on whether they felt the strategy was useful to broaden the remit and the exposure of the prevention work in the region. As can be seen in Figure 1, there was particular interest in including broader community organisations (77%) and including the broader workforce of defined entities under the Gender Equality Act, for example, social planners or human resources personnel (58%).

'Other' responses included First Nations organisations, youth (e.g., CMY), and LGBTIQ+ specific organisations, with a particular focus on partners that speak to the intersectional nature of the work being done. Some work is already underway to engage these groups more actively in the next strategy.

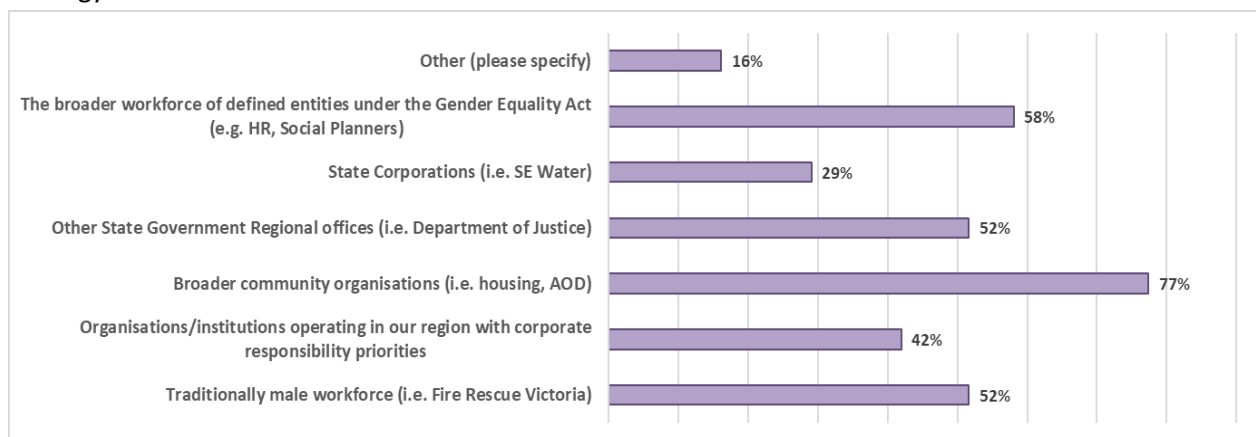


Figure 1: Survey of potential areas of expansion of the partnership

The online survey asked partners which ONE word they would use to describe the PVT partnership. The results have been compiled into a word cloud with larger text denoting more frequently selected words (see Figure 2). As can be seen, collaboration, collaborative, and inclusive were frequently cited by partners.



Figure 2: Word cloud of the partnership

3.2 Achievements under the PVT strategy

This section provides a summary of work undertaken and achievements during the strategy. It is organised against the Strategic Pillars and objectives of the PVT (see Figure 3). As the objectives are a mix of process/output and outcome levels, emerging outcomes have also been included. The section ends with a discussion of the higher-level impacts of the PVT across the region. Note that community-level change (Objective 5) is outside the remit of this evaluation and is not included in these findings. Some evidence of contribution to Objective 6 is however included.

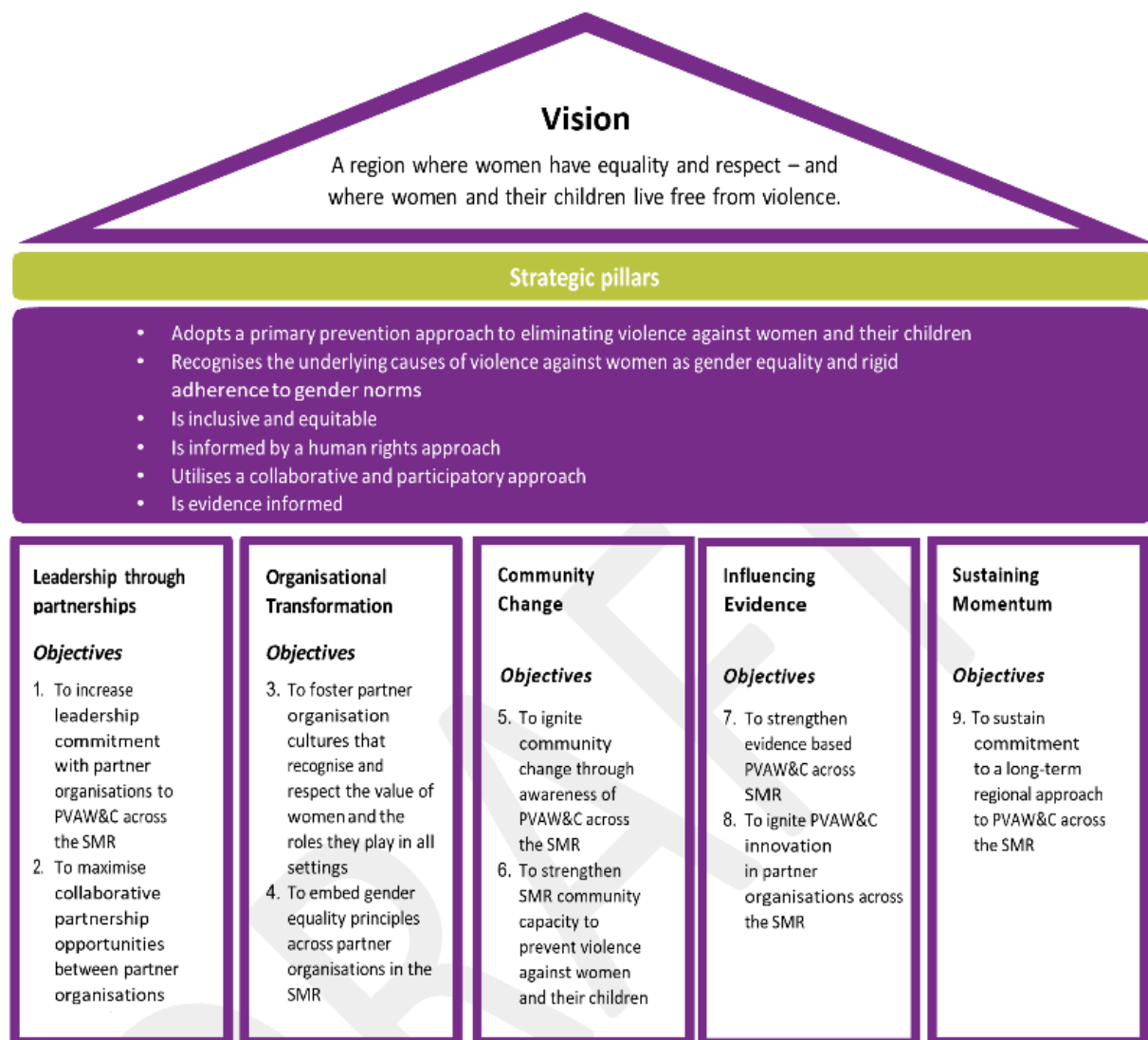


Figure 3: PVT Strategic Pillars

IMPACT SNAPSHOT

The MAJORITY of respondents believe that the partnership has..

- ☒ Strengthened leadership commitment within your organisation in PVAW/GE (32% major affect)
- ☒ Improved your organisation's capacity to implement Prevention of Violence Against Women/GE initiatives (28% major affect)

A) Leadership commitment to gender lens in planning

A key aspect of the leadership work is supporting local government partners to progress their Municipal Public Health and Wellbeing Plans (MPHWP), Family Violence and Gender Equity Strategies, and associated Action Plans. All Council partners included PVAW as a focus area/goal in their 2017-2021 Plans¹.

For the 2021-25 MPHWPs, WHISE provided Councils with advice statements tailored to each local government area to demonstrate how to apply an intersectional gender lens to their Plan. WHISE also individually met with Councils. The statements also advocate to Councils on the inclusion of PVAW as a focus area in their Plans. Fifty-six percent of partners surveyed said that WHISE had provided advice/guidance as part of their organisation's [strategic] planning processes (e.g., MPHWP Planning).

Our organisation contracted WHISE to do some organizational development work for us. So, over the span of probably six, eight months, we did an organizational audit and ran some workshops. And then that resulted in the development of a Workplace Equality and Respect Action Plan, which got endorsed ... I guess it laid some foundations for us and sort of mandated that work. (PTN6)

I sit on our health and wellbeing committee. And I asked at a meeting are we considering a gendered lens over the health and wellbeing plan? And then we asked for support in how to do that. (PTN3)

B) WHISE influencing leaders in regional organisations at networks / working groups

WHISE also provided a leadership role through the partnerships by participating in partner groups and networks. This helped to connect with leaders in partner organisations, to assist in policy development and direction within those organisations, and ensure a focus on PVAW and GE. Seventy-two percent of partners surveyed said that WHISE sat on their regional/organisational working group/network

¹ Note that Cardinia Shire Council has a Liveability Plan for 2017-29 which includes the reduction of family violence as a long-term goal.

WHISE has participated in the following regional partner groups or networks during the past four years (list not exhaustive, due to several changes over the timeframe):

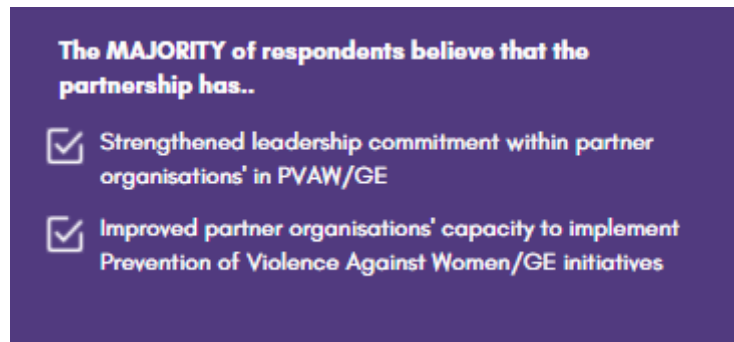
- Bayside City Council MPHWP reference group
- Stonnington City Council MPHWP reference group
- Frankston City Council MPHWP reference group
- Glen Eira MPHWP reference group
- Mornington Peninsula Shire MPHWP reference group
- Casey City Council Leadership group
- Internal gender equity leadership group at Casey City Council
- Frankston City Council MPHWP plan reference group
- Casey City Council MPHWP Leadership group
- Mornington Peninsula Shire Health & Wellbeing Committee
- Glen Eira Community Safety Committee
- Kingston FV Working Group
- Cardinia Shire CALD Network
- Casey Community Safety Committee
- Southern Region Community Health Health Promotion Network and Advisory Group (CHHPNAG)
- Southern Melbourne Primary Care Partnership (SMPPCP) steering committee
- SMPCP health and well-being reference group
- SMPCP Family Violence Working Group
- SMPCP Elder Abuse Network
- Frankston Mornington Elder Abuse Network
- Enliven
- Community Strengthen Taskgroup
- Frankston Mornington Peninsula Family Violence Network
- WAYSS Critical Linkages

We do have a Family Violence Working Group that's been established since about 2018. And WHISE have been a long-standing member of that working group. And that's sort of an advisory role to council through that working group. So that working groups been instrumental in providing advice to Council on the development of action plans. So that's sort of an advisory role. (PTN7)

WHISE has participated in the many state PVAW networks during the past four years, examples of these are below:

Women's Mental Health Alliance
Municipality Association of Victoria
GEN VIC Sexual and Reproductive Health CoP
SPHERE CoP
Our Watch Advisory Group Masculinities

Several partners who were interviewed, spoke of the organisational change that had been brought about through their interactions with the partnership/ PVT strategy, either as a direct result of support or through staff attending training delivered by WHISE. **Eighty percent of partners surveyed felt that the Partnership/PVT strategy had strengthened leadership commitment within their organisations, with 32% suggesting it had a major effect in this area.** There was evidence to suggest that the strategy was helping to embed gender equality principles across partner organisations.



Prior to last November's council elections, we only had one female councillor out of seven. Now we have three. So, I think that it's probably been very good in addressing that. I think it probably addressed some of the sort of structural habits. I think it's probably helped to address that. (PTN5)

Maximised collaborative partnership opportunities between partner organisations (Objective 2)

WHISE's ability to leverage strategic partnerships with organisations within and outside of the health sector to inform and support the regional strategy was a key driver of the success of the PVT strategy. This has been achieved through Working Groups and CoPs.

A) Working Groups

Under the partnership, two regionally based working groups were established: 1) Southern Metropolitan Primary Prevention Working Group, and 2) Bayside Peninsula Primary Prevention Working Group. These groups focused on identifying and solving specific challenges and were aligned to Regional Integration Partnerships in order to be connected to the response workforce and developments. The aim of these groups was to:

- Coordinate and support primary prevention activity across their regional area.
- Focus on tailoring specific primary prevention strategies for the regional area that meet the needs of the region.
- Seek to build knowledge and understanding of primary prevention activities across the local government areas and community organisations engaged in primary prevention.
- Build understanding and knowledge of primary prevention activities across their respective Regional Integration Partnerships.

- Work to the regional priorities as described in Preventing Violence Together (South East Metro Regional Primary Prevention Partnership).

Working group. I've loved that. It's been a really core team that has brought together prevention practitioners from across different sectors in the southeast, to gather support, but also to share resources and projects, and understand what's happening outside our little bubbles. So that's been really useful and relevant. (PTN9)

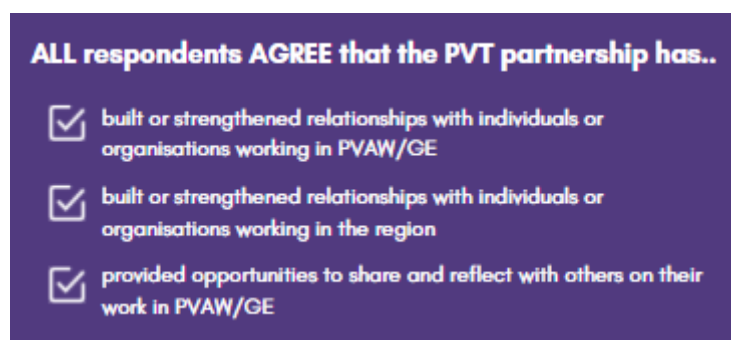
B) Communities of Practice (CoPs)

Another key initiative under the PVT was the creation of CoPs. These involved practitioners from across the SMR who were working in the PVAW space within their own organisation. They provided a unique opportunity to support the strategy implementation and provide opportunity for capacity building and development of the PVAW workforce.

In years one and two, the work was supported by four separate and ongoing CoPs which focused on leadership, workforce, communication and evaluation. Two new CoPs were convened in the third and fourth year because of an identified need: 1) Engaging Men and Boys in Gender Equality, and 2) Intersectionality and Diverse Communities. These new CoPs were important as they recognised the critical importance of including men and boys in the prevention of violence and included:

- Healthier Masculinities for Gender Equality CoP Launch event (total participants: 60).
- Healthier Masculinities and Values-Based Messaging: In Theory and in Practice (webinar total participants: 55).
- Intersectionality and Diverse Communities CoP Aboriginal Self-determination: A safer future 11 (total participants: 30).
- From Theory to Practice (webinar total participants: 55).

Through providing a platform for partners to meet and collaborate, relationships were strengthened, connections made, and opportunities created for sharing and learning. This aspect of the PVT strategy and partnership was most highly valued among partners, with most partners interviewed identifying participation in either the CoP or Working Groups as being a key benefit to them.



The working group meetings are an opportunity to build relationships and hear what other organisations are doing in PVAW/GE space (PS)

I think the communities of practice was most valuable, we made some connections there that we then were able to engage WHISE and some of the presenters from that event at our webinar last year as part of the 16 days of activism campaign.... So, sort of being able to build that collective impact, I found really useful through those communities of practice. (PTN7)

Through the CoPs and Working Groups, partners were able to share their experiences and learn from each other. **All partners surveyed agreed that the PVT partnership provided opportunities to share and reflect with others on their work in PVAW/GE (44% agreed strongly).**

Similarly, 96% of partners surveyed thought that the PVT partnership had increased their understanding of what other organisations were doing in the sector, which was again, another outcome of the CoPs and Working Groups.

I think it was good to start to know that other people in the region were working in this space. It probably gives the region some sort of focus. And a line of sight to make change. It sort of brings people together, organizations together, where you probably would tend to work in isolation. And I think we've found this through our Being Equal program, you can gain some capacity, but actually trying to implement things in a setting, you do require a community practice or peer network to bounce ideas off, you know, share ideas. (PTN8)

The CoPs provided a space where professionals in the region could start to unpack 'how'. At the regional and organisational level, they could move along the journey of translating the evidence-based models of intersectionality into practice and policy. Partners also used connections made during events, such as CoPs, to engage the presenters through their own projects or apply evidence-based practices to strengthen their own engagement with community and build collective impact across the region.

This was demonstrated through 'Story 5 – The connections we make' (see [Appendix A](#)). This was identified as significant at the PVT evaluation summit. Participants in the summit were organised into 6 separate groups. Each group reviewed several stories to select which they considered to be the most significant, in terms of the achievements under the strategy. Story 5 was identified as significant by partners because:

- ❖ *Through all that networking, learning and sharing, the connector and networking role had more impact across all of the organisations and the sector generally and so potentially the impact was broader*

ORGANISATIONAL TRANSFORMATION

Partner organisational cultures recognise and respect the value of women (Objective 3)

Over the four-year period, WHISE prioritised building the capability and capacity of partners and stakeholders to work towards achieving GE and promoting system-level changes within their workplace settings. This included creating and delivering approximately 100 customised workshops/sessions held with partners and non-partner organisations in the SMR.

WHISE provided a broad range of highly tailored training packages suited to organisations' and participants' learning needs. These sessions covered a broad range of areas of focus including the social construction of gender, masculine and feminine ideology, the gendered drivers, GE and the link to Family Violence (FV), gender inequity and how it persists in different settings, exploring unconscious bias, engaging men and boys and intersectionality. Other areas of focus were practical and applied so training sessions to build confidence in using gender equity tools, including gender auditing, action planning, gender transformative planning, program and service delivery within workplace settings,. WHISE aimed to meet the specific needs of the audience by tailoring their training in terms of pitch, activities, pace, content and facilitation style.

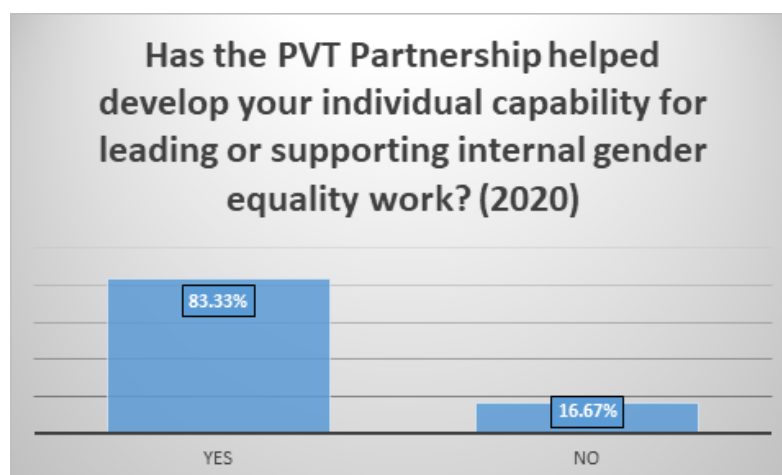
WHISE evaluate most of their trainings for a detailed report please refer to the [Integrated Health Promotion Report](#). In summary:

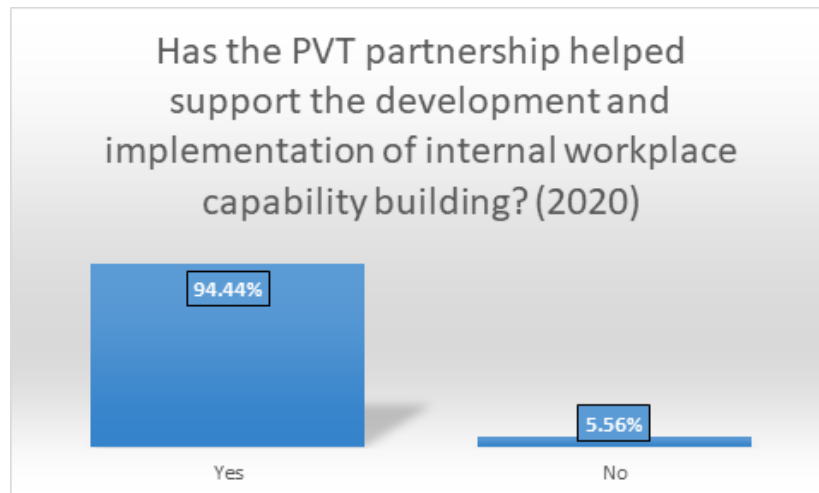
- In 2017-28 WHISE provided 39 training or education sessions for partners and non-partner organisations within the Southern Metropolitan Region (SMR).
- 2018-19, WHISE contributed to building the capability and capacity of the region in gender equity and prevention of violence against women by creating 42 customised workshops or sessions, held with partners and non-partner organisations within the SMR.
- In 2019-20, WHISE designed, co-ordinated and facilitated over 47 capability and capacity building workshops to partners, key stakeholders and organisations within our Southern Metropolitan Region (SMR).
- In 2020-21, WHISE conducted 18 workshop/training sessions

WHISE also delivered a number of regional Forums including:

- 2018-19, WHISE ran two regional forms (Preventing Violence Together - Community Forum, The Think Tank Event – Creating Respect Together)
- In 2019-20 WHISE ran one regional forum Promoting Gender Equality in the Workplace
- In 2020-21 WHISE ran one Gendered Recovery Planning Forum

Data was collected from partners as part of a benchmarking survey completed by WHISE in 2020 as part of funding and reporting requirements to the Office for Women. The below graphics indicate the level of influence and progression across the region resulting from involvement in the PVT partnership





The combination of learning events, such as the CoPs and forums, has enabled access to subject matter experts on topics relating to gender-based violence and the latest evidence about best practice approaches. **Ninety-two percent of partners surveyed agreed that the PVT partnership had increased their understanding and knowledge of PVAW/GE while 92% of partners surveyed felt that the PVT partnership had strengthened their capacity to apply evidenced-based initiatives.**

That building of my capability in this role is something that I can then continue to do, each and every day, through the work that I do. It's ongoing; you might attend two or three different WHISE events throughout the year. And each of those things, builds that capability just to help you in your day-to-day work. So that's probably the most impactful to me personally. (PTN7)

Two interviewees mentioned that they were new to the PVAW space and found that attending events enlightened them and increased their understanding of the local context and frameworks.

I was new to local council and the Victorian context in prevention. So I certainly know that they're certainly a huge part of my learning and professional development. Yeah, last few years. And then that is then translated into the learning of our organisation. (PTN9)

The combined effort of new legislation (i.e., GE Act 2020) and a reinforcing regional strategy shifted partner organisational cultures to better recognise and respect the value of women. A key driver of change was the expectation that individuals could apply their newly acquired knowledge to their own organisations, in effect becoming champions for change.

As illustrated in the MSC activity during the Evaluation Summit – ‘Story 2 –Championing the message’ (see [Appendix A](#)) demonstrates how the seeding of an idea in a CoP and understanding around healthy masculinities has opened up new ways of thinking about ways of working in the partner organisation and also in the wider community.

The story was identified as significant by partners during the evaluation summit because:

- ❖ *It demonstrates how being part of the partnership can be useful at all levels of organisation from grassroots all the way up to working with management and councils*
- ❖ *It shows how WHISE really supports individuals with a strategic level of advocacy in order to support them to make the changes they need in their organisation, and they were highly responsive in working with those people to embed that change.*
- ❖ *Having connections with external organisations and expertise and resources enables/empowers organisational change and advocacy.*

Gender Equality principles are embedded across partner organisations in the SRM (Objective 4)

PVT Toolkit

Alongside PVT partners and stakeholders, WHISE worked to develop the [Preventing Violence Together Toolkit](#). WHISE partners reflected at the time on the recently released *Our Watch Workplace Equality and Respect Standards (WER)* and produced this Toolkit to translate the national WER standards into regional opportunities for our partners. The toolkit is both an interactive website as well as a published document.

The stages the toolkit moves through are cumulative and designed to be progressively completed from stages 1 to 4, logically building leadership commitment, staff capacity, empowering the workplace to assess their workplace conditions, and finally, exploring how to affect broader community change. These stages broadly reflect the WER standards as well as the benchmarking that our partners undertook in the July 2018.

Training and Audits

WHISE engaged with partners to provide support, advice, and resources on gender equality in workplaces. In 2018, WHISE received endorsement by Our Watch to deliver Our Watch: Workplace Equality and Respect Standards Training packages. Between 2017-2020, WHISE delivered approximately 89 GE training sessions.

WHISE also conducted four Gender Equality Audits with local councils and provided assistance and resources for councils to undertake their own audits. Following the passing of the Gender Equality Bill in February 2020, WHISE contacted key staff from 16 public organisations outlining the support and services we can offer. **Thirty-two percent of partners surveyed said that their organisation received direct advice/support for Gender Equality (GE) Act implementation from WHISE.**

Capability & Capacity Building for GE Act mandated requirements

Three online forums were held in 2020-2021 in partnership with the Commission for Gender Equality in the Public Sector to prepare and educate workplaces in the SMR on the requirements of the Gender Equality Act (2020).

Post-forum surveys indicated that **84.6%** of attendees of the first forum said that their knowledge and understanding of the requirements under the GE Act had increased, and **53.8%** of attendees of the second forum, and **85.7%** of attendees of the third forum.

WHISE now sits on the panel of providers, under the banner of GEN VIC and is working alongside other Women's Health Services in Victoria to offer fee for service tailored support to assist defined entities to comply with the Gender Equality Act 2020. Some examples of this work to date include working with a local council planning and infrastructure division to co-design a theory of change for gender equality in planning and running gender equality, diversity and inclusion training for new counsellors and mayors.

Through the Most Significant Change (MSC) activity at the PVT Evaluation Summit (2021 Story 3 was selected, as it demonstrates how WHISE have worked with a partner to build an understanding of gender equality in the workplace and how it translated to change in their own organisation.

'Story 3 – Embedding GE in the Workplace' (see [Appendix A](#)) was identified as significant by partners during the evaluation summit because:

- ❖ *WHISE being a key support and first port of call for reliable information/evidence*
- ❖ *It highlighted that we tend to sometimes get stuck in the identifying and responding space but this has really allowed organisations to keep an eye on the prevention space and really be uplifted by this work.*
- ❖ *It also keeps an eye on emerging issues and advanced concepts like intersectionality and provides organisations with the tools and capability to work within that, e.g. surveys, policy analysis and workshops etc.*

COMMUNITY CHANGE

Strengthened SMR community capacity to prevent violence against women (Objective 6)

Supported Respectful Relationships in schools across the region

As part of the PVT strategy, WHISE had built the capacity of the education sector as part of Respectful Relationships (RR). RR is an initiative of the Victoria Department of Education and Training that supports schools and early childhood settings to take a whole of organisational approach to the prevention of family violence through promoting and modelling respect, positive attitudes, and behaviours. In support of this program, WHISE conducted professional development training for school staff in the SMR (over 200 school staff/80 schools), and delivered nine highly tailored and customised workshops to staff and students at a diverse independent co-ed secondary college, and gave a 2-hour presentation to 150 year 9 and 10 students of a single sex secondary college on gender equality.

More recently, this work evolved into the establishment of a Critical Friends Network (CFN) which is a partnership between DET and WHISE to support the implementation and embedding of RR within local schools. This saw a shift in focus to building partnerships between local organisations and schools in

the region. The purpose of CFN is to build a group of passionate and knowledgeable professionals across the health and PVAW sectors with the common aim of building violence prevention capability and respectful relationships. There are currently 45 critical friends trained across the region who are/have supported SMR schools. Approximately 170 schools have signed up to this initiative and 34 inductions and training sessions have been provided over the lifetime of the PVT.

16 Days of Activism against Gender-Based Violence

16 Days of Activism Against Gender-Based Violence is a global campaign dedicated to raising awareness about the impact of violence, particularly on women. The campaign started 25 November, International Day for the Elimination of Violence Against Women, and concluded 10 December, Human Rights Day. This campaign emphasised the fact that violence, in any form, is a violation of human rights. As part of the PVT, WHISE and its partners were funded in the first two years of the strategy to lead the campaign throughout the SMR. In 2019, funding was redirected away from Women's Health Services and centralised through RESPECT VIC and MAV. Since 2019, WHISE has continued to provide support for the campaign and partners.

- In 2018, WHISE and partners chose to promote the 16 Days of Activism campaign in cafes throughout the Southern Metropolitan Region. Cafes play an important role in the community of bringing people together and promoting messages on cups, cards and posters has helped to start a very important discussion around why we need to challenge disrespect.
- In 2019, WHISE compiled a [social media toolkit](#) for people looking to participate in 16 Days of Activism. The aim of this toolkit is to assist individuals and organisations to promote consistent messaging about the campaign as well as challenging disrespect towards women and how it links to gender-based violence.
- In 2020, WHISE ran a social media campaign and also hosted a lunchtime session on values-based messaging as part of 16 Days of Activism. Mark Chenery from Common Cause Australia presented a practical session on why values-based messaging is an effective tool for creating social media and messaging campaigns that create maximum impact and contribute to positively shifting community attitudes.

International Women's Day

Every year, as part of the celebrations of International Women's Day, WHISE and its PVT partners acknowledge the contributions of women to their communities in the SMR. For example, in 2019, along with Central Bayside Community Health, Connect Health & Community and partners, WHISE marked International Women's Day through, 'Change the Way' - a free community event to celebrate International Women's Day. The event was designed to encourage conversations about the impacts of gender equality and an opportunity to discuss actions individuals can make to create change.

COVID-19 health social media kit

In 2020, WHISE compiled a social media toolkit for organisations looking to spread the message about the gendered impact of COVID-19. The toolkit included downloadable images, captions and links to relevant resources and research that could be shared across multiple platforms. The captions were available to be used for Facebook, Instagram, LinkedIn, and shortened captions were available for Twitter.

Community mobilisation and strengthening

WHISE worked with partner organisations to identify and support community leadership to challenge and critique gender norms and attitudes that support violence against women. Some examples of this work are:

- In partnership with City of Dandenong, WHISE provided training for Rohingya community and sports clubs in Greater Dandenong to raise awareness about the prevalence of family violence and to build capacity of the local community to access services and talk about family violence. Impact indicators clearly demonstrated increased understanding in the role sporting clubs can take in improving the health and social environment, increased understanding in why gender equality benefits all, and the links between gender inequality and family violence.
- In 2018-2019, WHISE supported community education sessions with a range of partners to build capacity of bicultural workers to coordinate and deliver training to both men and women within the Afghan community to build an understanding of the drivers of violence against women and gender inequity.
- The Courage to Change program with City of Kingston Council provided internal training with 100 crossing supervisors and external training with 20 community leaders from cultural and faith diverse backgrounds to build awareness of the prevalence of family violence, and to raise understanding of how to prevent family violence.
- WHISE worked with the Sikh community to raise awareness and establish a sustainable primary prevention infrastructure for the Victoria Sikh community.
- Healthy Families, Healthy Relationships – Cardinia Shire Council and Sikh Australia Support for Family violence – established a Train the Trainer program for a local faith-based volunteer-led not for profit to build community capacity to educate and raise awareness of prevention of family violence in diverse communities.

It was a direct partnership, [our council] and WHISE to facilitate that project. It was around primary prevention, unpacking the gender, drivers of family violence and promotion of gender equality. So that kind of primary prevention, engaging community leaders to help build their awareness and shifts those kinds of attitudes, behaviors and beliefs that give rise to family bonds. So that direct partnership as well. (PTN7)

INFLUENCING EVIDENCE

Strengthen the evidence base on PVAW across SMR (Objective7)

WHISE together with its partners has been involved in evidence creation, translation and dissemination on issues relating to violence against women to inform best- practice approaches.

Knowledge dissemination

Over the last 3 years of the PVT strategy, WHISE created and disseminated a wide range of information to partners including annual 10 snapshots tailored to each Local Government Area and one regional PVAW snapshot, one Critical Friends Network Successes So Far – outputs and outcomes factsheet, and five evaluation snapshots from the CoPs.

WHISE also developed a range of tools and resources including the [Preventing Violence Together Toolkit](#), a [digital mapping](#) tool of primary prevention initiatives in the SMR, Enliven: You Are Not Alone Family Violence Resource, Enliven: What is Family Violence?, WHISE: E-delivery of Primary Prevention: Tips and tricks for webinar delivery and WHISE: E-delivery of Primary Prevention: Tips and tricks for webinar delivery, Recording of 16 Days of Activism online forum – a practical session, on how and why to use values based messaging, recording of Careers and Education Pathways in Family Violence and Gender Equity: A Digital Forum – shared on the WHISE YouTube channel, two recordings of CoPs on engaging men and boys in gender equality on the WHISE YouTube channel and a recording of Introduction to Gender and Recovery Planning also on the WHISE YouTube channel.

Ninety-six percent of partners surveyed felt that the PVT partnership had increased their access to information and evidence relating to PVAW/GE.

Evidence creation

Research projects

- Analysis of Family Violence Data Project for the Southern Melbourne Region Integrated Family Violence Executive Committee.
- Family Violence in Southern Melbourne - An analysis of a live data capture for the Southern Melbourne Integrated Family Violence Partnership.
- Research on Family Violence Practitioners.
- Family Violence Partnership, Southern Melbourne School of Participatory Design and State Government.
- RMIT Perpetrator Intervention Research Project.
- Facilitated development and co-author of literature review on Elder Abuse for Southern Melbourne Elder Abuse Primary Prevention Network.
- Mapping the lived experience of the family violence system in the Southern Melbourne Region: A Victim Survivor Perspective (Integrated).
- Intrafaith and Interfaith perspectives on preventing violence against women - COVID-19: An assessment of partners need.
- SRH African women's research - WHISE is a member of the Women's Mental Alliance which have produced several papers and resources to respond to the Victorian Royal Commission into Victoria's mental health system.
- Bayside Changing Faces Project.
- Pride in Prevention Rainbow Health – a summary of the evidence base around the drivers of violence against women and gender inequality.

Collaborative projects:

- Chisholm Institute; Industry working group for Chisholm's Graduate Cert in FV. Supported the development of core units 'FV; Primary Prevention and Social communication' and 'Gender, Power and the State'.
- Member of the Steering Committee for Women's Disability Victoria in the Enabling Women Program.

- Report: Rapid Literature Review on Elder Abuse (in partnership with the Southern Melbourne PCP Elder Abuse Prevention Network).
- State of Women's Health in the South East - Report: Issues and prevalence of Violence Against Women in the Mornington Peninsula Region (in partnership with Family Life).
- Issues Brief: Review of available literature, practice and issues associated with Interfaith Prevention of Violence Against Women and outcomes of research into CALD and Interfaith Community needs when it comes to building capacity on family violence (for Cardinia Shire Council Together We Can Initiative).
- Issues Brief: Scoping of prevalence and issues surrounding Forced Marriage in the South East Region.
- In collaboration with GEN VIC and the Women's Health Services, WHISE contributed to and disseminated a series of factsheets exploring the impact of COVID-19 on women and gender diverse people in Victoria to raise awareness of the deep and lasting impacts of disaster on women across the State.
- WHISE conducted a series of focus groups in collaboration with GEN VIC to examine the gendered impact of COVID-19 on women.

To ignite PVAW innovation in partner organisations across the SMR (Objective 8)

During interviews with partners, examples were shared of where the application of knowledge and learning and best practice approaches, in particular from the CoPs, had led to innovation and new initiatives across the region.

'Story 1 – Bringing all the pieces together' (see [Appendix A](#)) is one such example and was selected as the **MOST**² significant during the evaluation summit for the reasons below.

- *It demonstrated external change and the growth of something coming from information that was supplied about healthy masculinities and behaviour change and how that evolved into being funded as new initiatives.*
- *Local government can sometimes run the risk of being stagnant and only continuing things that have seen positive effects in the past and not delving into things that were different and new, so it was really good that they identified something new and brought it forward in their organisation and received funding for it.*
- *WHISE seeded an idea and from that, something bigger grew and more funding was received, so there was a really good impact*
- *It touched upon the breadth of the work of WHISE – had a strong impact with building greater capacity and awareness and knowledge, as well as facilitating partnership development and connections to others, so greater learning through that and then actually embedding it into the grant and actually able to do something and action it with the money that was received through the grant.*
- *It was emotion driven, so it was a powerful account of one person's experience and how they were able to then take that away and have a greater and greater impact.*

² Three out of the six groups in the evaluation summit identified this story as the most significant to them.

It also showed how participation in a CoP led to new knowledge about best practice approaches to addressing gender and masculinity which were taken back to the partner's organisation and applied to primary prevention practice in the community.

SUSTAINING MOMENTUM

Sustaining commitment to a long-term regional approach to PVAW across the SMR (Objective 9)

WHISE has worked collaboratively with all partner organisations over the last four years to increase commitment to a regional approach to PVAW. As part of the PVT, participatory processes have been used to develop and lead annual action plans with regional strategy partners including annual Think Tanks whereby partners were actively involved in action planning for the coming year.

Partner engagement and participation, as outlined in this report, were the first steps in the process of developing the second strategy 2021-2025 and the action plan for years one and two. These are currently under development in consultation with the PVT Steering Committee, PVT partners and regional stakeholders.

3.3 Impact of the PVT Strategy across the region

Strengthened partner primary prevention practice in PVAW/GE across the SMR

- ALL partners surveyed believe that the partnership had an effect on strengthening partner primary prevention practice in PVAW/GE across the Southern Metropolitan Region (with 60% indicating it had a major affect).

Interviews highlighted how knowledge gained through participation in the various trainings or CoPs had informed strategies in organisations and increased the capacity of partners to implement their own prevention awareness programs and better engage with community. Sixty percent of partners surveyed felt that the partnership had created opportunities for funding of new initiatives which was expanding their capacity to implement PVAW initiatives in their local communities.

The partnership has been a core part of the success, whether it is in regard to the quality of the training that we have rolled out, through to the engagement of our community Task Force. Through to, you know, a shift in the organizational culture. And they've been a part of the whole journey with us. (PTN9)

I think it's nice what you get out of the community of practice, and how that informs you know, your strategy and actions. With the men the masculinity we're doing a program right across the shire that's training up change allies and they're doing gender equality projects in their settings, whether it's you know, a club, a school or whatever. So, we we're building awareness and building change champions so it's building that sustainably after the funding goes. (PTN3)

Two of the partners interviewed explained that participation in activities under the PVT, such as CoPs, had provided a way to reach more organisations and promote what they were doing as well as share some of the challenges of their work. Such discussions strengthened their own practice.

We get to be recognised in the sector as a player in that in that space. And we get referrals for our programs and get consulted on these issues. And so, it's about playing a role in the region in that space. And learning from what others are doing. And having that vehicle to promote the work we do but also get some critique if you like. (PTN11)

Improved coordination of initiatives

The PVT was designed as a mechanism to coordinate combined and consistent activity across all participating organisations in the region. The aim was to promote mutually reinforcing messaging and practice, as well as ensure reach across systems and sectors, rather than being limited to single communities, organisations, or contexts. This has been achieved through building and/or strengthening relationships and connections across the region and creating opportunities to share and learn from each other's experiences of implementing primary prevention practice.

- ALL respondents believed that the partnership had improved coordination of initiatives in the region to achieve a mutually reinforcing effect towards PVAW/GE (major affect 56%).

One example of improved coordination across the region was the Critical Friends Network. During the start of Respectful Relationships (RR), the Department Education and Training (DET) worked closely with WHISE to raise awareness and engage with schools directly. However, due to feedback from the schools and their capacity to undertake this work, the focus shifted to developing a support system through the Critical Friends Network.

Together with the DET, WHISE recruited and trained 45 local community and local government sector professionals who have skills, interest and expertise in gender equality and the prevention of violence. The Critical Friends have the capacity to support around 170 schools in the region.

The key is collaborating across sectors, regions and agencies. I think bringing together partners to work and learn together how to support schools through a Critical friends network has been really great. (PS)

The main value add has been getting some of that coordination and collaboration happening at a regional level ... I think it's been good to get have just like a standardized training around the critical friends, so that we're also on the same page about what we're doing and what we're committing ... And having a regional organisation talking to the department, is probably more and more effective than a whole lot of people running off and having the same conversations with a department. (PTN8)

WHISE was critical in the establishment of the CFN and partnership with DET which has ultimately been the success of effective engagement and schools progress in RR (PS)

3.4 Factors contributing to success of the PVT Strategy

The role of WHISE as coordinating partner

WHISE is uniquely placed to undertake the role of coordinating partner and are widely recognised among those consulted for this evaluation for their leadership, expertise, and advocacy in the areas of

PVAW and GE more broadly. It was acknowledged that WHISE are a credible voice in the field and that their reputational image was also a key factor in advocating for change and working with partner organisations on the PVT.

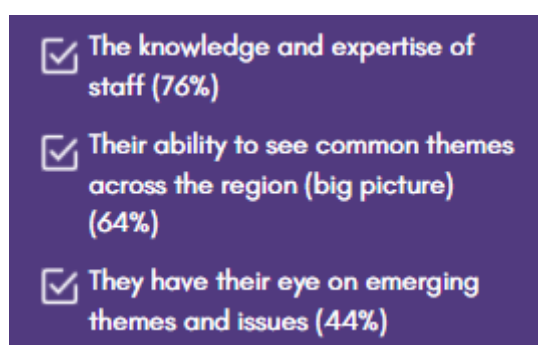
A women's health service presenting on some key advocacy points and messages, I think that's so critical. And actually, their reputational image is also important. My staff could have easily presented on some of those key elements, maybe not so expansively, but the knowledge and expertise that was conveyed and their ability to see the bigger picture is what they bring. (PTN03)

In addition to bringing expert knowledge in the field of PVAW to partners, WHISE have been able to leverage their partnerships across the region to share what others are doing. This has placed WHISE in a position of being able to provide direction on what is happening strategically on a regional level which has helped to steer and guide local priorities and inform evidence-based initiatives promoting GE and PVAW.

I've just found them so valuable, because WHISE were able to see kind of a bird's eye view what all the local councils are doing, what the common themes were that we were needing further information on. So, masculinities was one, engaging faith and culturally diverse community leaders, that's been another area. They've picked up that common theme among councils wanting to do this same sort of work. So being able to find those common themes, I think, and then provide a wide-ranging support for councils around those areas of interest, I think that's been really valuable. (PTN7)

Also valued by those consulted for the evaluation was the role of WHISE in monitoring emerging issues. Examples included leading the work around intersectionality and promoting the discussion around gender and masculinity. Indeed, both of these issues informed the development of CoPs during the last two years of the PVT.

Surveyed partners were asked to select the three main things that they valued in WHISE as a coordinating partner.



Opportunities for collaboration and learning

A key aspect of the PVT has been the establishment of CoPs which have held a strong focus on learning, practice and sharing. These events usually included several key subject matter experts to build upon foundational knowledge of best practice resources, strategies, research and frameworks whilst also providing participants with an opportunity to interact and share their own experiences working in the sector. The CoPs have been a key success factor in the PVT to date.

The role of champions

Champions who received capacity building and support from prevention practitioners were critical to the success of work to support primary prevention and gender equity within organisations. Individuals who attended events, such as the CoPs, made a commitment to apply learnings and become workplace champions driving change. All partners interviewed for the evaluation who had participated in the CoPs found them to be extremely useful and a great source of information and learning. There were many examples of partners applying this information to their organisations, projects and/or collaborative partnerships.

Mutually reinforcing strategies

In order for primary prevention initiatives to be successful, they must be implemented across sectors utilising collaborative and mutually reinforcing strategies (VicHealth, 2007). The evaluation has highlighted the strength of this approach in achieving outcomes under the strategy.

Policy context

Since the creation of Preventing Violence Together in 2016, a substantial body of work at the national, state and local levels of government and non-government has occurred, some of which has facilitated a focus on the work of PVAW. Key drivers during the current strategy have been the Victorian Public Health and Wellbeing Plan 2015-2019 which guided the work of state and local governments, health services and providers, businesses and employers, and the wider community as it included preventing violence and injury as one of the six key priorities. More recently, the Gender Equality Act 2020 was enacted and has placed an emphasis on defined entities, including local government organisations, to focus their attention on Gender Equality.

The organisation had sort of identified that they were sort of playing around the edges of the family violence preventing women space. But we saw that as a as an area that could be strengthened. Although I do wonder whether that was also because of the inclusion in the 2017-2021 health and wellbeing plan, the guidelines leading to that up to that on the back of the Royal Commission included that requirement that health and wellbeing plans include measures to identify and respond to family violence. (PTN6)

3.5 Areas for future strengthening

This section discusses eight factors that have potentially impacted on the success of the PVT. It is important to note that some of the factors were mentioned by only one (or few) participants and therefore cannot be generalised to the rest of the partnership.

Time commitment and competing priorities among partner organisations

A commonly cited factor impacting on the ability of individuals to actively participate in activities and events under the PVT was time constraints. Many of those interviewed were not in full-time positions and/or were balancing multiple portfolios in addition to PVAW work.

My role and my support of this strategy is not as much as I would like, at a strategic level. And that's just because of the role I have...one of the issues is my job is so broad and deep, often the meetings are clashing with the work that I have to do.... I feel like I'm not contributing enough to the opportunities that wise is providing for sector professionals and agencies. (PTN1)

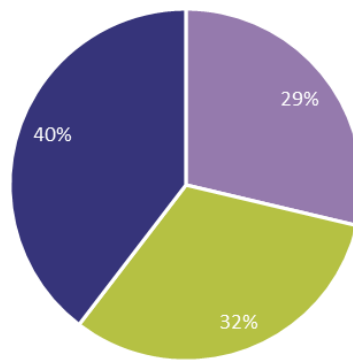
Look to be honest, the issue I'm pushing internally at the moment is that my role is four days a week. We've had very strong disability advocacy within our community. My role is spending a lot of time on disability. And I've been advocating internally for the need to have a stronger focus on the PVT stuff that's community facing, but we're very caught up with our internal stuff at the moment. (PTN5)

Other organisational priorities, such as internal planning (i.e., developing Municipal Public Health and Wellbeing Plans), also impacted on people's availability to participate and engage in activities.

I would say I've been a regular participant in the partnership network meetings. But probably the last six months, that competition with the needs to have our own organisation to do our health and well-being plan probably meant that I, I haven't been involved. And likewise, with communities of practice. You know that sort of capacity is always going to be an issue. (PTN06)

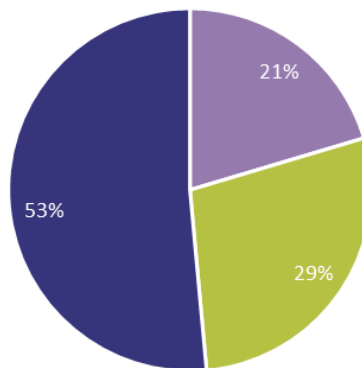
Understanding of the PVT Strategy

The importance for partners to have a clear understanding of the core elements of the PVT and how it should be executed was highlighted. This approach encouraged partner commitment and engagement. There is scope to improve understanding of the PVT among partners. The findings from the evaluation, particularly the survey, were mixed in terms of understanding the aims and objectives of the PVT. Although 85% of partners surveyed reported a good or excellent understanding of the aims and objectives of the PVT, there was less familiarity with the strategy document and Year 4 Action Plan. As can be seen in Figure 4, the majority of partners (40%) were 'not very' or 'not at all' familiar with the strategy document and only 29% were 'very familiar'. Similar responses were received for the Year 4 Action Plan with 53% of partners reporting that they were 'not very' or 'not at all' familiar with it (see Figure 5). Yet, when the same partners were later asked to indicate the extent to which they considered a range of factors to be challenges, 44% of partners indicated that 'a lack of understanding of the aims and objectives of the strategy' was a problem but not the strategy document or the Year 4 Action Plan. This will be considered in the development of the new strategy.



■ Very familiar ■ Somewhat familiar ■ Not very/not at all familiar

Figure 4: Understanding of the PVT Strategy document.



■ Very familiar ■ Somewhat familiar ■ Not very/not at all familiar

Figure 5: Understanding of the PVT Year 4 action plan.

Clarity around the breadth of work being undertaken within a partner organisation

In the case of some partners, a range of staff may be engaging in activities or events under the PVT at the same time that WHISE is providing advice and support to other areas of the organisation. When speaking to partners, it was clear that individuals were not always aware of the breadth of work being undertaken and the full nature of their organisation's engagement with the PVT. When surveyed partners were asked whether WHISE had engaged directly with their organisation, between 24% and 36% did not know.

- Has your organisation received direct advice/support for Gender Equality (GE) - 36% answered 'don't know'.
- Has WHISE provided advice/guidance as part of your organisation's [strategic] planning processes (e.g., MPHWP, IHP planning) – 24% answered 'don't know'.

- Have WHISE partnered with your organisation for external grant funding (e.g., VicHealth Partnership Grants/ Let's Stay Connected, among others) irrespective of whether you were successful? - 28% answered 'don't know'.

I'm just trying to think of the kind of strategies and engagement my team leader might best do. Then I'm more the operational and I get into that major stuff around the intersectionality and engaging men and boys. But it might help to section it out a little bit and just review it and think whether it's clear when we're engaging and like with who and what level. (PTN3)

Informal nature of the partnership

Although the partnership has clearly been achieving outcomes under the strategy, there is scope to formalise it. One of the community sector strengths was the ability of organisations to work together. This was done through many forms ranging from individual relationships to inter-agencies, forums, conferences and integrated service planning. The level of formality and indeed, understanding of 'partnership' varied widely. Therefore, the challenge was in managing the levels of commitment and accountability towards achieving the aims and objectives. Although WHISE worked with staff from partner organisations, they were often not the decision-makers and so had limited capacity in terms of committing to adopting priorities or certain pieces of work. Formalising membership or commitment to the partnership might have ensured that all parties were aware of what could and could not be done under the strategy and would create a directive for those who were not the decision-makers to undertake the important work.

I think that's always wise to have to almost have that formal council meeting sign off. I think that's always a wise refresher, if nothing else. Particularly as the elected reps change, the senior managers change. I think that can be useful. I think it has to strike a balance between meaningful, but not too onerous. (PTN05)

Differing needs of community organisations and LGAs

The way in which local council and community organisations operate and are governed is different. They have requirements that they need to fulfil. For example, the newly enacted Gender Equality Act 2020 requires defined entities, namely Victorian public sector agencies including universities and Councils, to measure, report on, plan for and progress GE in their organisations. Importantly, the Gender Equality Act requires Councils to consider GE not only in their workforce but in all policies, programs and services that they deliver. This has generated a need in local Council partners to engage WHISE to assist them to meet these new requirements. However, community organisations who are partners do not have the same level of urgency and may have other priorities to consider.

I think sometimes it may be a bit more focused on councils and being, mandated to do this work. And that they need to develop a strict safety plan and that, whereas Community Health is already, funded to do health promotion work, but we're not actually directed to do gender equality work. (PTN8)

Readiness of the organisation to engage

One partner indicated that the lack of engagement with the PVT was determined by their organisation's internal resourcing and their progress with PVAW.

There's been restructuring, lack of expertise in our Council (long period with no gender/PVAW/FV resource), it's not been a Council priority. (PS)

Policy context and shift in focus of DFFH priority areas

The policy landscape has changed with the Victorian Public Health and Wellbeing Plan 2019-2023 now outlining 10 priority areas (one of which is 'Preventing All Forms of Violence'). Four of these priority areas are classified as key areas of focus and violence prevention does not figure in those four. WHISE were advocating on this topic and working closely with partners to ensure a gendered lens was applied to all health priority areas as a primary prevention tool.

Lack of a comprehensive monitoring and evaluation framework for the PVT Strategy

Reporting under the PVT has largely been driven by the Integrated Health Promotion Plan (IHP) reporting requirements which did not naturally align to the objectives of the PVT. The initial strategy lacked a clear Theory of Change and as a result, the objectives were at different levels (output/outcome/impact) and did not necessarily reflect the breadth of work undertaken. A lack of consistent data has impacted on the potential for learning and improvement.

4. Discussion

The PVT partnership has undertaken a diverse range of mutually reinforcing activities across the SMR over its four years of implementation and has evolved and responded to challenges along the way. It is a testament to the success of the partnership that members have maintained an active role and identify positively with the partnership.

This report provided a rich narrative of the mechanisms that have led to those changes, and in particular the role of WHISE as the coordinating agency of the strategy in providing a platform and opportunities for partners to connect, share and learn from their experiences. Events and training opportunities have been organised to cultivate learning and foster networking between members of the partnership. The diverse background and expertise of members within the partnership has contributed to the partnership's strength since knowledge, skills, and experiences were constantly being shared among partners and complemented by subject matter experts who completed presentations. Partners expressed a great sense of respect and gratitude for the skills, expertise, and time offered by those involved in the different activities and events.

Many of these events helped build workforce capacity. The partnership has enabled a cross pollination of information and best practice between individuals, partners, and subject matter experts. The partnership has done well to build a foundational knowledge in PVAW. A potential next step suggested during interviews was to evolve capacity building work to more practical support on the implementation of concepts such as gender equality, intersectionality, and engaging men and boys in gender equality as part of the next strategy. There was a particular appetite among partners for WHISE to continue to provide guidance and support in the co-design of community initiatives that aim to increase awareness of PVAW, particularly the application of a gendered lens to their work with community.

To maintain momentum, there is a need to sustain relationships and commitments fostered during the first PVT. It will be useful to continue to cultivate the knowledge and experience developed in this partnership so that other PVAW initiatives can also learn from this practice. It is this spirit of co-operation that will contribute to sustainability and on-going nature of this partnership as it evolves into the next strategy. Going forward, the monitoring and evaluation of outcomes will be particularly important to ensure that efforts are recorded and recognised for their value to both the partners and the broader community.

While the potential impact of policy changes, such as the shift in priorities under the MPHWP, could be detrimental to the work under the PVT, momentum and organisational-level commitment is growing to uphold the PVAW agenda going forward through the application of a gender lens to all health promotion work, irrespective of whether it is PVAW focused. The embedding of an intersectional gender lens into the organisational culture of partners is likely to buffer against this and any other policy shifts by normalising it as common practice.

WHISE acknowledges the lack of a clearly articulated Theory of Change and monitoring and evaluation framework in the previous strategy and may have hindered an understanding of the full breath of the work undertaken and at times required actions to be retrofitted into the original pillars of the PVT.

However, the use of an inductive approach to the evaluation has helped uncover important and valued outcomes that were not initially specified in the original objectives of the PVT. More importantly, the evaluation has demonstrated that the PVT has delivered a range of outcomes that contribute towards improving primary prevention practice in PVAW/GE across the region. It has helped demonstrate that when facilitated effectively, collaborative work can enable more systemic ways of working towards the prevention of violence against women.

Overall, the key features of the PVT, particularly the mutually reinforcing approach, remain relevant for the next iteration of the strategy. The evaluation has highlighted the need for some refocusing of activities and a stronger theory of change to support an understanding of how particular interventions are connected and how they contribute to higher level outcomes. Areas for improvement were identified during the evaluation and were presented to partners at the Evaluation Summit for input. These have helped inform the key areas for consideration section that follows.

5. Key considerations going forward

In order to understand what the findings of this evaluation mean for the PVT and partnership going forward, this section considers where improvements could be made with recommendations for the next strategy.

5.1 Incorporation of emerging key areas of focus in the work going forward

In June 2021, WHISE developed a resource to prepare for the development of the new regional strategy for the prevention of violence against women. In the [background paper](#), WHISE proposed several possible areas of strategic focus and alignment for the new strategy. They were based on emerging evidence and policy and build on the work undertaken in the previous strategy. All topics were presented for consideration in relation to the advancement of GE and PVAW in our region. These were tested with partners as part of the survey for this evaluation to determine their alignment with partner's current and future work. The three top areas of alignment were: 1) Intersectionality and diverse communities, 2) Respectful Relationships with children, and 3) mental health promotion. Below is a summary of the survey findings per topic.

- **Intersectionality and diverse communities** - understanding and addressing the impact of intersecting forms of discrimination and disadvantage (**65% strong alignment**, 35% some alignment).
- **Respectful Relationships with children** - support schools and early childhood settings to promote and model respect, positive attitudes and behaviours (**61% strong alignment**, 26% some alignment, 6% no alignment and 6% don't know).
- **Mental health promotion** - preventing the onset of women's mental health conditions by reducing exposure to risk and/or increasing exposure to protective factors (**61% strong alignment**, 35% some alignment, 3% don't know).
- **Engaging men and boys in gender equality** - understanding and addressing the impact of masculine culture and identity (**45% strong alignment**, 42% some alignment, 6% no alignment and 6% don't know).
- **Elder abuse prevention** - supporting respect for older women and elder abuse prevention (**39% strong alignment**, 35% some alignment, 23% no alignment and 3% don't know).
- **Emergency management, recover planning and climate change** - applying a gender lens to the effects of climate change and emergency management, and recovery planning and ways to mitigate identified risks for women including the actioning of the Gender & Disaster POD (**29% strong alignment**, 45% some alignment, 23% no alignment and 3% don't know).

Building on the recent introduction of the Gender Equality Act and body of work that has been done under the current strategy, particularly with local councils, partners were also asked to what extent **drawing the connection between Gender Equality and the Prevention of violence against women** of value to their current/future work that falls under the Gender Equality ACT. **Sixty-one percent indicated there was strong alignment** with this area of work and 35% some alignment. One partner (3%) indicated no alignment. It is expected that the Gender Equality Act and the requirements that fall under it will provide additional momentum in the broader workforce, taking positive steps towards achieving systemic and social change towards gender equality.

Recommendation 1: Under the strategy, WHISE and partners will need to work together to determine how these areas should be incorporated into the new strategy. This work will build on the initial SWOT analysis undertaken during the Evaluation Summit. Specific actions to progress work in these areas should now be identified during the upcoming Think Tank.

5.2 Develop a Theory of Change and monitoring and evaluation framework for the strategy

According to the Center for Theory of Change,³ a Theory of Change is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused on mapping out or “filling in” what has been described as the “missing middle” between what a program or change initiative does (i.e., its activities or interventions) and how these lead to desired goals being achieved.

It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these are causally related to one another) for the goals to occur. These are all mapped out in an Outcomes Framework. The Outcomes Framework then provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal.

The PVT Strategy (2016-2020) lacked a Theory of Change to underpin the work and clearly articulate the relationships between key areas of work and the outcomes they were intended to achieve. By developing a Theory of Change for the next strategy, WHISE will have a clear and testable hypothesis about how change will occur that not only allows them to be accountable for results, but also demonstrate the interconnectedness and mutually reinforcing nature of the outcomes toward an overall change in the delivery of PVAW and GE work in the region. For example, the outcomes framework below demonstrates how the strategy is a mechanism to coordinate and support consistent activity across all partner organisations in the region to promote mutually reinforcing messaging and practices and ensure reach across systems and sectors.

³ A non-profit organization established to promote quality standards and best practice for the development and implementation of Theory of Change <https://www.theoryofchange.org/>

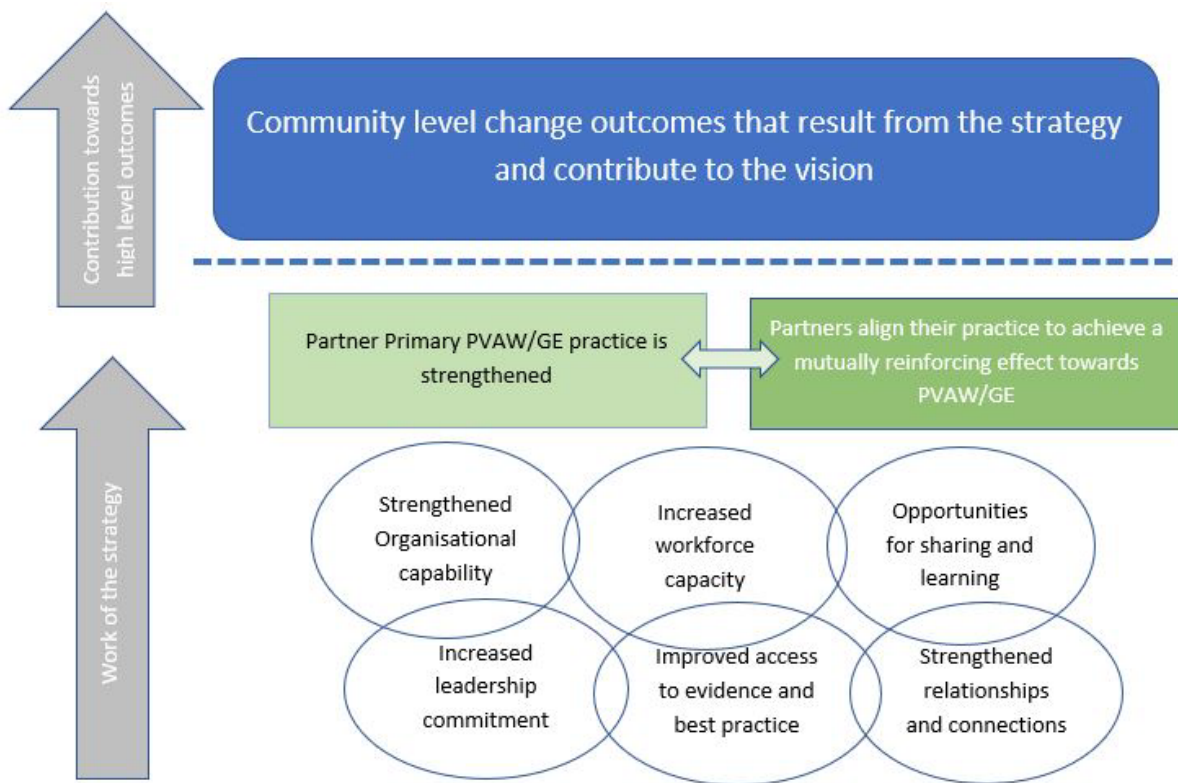


Figure 6: Outcomes Framework

A visual representation of the change that is expected under the strategy for partners as well as the broader community will lead to a shared understanding about what defines success and what it takes to get there including partners own contribution to achieving change. It will help to identify what falls within the influence of the strategy and what are the longer term impacts it is seeking to address. Finally, a clear Theory of Change will provide a blueprint for evaluation with measurable indicators of success identified.

Recommendation 2: WHISE should work with partners to agree/validate a Theory of Change for the next strategy that clearly delineates what is in the scope of the strategy and what it hopes to contribute to overall.

5.3 Have clearly defined areas of work going forward that link to outcomes

The Outcomes Framework (see Figure 6) provides the basis for identifying what type of activity or intervention will lead to the outcomes identified as preconditions for achieving the long-term goal. Through this approach, the precise link between activities and the achievement of the long-term goals are more fully understood. This leads to better planning as activities are linked to a detailed understanding of how change will happen.

A categorisation or grouping of the range of activities undertaken under the previous strategy that led to specific types of outcomes, provides key areas of work (or pillars) that can be used as a basis for further planning and scoping of work. These areas also build on what has been done and maintain the approach of using mutually reinforcing strategies in primary prevention work.



Figure 7 – New strategic pillars

Recommendation 3: Continue to build on and improve the work of the previous strategy against the redefined areas of work/pillars.

Organisational strengthening and leadership

- 3.1 Continue to provide a leadership role in promoting and advocating for inclusion of PVAW/GE work across the region by working with decision makers and planners and to provide advice and support at an organisational level.
- 3.2 Leverage WHISE's role as coordinating body and expert to request specific strategic opportunities to engage with organisational leaders to outline the scope of work that organisations wish to undertake to strengthen their commitment and capability in PVAW/GE. This could then be shared with organisational staff at different levels to increase their understanding of the different ways that the partner is engaged with the strategy. This could potentially feed into an engagement strategy to guide the implementation of the overall strategy (See 8.1 below).

Workforce capacity

- 3.3 Continue to build capacity in the region, through tailored capacity building activities but develop and communicate the portfolio of training opportunities available (including fee for service).
- 3.4 Expand the current training and/or learning opportunities to include more practical skills, such as how to apply an intersectional gender lens to community-based work.
- 3.5 Develop and share case studies, such as on the ways GE and PVAW have been embedded in organisational policy and practice.

Knowledge brokering

- 3.6 WHISE and partners should continue the important role of evidence creation, translation and dissemination on issues relating to violence against women to inform best-practice approaches. Evidence gaps relating to the key focus areas put forward in the background paper should be explored and addressed where possible.
- 3.7 WHISE should continue to advocate for improved data on gender and intersectionality to strengthen the PVAW and GE work and the need for an intersectional gender lens.

Collaboration

- 3.8 Continue to support CoPs as opportunities for reflective practice and learning. Refresh the topics annually in consultation with partners. Consider whether CoPs should be developed around the key areas of focus identified in the background paper as strong alignment with the themes was confirmed.
- 3.9 Continue to recognise organisations' capabilities and strengths through showcasing examples of partners' best practice work and opportunities to connect and learn from each other.
- 3.10 Continue to provide opportunities for PVAW practitioners/contributors to share their knowledge and experience and expand to include the voice of community (community level).
- 3.11 Ensure that the purpose of the engagement activity is clear and what the alignment with the strategy/partners work is so that individuals can prioritise their time.
- 3.12 Develop a calendar of events for the year so that individuals can allocate their time/level of commitment to partnership activities.

Making PVAW/GE everyone's business

- 3.13 Develop a Partner Engagement Strategy for the partnership. This should consider current partners and potential new partners (consider those sectors canvassed as part of the partner survey as well as on-going discussions with new and/or potential partners). Clearly assess the reasons, benefits and strategic alignment for engaging as part of the strategy (what would be the benefit to them, and value add to the strategy).
- 3.14 Continue to work with partners with specialist knowledge/target groups (i.e., CALD) to adapt messaging on awareness of PVAW, including healthy masculinities so that it is culturally appropriate and relevant.
- 3.15 Continue to collaborate with partners in the design and delivery of community projects that promote GE and PVAW.
- 3.16 Continue to support the Critical Friends Network through training and resources.

5.4. Strengthen understanding and engagement of partners

The evaluation has demonstrated mixed understanding of the current strategy and partners were not always able to align specific events or activities to the strategy and its intended outcomes.

Furthermore, there was a need to ensure decision makers were engaged in commitment to the work to be undertaken under the strategy going forward to give those most directly engaged in planning activities the remit to prioritise and participate in PVAW work and continue to build the momentum gained under the previous strategy.

Recommendation 4: WHISE should work to effectively communicate the new strategy through a launch event that engages all partner organisations including key decision makers to ensure their commitment to the strategy and identify ways to continue to embed the messages of the strategy in all work going forward.

- 4.1 Simply sharing a copy of the strategy is rarely effective. Instead, prepare a separate document, summarising the most important and significant points and providing a clear, concise summary.
- 4.2 To ensure that the strategy messaging becomes embedded, and partners can see where they fit into the strategy, leverage opportunities during the delivery of/participation in activities by continually linking them back to the strategy. Make sure that expectations are clear on the role of partners (i.e., applying learnings to their practice/sharing best practice).
- 4.3 Provide an annual snapshot to partners of the work completed under the strategy that maps to the summary document (see 1.1 above).
- 4.4 Consider how best to address the current informal nature of the partnership by engaging at the leadership level in a structured conversation around the strategy and make aware of the undertaking of a partner under the WHISE Stakeholder Engagement Policy. As stated in the Engagement Policy, “partners have undertaken to publicly commit to WHISE and the shared goals and this commitment is formalised in letter of agreement, and recognition on the WHISE website as a partner.” Consider developing a three-tiered approach to partner engagement under the strategy that acknowledges that some partners may not wish to engage equally and reflects the different ways in which partners currently contribute to and/or participate in the strategy (partners could identify as a particular level of partner as part of discussions under 3.1).
- 4.5 Continue to advocate at the leadership level on the importance of the work to prevent violence against women and the appropriate staff resourcing for this area.

References

- McDonald, B., Stevens, K., & Nabben, T. (N.D.). *Most Significant Change*. Retrieved from BetterEvaluation:
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Appendix A: Most Significant Change Stories

EVALUATION SUMMIT

Most Significant Change Stories

These stories have been collected during the evaluation process and provided for you to read prior to attending the summit on Thursday (if you have time of course).

During the summit there will be an opportunity to reflect on these in breakout rooms and follow the below process to identify the most significant change.

THE PROCESS

- In your breakout group nominate someone to read the first story aloud
- Then discuss:
 - What has been achieved?
 - What were the drivers or mechanisms?
- Repeat the process for each story
- After all stories have been read, decide individually:
 - What is the most significant story in terms of what the PVT strategy/partnership has achieved?
- Try to reach a consensus in your group on which story is the most significant and why
- Capture your choice and reasons why as a group for reporting back.

Story 1

Bringing all the Pieces Together

I think information sessions on hot topics have been really good, with relevant speakers that have demonstrated expertise, like JSS, and Michael flood. I think that's really important, the quality of the speakers that they bring into the space. I think definitely the info sessions that start to build knowledge and understanding. And it's feels like they don't just do it, and then drop it, they continue to do it, they've been delivering these sessions ongoing.

So, I went to one workshop, Michael flood presented, there were a range of facilitators. I learnt more about the research about that gender equality and masculinity. And then a grant came up with Vic health. And I went, right - this is a gap. This is an issue in the community, we know it from the research we've done in the community consultation. So, I designed a model with Council. We put in the application, we got the funding, so that project's happening, then we've developed a relationship with JSS. And then we've recently put in for another grant for three schools, and we've received that. You know, it's like, I got an understanding of a hot issue. It made sense to me, it connected to my intuitive knowing about what's important. When I was able to put the jigsaw pieces together and go, right, let's put in for this for funding. So that was a really an important session. And I think as a result people are starting to understand from a high-level awareness, what healthy masculinity is, it's about our toxic masculinity. So now were building the capacity of an awareness of masculinity in schools, Sporting Club members, general community, a whole range. And then, in terms of this other funding, I've got my first meeting with 12 people today from all the schools, Department of Education and JSS, to start to mobilise this next project. So, we're bringing people on the journey.

Why is that significant?

I think it's significant because I've got the information, the data, the research. They've been testing it. So, it's been an identified issue in our own community. It's just like all of the pieces lined up. Enough for me to put a jigsaw puzzle together, apply what I'd learnt and address a relevant issue at the same time. So that's been a good example of how WHISE set the scene and brought the right people in, and then it's led to that insight.

Story 2

Championing the Message

I think, we're coming from that much better-informed base. So particularly, WHISE had put us in touch with all of that work around healthy masculinity. Now, the Jesuit Social Services, they have a little animation around the Man Box, that's about a minute and a half, three minutes, something like that. They put us in touch with those really good resources and gave us the context for them. When we're doing online staff meetings, during our long lockdown last year, and getting really good awareness-raising and feedback from staff about those connections. And about those understandings that asking men to change behaviour needs to be allowing men to change behaviour on a lot of levels. And that was really, really good stuff around that.

And then we can roll those out in a way that we wouldn't be able to do without a very long introduction, you know, half day workshop. Whereas this way, we're hitting the whole of the staff and at least starting those conversations. And then getting people thinking about how that applies to their work within the community. So, there's always this kind of two-level thing about what's operating within our organisation. And then what does that mean for how we deliver services and projects to the community?

The easiest way I can talk about it, is about talking about what we're doing with our own organisation, and then what that means for the way we go out to the community. Which is what PVT strategy is really about. Which is what PVT does. You know, always come back to this basic understanding that lack of respect, is always the precursor to violence. And so being able to get that message clearly across within the organisation has been really important.

Why is that significant?

I think it goes back to the fact that I work within our community wellbeing team, as opposed to community services. So, we're not doing service delivery, we're looking at how do we make a healthier community overall? And I think the fact that it does go back to, what are those drivers and root causes? And how do they connect up with our bigger picture stuff like the municipal public health and wellbeing plan, the council plan, rather than the service delivery. But I think it's just the general bringing it back to that, to the primary convention every time, that's really critical. Having a consistent message and understanding within your organisation.

Story 3

Embedding GE in the Workplace

I think that having their sort of advice in liaising with them, continually helps to pull the response into the gender equality space. Because I think there's always that danger of getting kind of embedded in just the identifying and responding area. So, their constant message around it would be good if this campaign or this message or this strategy was more around promoting gender equality or looking at intersectionality or some of those more sort of advanced kind of concepts. They always kind of pull you up in the prevention space.

In that sense. I think they've obviously got a role to play and keeping an eye on emerging issues. So, obviously they've been leading the way with that sort of intersectionality work. That's still a pretty new concept. My managers don't like the word. But you need somebody to bang that drum. I think they do play that backbone organisation really well. They're my first port of call when I need a piece of advice or something we need to scope a little bit further on or gain some different perspectives on something.

Obviously, we did our own organisational piece of work on gender equality. They [WHISE] were heavily involved, in that, although we did contract to them to help us with that piece of work. They helped with all dimensions of that in terms of our survey, our policy analysis, some of the workshops, consultations that we did internally, with staff, getting the report together, getting the actual plan together, all of those things. That was the first time that that our organisation had done a piece of work like that. And that certainly paved the way for what is now required through the Gender Equality Act. And, I think I think that process helped with our ownership. It's sort of help just to formulate our own position on a few things. And that all definitely helps with that sense of ownership. You know, we can do this.

Why is that significant?

Well, they probably helped us to explore the full scope of possibilities and how to really apply a gender lens. They're a good sounding board in that sense. The picture they might present was kind of up here, and we were down here. And so then we kind of ended up, here was something that was right. I think they've got a good understanding of where this work can sit within an organisation like local government. So, often it's just the questions they asked, or have you thought about this or that? The way they work, it definitely helps us with our own journey to ascertain where you sit and what your own position is, and what your own capacities and formulate your own scope of what's in and what's out based on your own local context.

Story 4

Building Capacity for Change

I think the communities of practice was most valuable, I'm thinking again, particularly the masculinities one, we made some connections there that we then were able to engage WHISE and some of the presenters from that event at our webinar last year as part of the 16 days of activism campaign. I think we had around 300 or so registrations for that webinar. So, sort of being able to build that collective impact, I found really useful through those communities of practice. I've just found them so valuable, because WHISE were able to see kind of a bird's eye view what all the local councils are doing, what the common themes were that we were needing further information on. So, masculinities was one, engaging faith and cultural diverse community leaders, that's been another area. They've picked up that common theme among councils wanting to do this same sort of work. So being able to find those common themes, I think, and then provide a wide-ranging support for councils around those areas of interest, I think that's been really valuable.

Being able to be a participant of those has just built my knowledge and capability and expanded my network to then be able to continue that consistent messaging and collective impact within our LGA. The example of that would be the masculinities community of practice, where we engage some of those key speakers with our own webinar, then went out to 300 registered participants. So, supporting the people in roles such as mine, to then be able to better build our awareness of the evidence base, be able to attend a detailed workshop with WHISE about that, communities of practice about that, and then have the confidence to incorporate that into my role and what we're doing within the local council.

Why is that significant?

That building of my capability in this role is something that I can then continue to do, each and every day, through the work that I do. It's ongoing; you might attend two or three different WHISE events throughout the year. And each of those things, builds that capability just to help you in your day-to-day work. So that's probably the most impactful to me personally. I think the opportunity it gives to connecting with other people that are doing the same work, either in other community organisations or other local councils, and share our learnings and experiences, what works, the challenges, barriers, and then having that kind of professional platform to better deliver the work that we do.

Story 5

The Connections we Make

It's learning what others are doing and how they're doing it, and what the outcomes have been for them, what sort of responses they've been getting. And that kind of in itself gives you a lot of knowledge about what to do and what to avoid. To me, it's about joining the dots as well, like we are part of a number of networks and a number of communities of practice. So sometimes it's good to see what's happening at different levels.

Connecting at the local level for us through WHISE, the way the work that WHISE has been doing, getting to know who the other players are. It takes us out of that isolation and being in a silo. But also, it's been good to have access to the professionals that have been hosted by the communities of practice, like Michael Flood and some of the others in the sector who have had the opportunity to showcase their work. We did that as well, with some of the work we've been doing. We had the opportunity to share the research we did on men, migration and gender. So, we had the opportunity to promote the information on gender equality and migrant communities. And now we have a bigger network to share it with.

Why is that significant?

By being part of the WHISE network, we were able to deepen our understanding of masculinities and what's happening with men and learn about what others are doing in this space and how it applies to our own sector. And that, in a way, informs our work as well. So, we are able to draw on that in our programs, too. It addresses a gap for us and builds up our capacity. When we apply for funding, it also takes into account who our networks are, what sort of work we've been doing in the last four years. So, WHISE and the strategy is part of the picture of where we are now, and the connections we've been able to make and that put us in a better position to address some of the issues like equality and masculinity.

Contact details

This report was written by Women's Health in the South East (WHISE) in partnership with Tracey Delaney (Outcomes Matter).

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Disclaimer

This report has been produced solely upon information supplied by WHISE to the consultant or collected during interviews and surveys from partners and every effort has been made to ensure accuracy.