

Monday, September 28, 2020

Centre for Workplace Excellence
Family Safety Victoria
Melbourne
Via Email: cwe@familysafety.vic.gov.au



To whom it may concern:

Regarding feedback to the draft *Course in Primary Prevention*

Women’s Health in the South East (WHISE) is one of the twelve women’s health services across Victoria who – for the purposes of this submission – is the backbone organisation for the regional prevention of violence against women strategy for the Southern Metropolitan Region – *Preventing Violence Together*.

‘*Preventing Violence Together (PVT) – A strategy for the Southern Metropolitan Region 2016-2021*’,

was developed in collaboration with over 35 partner organisations, to enable our region to collectively prevent violence against women and their children. The role and purpose of the strategy is to explain the causes of violence and to make a clear case for a unified action. By working together, our partner organisations benefit from increased coordination, collaboration, and capacity building, and are able to attune advocacy efforts to harness the collective influence and expertise of all in our region.

The strategic framework of the strategy – now in its fourth and final year – is as the image presents here



Why are we providing feedback?

We thank the Centre for Workplace Excellence for providing the opportunity for our partners to contribute and provide feedback to the proposed *Course in Primary Prevention*. For our partners the capacity and capability of our workers in primary prevention matters. As recognized by Family Safety Victoria within the 10 Year Industry Plan, the workforce census, and the rolling action plans, having a skilled, experienced and ready workforce is vital to achieve our outcomes. To that extent, providing a

submission on behalf of our partners is a crucial component of the strategy to realise our vision.

As part of our feedback, our partners wish to highlight that capacity building of our workforce is always welcome. We want to highlight how important a highly skilled, committed and progressive workforce focused on primary prevention and early intervention with women and children experiencing family violence and domestic abuse is more connected and have more available resources than unskilled staff.

As per the request in the consultation discussion paper provided, we hope our feedback and following insights are considered in the ongoing development process of the course

Draft course content feedback

We note that the item provided for feedback is a unit of competency that describes (as we understand) a work standard to which training providers develop curriculum. Our comment relates to the design of this unit of competency which describes a piece of work. We ask that:

- The proposed title of the unit needs to be revised and reflect the role of contributor to prevention of violence against women and domestic abuse, and identify with vocational education and training.
- In all references to family violence, that the reality of prevalence of family violence is recognized. We ask that violence and abuse against women should precede family violence in the phrasing throughout the unit. The reality is that prevalence of violence against women is significantly and consistently higher than in other cohorts, and there is a strong need that this is understood and appreciated in the work of a contributor.

Specific feedback on Elements and Performance Criteria follows:

- For element 1
 - Performance Criteria 1.3 that “diverse groups and communities” be removed as it assumes a mainstream middle. Please change to *Apply an intersectional lens to examine and describe the impact of family violence and all forms of violence against women in communities*. We also advocate that the range statement needs to include full reference to what intersectionality is and, also what “communities” can represent within that context.
- For element 3,
 - Performance Criteria 3.1, please ensure that there is a definition in the change statement for attitudes and values, and impact in the workplace within the context of the role of contributor based on current evidence.
 - Performance criteria 3.2 ,that the range statement provides definition of problematic social attitudes and beliefs within the context of the role of contributor based on current evidence.
 - Performance criteria 3.4, that the range statement provides definition of systems and structures within the context of the role of contributor based on current evidence
- For element 4:
 - Performance criteria 4.1, that the range statement provides definition of primary prevention approaches *and* actions and techniques within the context of the role of contributor based on current evidence

- Performance criteria 4.4, that the range statement provides definition of what it means to be an active bystander within the context of the role of contributor, based on current evidence
- On performance criteria 4.5 we ask that the range statement support this criteria to include reference to the definition of resistance and backlash within the scope of the role, and in keeping with current evidence.
- On element 5 we ask for the following considerations:
 - For criteria 5.1, 5.2, 5.3 add “Appropriately, recognize...” to the start of the criteria to be more in keeping with the job role and best practice (contributors do not need to develop the process of managing disclosures but have to know how to do it as per evidence). We ask that the range statement clearly link to current best practice and evidence on responding and referring disclosures from both victim/survivors and perpetrators.

In addition to the above, we ask that in **required skills and knowledge**:

- Analysis **skills** include applying understanding of gender inequality and drivers of violence against women to own role and context to better reinforce the reality of gender inequality being the driver of family violence and violence against women.
- That for required **knowledge** under “what constitutes” that the bullet point on gender inequality be extended to read *gender inequality in all its forms as a driver of violence against women and family violence*
- We appreciate the separation of the **knowledge** items on impacts and problematic beliefs/attitudes to be distinct from prevalence of beliefs in broader society - the separation of the two provides for understanding of internal attitudes and external society wide negative belief systems and the interplay between the two.
- With regard to **knowledge on backlash and resistance**, our experience is there is always backlash of some sort and rather than the statement “The potential for backlash” we would like it reworded to read *The prevalence and presentation of backlash and resistance to primary prevention work*.

With regard to **range statement**, in addition to the items requested in our review of Elements and performance criteria we:

- Highlight that there needs to be ongoing work to apply the MARAM Practice Guides and Framework to primary prevention setting. The application of MARAM is a best practice tool and is legislated and students need appropriate knowledge to understand the legal reasons and applications of the assessment tools to apply its intended use however, at present, we ask that further investigation is as for our workforces, it is not clear how MARAM applies.
- Can we include reference to coercive control in the range statement of “all forms of violence and abuse against women”
- Reference to the gender drivers and factors range statement needs to include the *Our Watch* evidence base as the core reference for this work
- Networks needs to include reference to “internal networks” e.g. colleagues within the workplace

With regard to **critical aspects of assessment** we ask that they also include:

- Demonstrated understanding of gender inequality and intersectional lens being applied to prevention activities.
- Strategies to mitigate risks and impact of resistance and backlash
- Strategies to manage disclosures
- Appropriate strategies and techniques to debrief and manage vicarious trauma including debriefing strategies and techniques that are used by workers as part of their practice'

Activities of the primary prevention Contributor

We note the query raised in the discussion paper about what activities a primary prevention contributor undertakes.

The range of work that they can undertake is varied and wide from Manager, CEO, Board member through to frontline hospitality workers. In reality, the unit could be for anyone wishing to; a) develop their skills in primary prevention as a contributor and/or b) have their skills recognised as such. We ask that answers to this query are better undertaken in light of outcomes from the most recent census (which we understand is still pending) and also the nature of the implementation and its context (see below).

Would staff in our organisation undertake the course.

The reality is many of our partner organisations have staff who have and are, a) already delivering primary prevention awareness training (non-accredited) or b) have staff with higher education (including post graduate degrees) in primary prevention, public health and health promotion, as well as gender studies who undertake change work internally.

The answer to this question needs to be framed in the context of the organisation, its own journey to preventing violence against women as per their organisational mission, and their learning and development strategy. Further we would like it noted that take up of the final course is dependent upon the understanding workplaces have in the role of the course, its purpose, its ability to be delivered to the context of the organisation, available time, resources and budget.

We want to highlight to Family Safety Victoria and the Department of Education and Training a key question relevant to industry (to appreciate the purpose of the accredited course), is the course being considered as 'good practice' or to establish an expected standard for existing skilled workers in the primary prevention sector? Our position is most of the workforce have existing higher education undergraduate/post graduate degrees, therefore, could the elements of the course potentially become part of a higher education curriculum rather than an additional course for workers and employers to pay for? Furthermore, in supporting higher quality graduates doing this course, the professional knowledge of the worker would have the necessary skills to address the complex system changes and long term issues that primary prevention seeks to address

This submission strongly advocates the implementation of such courses would need to be done in partnership with existing primary prevention infrastructures, e.g. input and consultation with the regional primary prevention partnerships, where employers can attain primary contextualized understanding of the value of the course and provide feedback relevant to industry practice.

Implementation

Before we close our feedback we would advocate to FSV that the implementation of the course, if it is to be taken up, needs to be carefully managed. Not only should communication on the course (as previously identified) need to clearly and carefully articulate purpose, we would also advocate that:

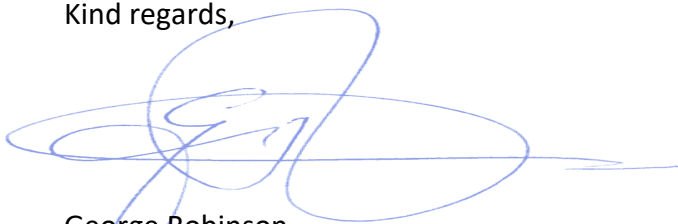
- The course needs to be properly funded through the RTO sector with appropriate and *minimum* nominal hours (we are aware that the implementation of the course in identifying family violence has been readily taken up through Victorian RTOs with a recommended 50 nominal hours but, some providers are delivering it with significantly less than this.)
- The capacity of the education and training system needs to deliver this unit to industry standards. We would like to know how many qualified trainers and assessors there are within the RTO network (public and private) that fulfill minimum regulatory requirements to deliver. We strongly suggest that the implementation of this course represents a newly defined standard for organisations, the Victorian workforce, and RTO's to roll out. We strongly advocate the delivery of the course should prioritise using TAE qualified educators in partnership with industry experience in the primary prevention of violence sector. If this is not undertaken, then the delivery of the course will be constrained in its potential to succeed as a best practice learning model, and meet the standards of a consistent trained workforce that is highly skilled, progressive and committed.

Finally, the roll out of this accredited course needs to be done with a mind to the reality that many organisations and individuals access 'capacity building' (which is inclusive of training) to prevent violence against women already, (such as that delivered by Women's Health Services and other owners of Integrated Health Plans through the Department of Health and Human Services). It is vital that this course be situated within the context of this broader strategic capacity building (which includes non-accredited training but also a range of other primary prevention capacity building activities.)

The Southern Metropolitan *Preventing Violence Together* strategy would be delighted to assist the developers of the course with this. We would close by highlighting an upcoming forum we are planning with our partner Chisholm Institute of TAFE on careers in primary prevention, family violence and gender equity and, as previously advised, we would be delighted to discuss with you further.

We thank Family Safety Victoria for the opportunity to provide this feedback please feel free to direct any queries about this submission from the partnership to Women's Health in the South East.

Kind regards,



George Robinson

Chair, Steering Committee

Preventing Violence Together - Regional Prevention of Violence against Women Strategy for the Southern Metropolitan Region of Melbourne