

Generating Equality and Respect

A world-first model for the primary prevention of violence against women

Full evaluation report

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To honour these experiences, the program's process and impact evaluation was conducted with learning and improvement squarely in mind. This comprehensive evaluation report is the result of a participatory and learning-oriented approach to evaluation that fully engaged the program team with well-evidenced evaluation capacity-building activities from start to end, and has consequently produced findings that are rich in meaning for others in Victorian primary prevention.

This evaluation report has been co-authored by all members of the Generating Equality and Respect program team: Jane Torney, Natalie Russell, Bronwyn Upston and Laura Wood. Dr Wei Leng Kwok, Research Practice Leader, Preventing Violence against Women, VicHealth and Tessa Piper, Senior Project Officer, VicHealth, also contributed to sections of this report. The evaluation report was content edited by Dr Wei Leng Kwok.

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Key definitions

Determinant: A factor that can directly cause and/or affect a specific outcome. It has been observed that countries with greater gender inequality have higher rates of violence against women (UNIFEM, 2010). Evidence shows that gender inequality is a determinant of violence against women (VicHealth, 2007).

Gender: The socially constructed roles, behaviours and attributes that society considers appropriate for women and men. Unlike the biological characteristics and differences between women and men (known as sex), gender roles are socially learned, differ among cultures and change over time (Gender Equity in Local Government Partnership, 2012).

Gender analysis: A method of assessing differences in the lives of women and men and the impacts that policies, programs and services may have on particular groups of men and women. Gender analysis takes into account the diversity among women and men by considering variables such as socioeconomic status, age, family structure, ability and cultural and linguistic background (Gender Equity in Local Government Partnership, 2012).

Gender equality: The equal rights, responsibilities and opportunities of women and men, and girls and boys. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men (UN Women, n.d.).

Gender equity: The process of being fair to women and men. Gender equity recognises that within all communities, women and men have different benefits, access to power, resources and responsibilities (WHO, 2002a). To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field (UN Population Fund, n.d.). Gender equity leads to gender equality.

Preventing violence against women: Primary prevention strategies seek to prevent violence *before* it occurs. Activities are delivered to the whole population (universal) or specific groups that might not be reached through population-wide actions. Some primary prevention strategies focus on changing behaviour and/or building the knowledge and skills of individuals. However, the structural, cultural and societal contexts in which violence occurs are also very important targets for primary prevention. Strategies that do not have a particular focus on violence against women but address its underlying causes (e.g. gender inequality) are considered primary prevention strategies (VicHealth, 2007).

Secondary prevention: Early intervention strategies targeted at individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence. Strategies can be aimed at changing behaviours or increasing the skills of individuals and groups. Violence against women takes many forms. It often begins with subtly controlling behaviours and escalates into a pattern of coercion and physical violence. At the individual level, early intervention can seek to address controlling behaviours before they become established patterns. Early intervention strategies can also be targeted at environments in which there are strong signs that violence may occur (e.g. peer groups or sporting clubs in which there is a strong culture of disrespect for women) (VicHealth, 2007).

Sex: Biological differences of males and females, e.g. chromosomes, hormonal profiles, internal and external sex organs.

Sex-disaggregated data: Presenting information separately for females and males, girls and boys, in order to identify, understand and respond to issues as experienced by both sexes (Gender Equity in Local Government Partnership, 2012).

Tertiary prevention: Intervention strategies providing support and treatment to women and children affected by violence or to men who use violence. Strategies are implemented *after* violence occurs. They aim to deal with the violence, prevent its consequences (such as mental health problems) and ensure that it does not occur again or escalate. Intervention includes crisis accommodation and social support for victims, and criminal justice and therapeutic interventions for perpetrators (VicHealth, 2007).

Violence against women: ‘... any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’, according to the 1993 United Nations Declaration on the Elimination of Violence against Women (UN General Assembly, 1993). Violence against women takes many forms and affects all communities, irrespective of socio-economic class, race or culture.

Abbreviations

ECB	evaluation capacity building
Link HC	Link Health and Community
MAV	Municipal Association of Victoria
MOU	memorandum of understanding
TFER	Together for Equality and Respect
VicHealth	Victorian Health Promotion Foundation

Executive summary

Generating Equality and Respect was a three-and-a-half-year primary prevention of violence against women program in Melbourne, Australia. The initiative was led by a strong and collaborative partnership between three organisations: Monash City Council, Link Health and Community (Link HC, formerly MonashLink Community Health Service) and the Victorian Health Promotion Foundation (VicHealth). From July 2012 to December 2015, these three organisational partners sought to identify a geographically bounded site in which well-evidenced settings-based activities to prevent violence against women could be established, embedded and ‘saturated’. In doing so, the program would generate equality and respect among people, organisations and communities during the initiative and for many years to come.

Clayton, a suburb in the City of Monash in Melbourne’s south-east, was selected by the program’s executive committee and program team as the site for the initiative, following a comprehensive assessment of local factors and conditions during the first year of implementation.

Generating Equality and Respect was underpinned by a set of core concepts and design features that distinguished it from other primary prevention innovations to date, including:

- breadth and depth in the site
- seeding a longer-term vision
- tried and tested activities in settings
- leadership through a three-way partnership
- a locally based cross-organisational team.

Generating Equality and Respect was conceptualised and designed so that evaluation and research activities occurred in parallel with implementation of the program of action. The evaluation of Generating Equality and Respect’s program of action was subsequently undertaken *by* primary prevention practitioners *for* primary prevention practitioners, with learning and improvement in mind. As such, the evaluation of Generating Equality and Respect had a two-fold purpose:

- to determine the overall success of the initiative’s program of action through agreed process and impact indicators
- to contribute to the knowledge base of practitioners by sharing the program’s successes, challenges and lessons learned.

In keeping with the initiative’s program of action, the program team delivered organisational change work within Monash City Council and Link HC, and primary prevention activities in three other settings:

- maternal and child health centres, for delivery of Baby Makes 3 to first-time parents
- a youth practitioner network, Monash Partners in Prevention Network, for support and resources in good-practice respectful relationships education in schools
- a corporate workplace, Robert Bosch Australia (Bosch), for support and resourcing to build a more gender equitable and respectful workplace culture.

The work of Generating Equality and Respect included additional activities to support the Victorian primary prevention sector, for example sharing learning and knowledge on the site-based saturation approach.

Partnerships for purpose

Partnerships were envisaged as critical from the outset of Generating Equality and Respect to achieve both depth and breadth of prevention activity. Partnership structures and processes were established for the three organisational partners, who were required to work closely together for the duration of the program. The evaluation found that the cross-organisational program team functioned extremely effectively, and the depth of partnership for primary prevention between the two Monash-based partners has been strengthened through Generating Equality and Respect. Evaluation findings also show that the program's executive committee was an effective partnership structure for the duration of the program, with consistent representation from all three organisational partners, despite personnel changes within each of the organisations. Committee members conducted themselves in a collaborative and respectful manner on all implementation decisions across the life of the program. While the executive committee was strong on programmatic matters, the evaluation found there was room to improve on the committee's role in identifying strategic opportunities for Generating Equality and Respect and primary prevention more broadly.

Partnerships established for the settings-based activity varied in type according to the purpose of the partnership. While a partnership was established between the program and maternal and child health centres for the delivery of Baby Makes 3, the evaluation found it wasn't sustainable beyond program delivery. Meanwhile, close partnerships were forged between Generating Equality and Respect and a small number of Monash Partners in Prevention Network members who received grants to deliver respectful relationship education activities. Grant recipients also forged partnerships with each other. Important relationships were also developed between Generating Equality and Respect and Bosch, with a strong foundation for primary prevention and gender equity activities established in the corporate workplace. It is likely that some kind of primary prevention or gender equity partnership between Bosch and the two Monash-based partners will continue beyond the program's life.

Generating Equality and Respect established a number of mutually beneficial partnerships with others involved in prevention activity more broadly in Victoria. The evaluation found that both Monash-based organisations are partners in a wider regional primary prevention strategy. Link HC has also thoroughly integrated its primary prevention and integrated health promotion activity with this regional strategy, including the strategy's evaluation.

Communication was central

Communication was central to all elements of Generating Equality and Respect. Significant program time and effort was invested in this, in recognition that quality communication can impact the level of program success and that it is always vital to first 'do no harm' with program messaging.

The evaluation found that the program was a well-recognised brand within the three organisational partners that communicated their unified approach to primary prevention.

The various types and extent of communication about the program were indicators of effective communication processes. Throughout program implementation, key communication messages were targeted to different settings and audiences and the program's communication strategy provided an important framework for this. Female and male voices were used to reinforce key messages.

Evaluation findings show that a range of different communication activities occurred during the program with extensive reach. For a few notable activities, the extent of communications surpassed

expectations of reach. For example, the program developed and implemented a social marketing campaign with wide reach in prominent locations across the Monash municipality, including within the organisational settings of the Monash-based partners, in 2013, 2014 and 2015. The social marketing and other activities, such as events, communicated the presence of the program and served to offset the perceived 'invisibility' of some of the other program's activities, particularly the organisational change activities occurring at Monash City Council and Link HC.

Embedding gender equity

The degree to which gender equity was integrated and sustained in the organisational settings of the Generating Equality and Respect program differed depending on the readiness of each organisation to move into such work and the capacity available to support the culture change agendas throughout the program. The evaluation found that the organisational changes experienced by the partner settings in which the program team was based (Monash City Council and Link HC) was significantly greater than that experienced by the corporate workplace (Bosch) and were more directly attributable to Generating Equality and Respect.

The evaluation also found that there were strategic and extensive consultation processes that set the organisational change agendas at Monash City Council and Link HC, and both Monash-based partners established accountability for primary prevention through their organisational change agendas. Gender equity and primary prevention have been integrated into key organisational policies and processes at both organisations, including the development of the Monash City Council [Gender Equity Strategy \(2015–2020\)](#) and the development of a gender equality checklist at Link HC.

Evaluation findings show that language and concepts used in organisational change documents and policies, such as Link HC's Organisational Statement for the Prevention of Violence against Women, were clear and relevant to target audiences and stakeholders.

At Link HC, a Prevention of Violence against Women subcommittee was successfully established, with members who were champions for preventing violence against women (see page 107). The evaluation found that the program provided extensive capacity building to build the skills and confidence of these members for primary prevention. This committee will play an important role in furthering primary prevention activities within the organisation beyond Generating Equality and Respect, and there is commitment that a significant proportion of the health promotion manager's role will be dedicated to primary prevention. Leadership sees gender equity as part of core business.

Building capacity for primary prevention

Building the capacity of individuals in each program setting to prevent violence against women was a highly considered activity that occurred through both planned and opportunistic ways throughout Generating Equality and Respect. Evaluation findings show that capacity-building activities had considerable reach and were effective in supporting individuals to increase their understanding of the prevalence and determinants of violence against women and their skills and confidence in preventing such violence. This was particularly apparent among staff of the two Monash-based partners. While the program's capacity-building activities across all settings transitioned from a focus on violence against women to a greater focus on gender equality, the program team recognised it was important to continue reiterating the link between the two throughout the program.

A small number of staff within the Monash-based partners and Bosch were supported by the program through intensive capacity building to be highly active and effective champions for preventing violence against women. These included men and women from all levels of the organisations, in particular those who were members of the program's executive committee, a Monash Men's Action Group, Link HC's prevention of violence against women subcommittee (see p. 85), and the program's key contact at Bosch. Evaluation findings show these individuals felt well supported by the program team through the provision of evidence-based information and resources and ongoing capacity building to support them to undertake good-practice actions to prevent violence against women.

The Monash Partners in Prevention Network supported 37 youth practitioners, a greater number than predicted, to deliver good-practice respectful relationships education activities. Evaluation findings show that extensive capacity building was delivered to network members, particularly five recipients of a small grant scheme. Network members were highly satisfied with the support provided.

While fewer first-time parents at the Clayton Maternal and Child Health Centre participated in Baby Makes 3 than anticipated, evaluation findings indicate the majority of those who did attend found the program to be relevant, enjoyable and helpful. Some maternal and child health nurses benefited from having Baby Makes 3 delivered at their service, but the purpose and content of the program was found to be unclear to other nurses.

Overall successes and achievements

The evaluation findings show that Generating Equality and Respect, overall, achieved many of its agreed markers of successful processes, and achieved or partly achieved many of its agreed impact indicators. The program's successes against these indicators are described in detail in 'Discussion, conclusions and recommendations' (p. 127).

The many achievements of Generating Equality and Respect, and the commitment by Monash City Council and Link HC to continue their commitment and leadership in primary prevention beyond the program's life – both internally, in partnership, and across the Monash community – highlight that the program has been instrumental in establishing an environment where gender equality and respect among individuals, organisations and communities could be generated for many years to come. The program has established very strong foundations in the Monash municipality to achieve the vision of an equal and respectful community where women are free from violence.

The implementation of Generating Equality and Respect yielded a number of practice insights and recommendations to inform Victorian primary prevention. Practice insights are described throughout 'Evaluation findings' (p. 31), and recommendations are listed below.

Recommendations

Local government as a setting and partner for primary prevention

1. That local government should be held accountable for primary prevention through their public commitment in strategic Council documents. Building accountability can be supported by effective communication activities that engage staff and the community to be champions for primary prevention.

Community health as a setting and partner for primary prevention

2. That gender equity must be viewed as a quality improvement issue for community health services and should therefore be an integral consideration in any policy or program development and review. Furthermore, that primary prevention and gender equity must not solely remain the responsibility of health promotion units, in recognition that everyone has a role to play in prevention and so the work does not become marginalised. Community health services are well placed to invest effort at all points along the spectrum of the prevention of violence against women (i.e. primary, secondary and tertiary) as all these points are intrinsically interconnected in the community health service context.

Planning for organisational change with primary prevention partners

3. That a considered pre-assessment should be undertaken in organisational change activities to determine the readiness of departments for primary prevention and where effort should be invested for the best outcomes. A needs assessment should be conducted to inform training plans, so effective delivery to different segments of the workforce maximises reach and impact. Practitioners should give extra weighting to departments where it is crucial to invest time and effort for sustainable organisational change (e.g. human resources, organisational development), even if they are less 'ready' for action than other departments.

Effective program governance

4. That, to maximise their effectiveness, program governance groups should ensure there is:
 - a focus on the program's strategic direction in addition to implementation
 - an understanding of organisational partners' contexts and priorities
 - active participation of senior leaders
 - involvement of external members to support program delivery, strategic engagement and two-way communication with the broader prevention sector
 - membership of key community stakeholders (if appropriate).

Communication and engagement for primary prevention

5. That highly visible communication activities, such as social marketing, events and branded resources, should exist alongside organisational change and capacity-building work, the progress of which can often be less 'visible' to stakeholders.
6. That primary prevention programs must uphold the mantra of 'first do no harm'. It is essential that communication, program messages and program activities seek to positively transform gender relations and do not unintentionally reproduce gender inequalities. It is also vital that the prevention of violence against women remains the constant focus of primary prevention activities and that, although some prevention activities might have a stronger and more explicit focus on gender equity, the ultimate aim of preventing violence against women is not lost in communication about gender equity.

Capacity-development activities for primary prevention

7. That formal and opportunistic capacity-development activities supporting participants to reflect on the personal and professional impacts of violence against women and gender inequality cannot and should not be offered in isolation. Ideally, capacity-building activities would be run as part of a broader preventing violence against women program.
8. That all conversations and interactions must be recognised as opportunities for learning about preventing violence against women and gender equity. Furthermore, that being able to take advantage of these opportunities to build the capacity of individuals to prevent violence against women is supported by a skilled prevention workforce and a flexible work plan.
9. That capacity development with men to prevent violence against women requires careful consideration and should not be undertaken unless it aims to transform gender relations in support of gender equality. There is a need to remain vigilant in working with men for primary prevention, so as not to reinforce existing gender inequalities that privilege men over women.

Engaging and supporting primary prevention champions

10. That preventing violence against women programs should engage, build the capacity of and support champions to advocate for primary prevention and gender equity across multiple settings and activities of the programs. Ideally, both male and female champions should be sought from different parts of organisations and communities and with different roles in the target setting(s).

Working with corporate partners

11. That primary prevention programs that seek to deliver capacity development and organisational change activities with male-dominated corporate workplaces determine readiness for capacity development, find common ground and points of connection for workforce development, and work with 'where the organisation is at' in regards to awareness-raising and organisational change activities.
12. That primary prevention partners who employ a site-based model and seek to develop a partnership with a corporate workplace as an element of this should also undertake their *own* organisational change activities to promote gender equality and respect. This ensures there is congruence between what the partners are promoting externally and their own practices. This can also act as an important point of engagement with corporate workplaces, whereby corporate workplaces can view themselves as a part of a larger community initiative for preventing violence against women while still setting their own pace for an internal journey for gender equity. Activities undertaken and policies developed within implementing partners for primary prevention must also be shared with corporate workplaces to support their work in this area and vice-versa.

Site-based saturation approaches to preventing violence against women

13. That primary prevention partners who wish to employ a site-based model must understand there will be tensions between implementing activities determined at the outset versus adapting the program model to suit opportunities within the local context. There is a need to establish appropriate strategies to mitigate these tensions to support innovative prevention activities that are grounded in evidence.
14. That investment in effective communication and engagement activities as part of a planned communication strategy should be viewed as fundamental for site-based primary prevention programs.

Background and context

A first for Victorian primary prevention

Central to the program's site-based saturation approach was the concept of primary prevention action that had *breadth* across different settings as well as *depth* within them. With this unique approach, Generating Equality and Respect signalled a different direction in Victorian primary prevention. Prior to the program, there had been many effective innovations in everyday settings, such as in local governments, corporate workplaces and youth practitioner networks. But there had never been a dedicated program of action that brought single-setting innovations together into a single location to test the benefit of co-occurring, mutually reinforcing activities across multiple settings and with a view to their collective continuation in the longer term. Generating Equality and Respect was a fresh way of doing primary prevention in Victoria and possibly worldwide. The evaluation of its program of action is the subject of this report.

A growing field of practice

Primary prevention in Victoria has been growing steadily over the past decade. During this time, there have been increasing numbers and types of partnership activity to stop violence against women from happening in the first place. Such work has been well supported by public health understandings of both the problem and what can be done about it.

As a public health problem, violence against women is known to be widespread across the population, with serious consequences for those experiencing it and for society as a whole.

- Current figures show that one in three Australian women have experienced physical violence since the age of 15 years; and one in five have experienced sexual violence since that same age (ABS, 2013).
- The most common form of violence against women is that perpetrated by a current or former intimate partner. For Victorian women aged 15–44 years, intimate partner violence has been found to be the leading contributor to death, disability and illness, outstripping other known contributors (VicHealth, 2004).
- In 2015, the estimated annual cost of violence against women to the Australian economy was around \$21.7 billion (Our Watch, VicHealth & PwC, 2015).

As a public health problem, violence against women is understood to have many interacting factors that contribute to its occurrence; however, the two most *significant* conditions are the unequal distribution of power and resources between women and men and an adherence to rigidly defined gender roles (VicHealth, 2007). They are also the most *influential* because they exert a powerful force across all levels of the social ecology: from societal institutions and organisational or workplace practices, to everyday community life and interpersonal relationships. As such, they are called the underlying determinants of violence against women.

As a public health problem, violence against women, while widespread and serious, is also viewed as being eminently preventable in the same way that other problems affecting the entire population – like tobacco or motor-vehicle-related injuries and death – have been addressed. In the case of violence against women, this means doing something about the two underlying determinants at all of

their levels of influence so that the problem can't occur at all. It is in this sense that *primary* prevention is understood.

Generating Equality and Respect was unequivocally a primary prevention initiative: its program of action (known as the Prevention Plan of Action) sought to deal with what lies at the root of violence against women in order to prevent violence *before* it occurs.

About Monash City Council

The City of Monash is located in Melbourne's south-eastern region (Figure 1) and has an area of 81.5 square kilometres. It is home to 185,037 people, making it one of the most populous municipalities in Victoria. It is a culturally diverse community with 45 per cent of residents born overseas, having come from more than 45 different countries.

Businesses in Monash provide 118,076 jobs, making this municipality the second largest employment destination in Melbourne, after the central business district. As a local government, Monash City Council provides a broad range of infrastructure, economic and community services to residents and has 1109 employees: 702 women and 407 men. Monash City Council has had a longstanding commitment to, and leadership role in, promoting gender equity and preventing violence against women. Monash City Council aims to ensure that everyone in the Monash community enjoys the same opportunities, rights and respect, regardless of their gender. More information about Monash City Council and the Monash community is available at www.monash.vic.gov.au.

About Link Health and Community

Link Health and Community (Link HC) provides health services to the community within the City of Monash and surrounding areas. Link HC provides a broad range of primary care, counselling, oral health and health promotion programs across five sites to more than 15,000 people per year. Link HC employs approximately 140 people, including executives, managers, healthcare professionals, client services and administrative staff. Eighty-six per cent of the staff are female.

Link HC is funded by the Victorian Department of Health and Human Services to develop, implement and evaluate integrated health promotion initiatives that involve collaborating with other agencies in Melbourne's east to address priority health issues using a mix of interventions. Promoting mental health was a health promotion priority for Link HC in its Integrated Health Promotion Plan (2013–2017) and the focus of Link HC's work under this priority was the prevention of violence against women. More information about Link HC is available at www.linkhc.org.au.

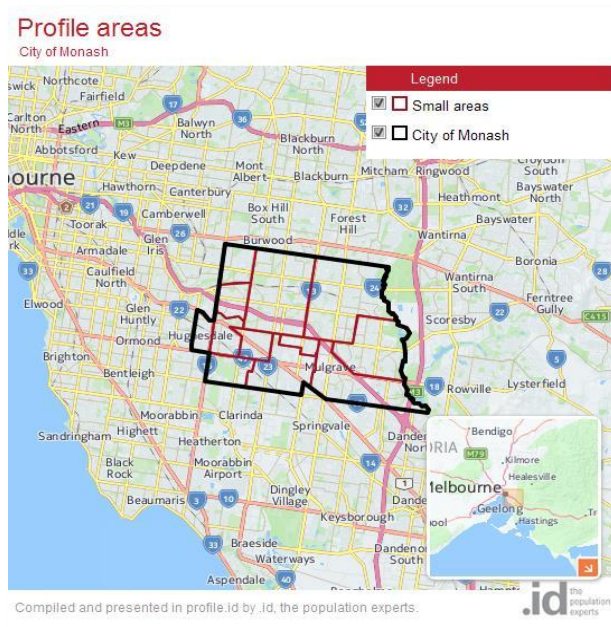


Figure 1: Map of Monash municipality

About VicHealth and the funding context

VicHealth is a statutory authority in Victoria that works in partnership with organisations, communities and individuals to promote good health and prevent ill health among all Victorians. For more than a decade, VicHealth has overseen a considerable program of research and funding activity in the primary prevention of violence against women. VicHealth’s commitment to and investment in primary prevention is the main programming and funding context for Generating Equality and Respect.

In the area of research, in 2004 VicHealth published a ground-breaking study that applied burden of disease methodology to the problem of violence against women in order to estimate the health costs of violence to Victorian women (VicHealth, 2004). The study added significant information to what was already known about the widespread prevalence of violence in women’s lives and the health impacts of such violence. It found that intimate partner violence was the leading contributor to death, disability and illness among Victorian women aged 15–44 years, outstripping all other (and better known) risk factors such as alcohol harm, illicit substances use, high blood pressure, obesity and smoking.

VicHealth followed its burden of disease study with the publication of *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* in 2007 (VicHealth, 2007). The framework highlights that while violence against women is prevalent and serious, it is also eminently preventable, in exactly the same way that other population-wide health problems are preventable: by tackling the root causes that underlie the problem and stopping it from happening in the first place. The framework outlined that while violence against women results from a complex interplay of multiple factors, the two most influential of these (known as the determinants) are the unequal distribution of power and resources between women and men, and an adherence to rigidly defined gender roles. The framework stated that action on the determinants means promoting equal and respectful relationships across society, in our communities and organisations, and in our personal relationships; and by getting everyone involved in government, business and civil society alike.

Since its publication, VicHealth's framework has been used widely by government, non-government and community partners to build momentum in Victorian policy and programming for the primary prevention of violence against women. VicHealth itself has funded many different initiatives that have drawn upon its framework to prevent violence against women, principally through its Respect, Responsibility and Equality funding stream. That stream has supported four distinct phases of work (Figure 2):

- *Phase I (2007–2008)*. VicHealth provided grants to government and non-government organisations to innovate around primary prevention over a 12-month period. Twenty-nine projects received support from a total of \$870,000.
- *Phase II and Phase III (2008–2012)*. VicHealth provided grants to the most promising five of the original 29 projects to 'scale up' their primary prevention activities for a further three years and eight months (Table 1). A total of \$1.5 million was allocated to Phase II and a further \$300,000 to Phase III. Practice in five settings for action was thereby consolidated and, through the development of tools, resources and guidelines (Phase III), shared with the Victorian primary prevention sector. The settings were:
 - a local government and its community
 - maternal and child health services
 - the youth-focused practitioner sector
 - a corporate workplace
 - a faith organisation.
- *Phase IV (2012–2015)*. Following several months of research and development into the final phase of Respect, Responsibility and Equality (during 2011) and a competitive tender process (February to June 2012), VicHealth awarded a single grant to two local partners to identify a geographically bounded site in which activities to prevent violence against women from Phase II could be transferred, saturated and sustained.¹ The total amount for Phase IV was substantial, with around \$1.1 million to plan, implement and evaluate the initiative and additional significant resourcing through staffing and expertise from VicHealth as the third partner. Phase IV was Generating Equality and Respect.

¹ VicHealth issued the tender documentation for the initiative in February 2012 and hosted a tender briefing session for interested and potential applicants the following month. Applicants were also invited to submit questions to VicHealth during the first three weeks of the tender process, and answers were published on VicHealth's website as frequently asked questions in March 2012. VicHealth then held a first and second round of interviews with shortlisted partners during April 2012, with Monash City Council and Link HC announced as the successful applicants in June 2012.

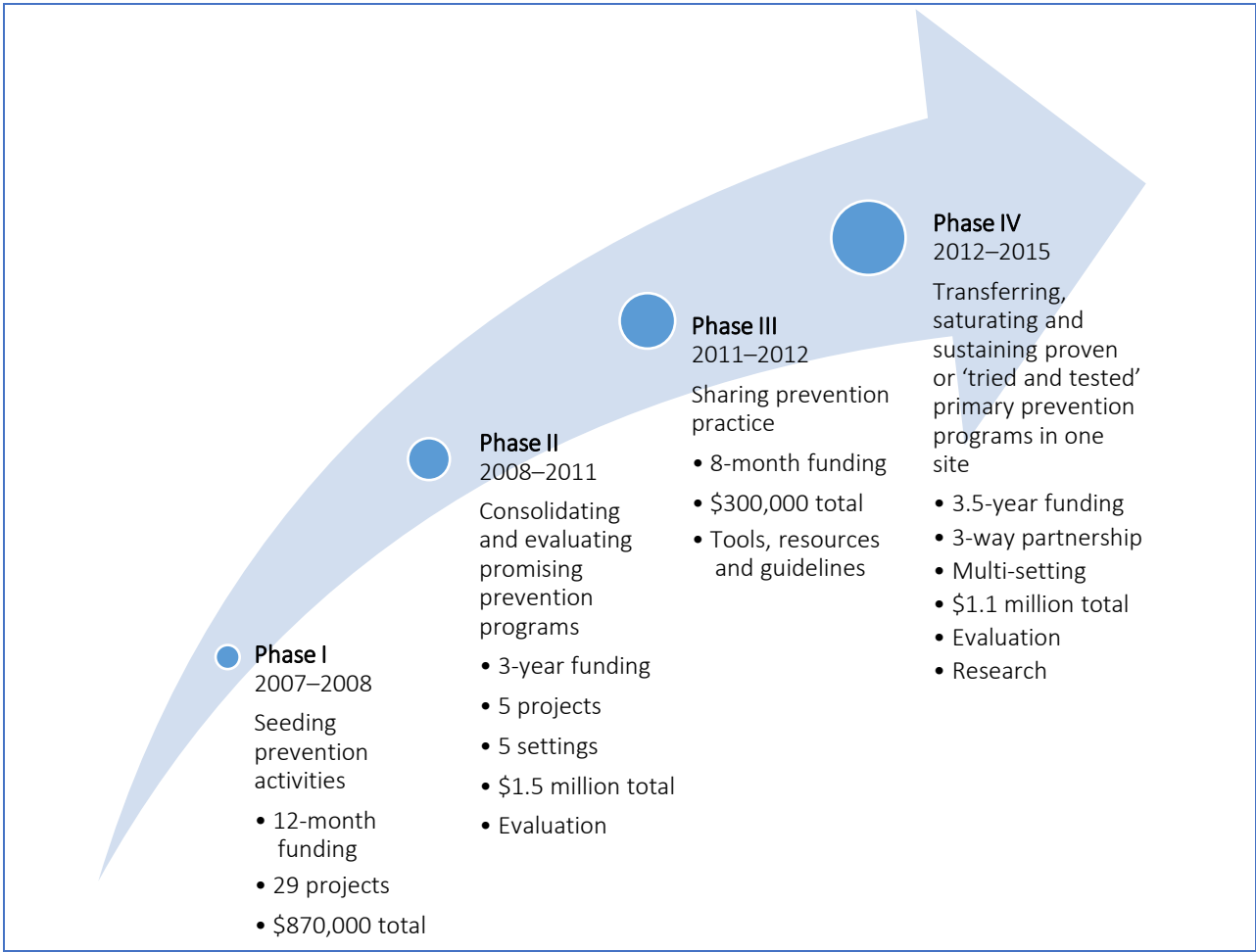


Figure 2: VicHealth’s Respect, Responsibility and Equality funding stream

Table 1: The five projects of Respect, Responsibility and Equality, Phase II and Phase III

Setting	Project (and partner)	Description	Transferrable programs
Local government and its community	Respect and Equity (Maribyrnong City Council)	Strengthened the capacity of a local government in Melbourne’s west to address the underlying causes of violence against women.	Organisational culture shift agenda focusing on policy, planning, leadership and partnership activity.
Maternal and child health services	Baby Makes 3 (Carrington Health) ²	Engaged clients of maternal and child health services (City of Whitehorse) with programs that built equal and respectful relationships in the transition to parenthood.	Group work activities for mums and dads that explore gender norms, expectations and roles.
Youth-focused practitioner sector	Partners in Prevention (Domestic Violence Resource Centre Victoria)	Built the capacity of youth-focused practitioners in Victoria to promote respectful relationships among the young people they worked with.	Community of practice with opportunities for networking, information sharing and professional development.
Corporate workplace	Working Together against Violence (Women’s Health Victoria)	Built the capacity of an international male-dominated corporate workplace with sites (and a head office) in Victoria to promote respectful relationships between men and women.	Whole-of-company strategy for cultural change (i.e. lead, train, promote).
Faith organisation	Northern Interfaith Respectful Relationships (Darebin City Council)	Built the capacity of Anglican faith leaders in Melbourne’s north to foster respectful and violence-free relationships between men and women.	Mentoring program and other tools and resources for faith leaders.

Core concepts and design features

Generating Equality and Respect was built upon a set of core concepts and design features that distinguished it from other primary prevention innovations to date. These are summarised in Table 2.

² Carrington Health was formerly Whitehorse Community Health Service.

Table 2: Generating Equality and Respect – core concepts and design features

Core concept or design feature	What this looked like in the Generating Equality and Respect program
Breadth and depth in the site	<p>Literature on successful place-based social equity initiatives shows that depth of effort is achieved when activities are focused on a geographically bounded or defined area over a long term. Programs and resources going into such a site are both concentrated and sustained at the same time. Activities can also achieve breadth in this way, because any given place will contain a number of different settings for the program of action being implemented. Settings are places where people live, grow, work, study or play.</p> <p>As already noted, Generating Equality and Respect sought to identify a geographically bounded site that could be saturated with a number of well-evidenced settings-based activities to prevent violence against women, thus generating equality and respect among people, organisations and communities during the initiative and for many years to come. Among the initiative’s most critical concepts was the twin notion of breadth across settings and depth of activities in those settings, borrowed from the place-based social equity field.</p>
Tried and tested activities in settings	<p>For the settings-based activities, only proven prevention programs (activities and resources) were transferred into the site that was identified. Consideration was given to the programs arising from the five projects funded by VicHealth from 2008 to 2012 and for which strong evidence had been gathered of primary prevention effectiveness in their respective settings. As shown in Table 1, the five settings considered were a local government and its community, maternal and child health services, a youth-focused practitioner sector, a corporate workplace and a faith organisation. Thus, the notion of ‘tried and tested’ was a third critical concept of Generating Equality and Respect.</p>
Seeding a longer-term vision	<p>Being funded for a defined period of three-and-a-half years, Generating Equality and Respect was designed as a starting point for a longer-term vision of a site in which ongoing primary prevention activities in identified settings could be sustained over time. This was done in recognition that primary prevention is long-term work. This idea of seeding a site along with its settings-based activities so that both would continue well beyond the period of their initial funding was therefore a second critical concept of the initiative.</p>
Leadership through a three-way partnership	<p>Three organisational partners led the work of the initiative. This three-way partnership was one of the most important design features of Generating Equality and Respect. The first partner was Monash City Council, a Victorian local government with strong capacity to undertake a comprehensive program of primary prevention activity – and tried and tested activities at that – as an organisational setting and with the communities it served. As a local government, Monash City Council also provided reach into settings for the other tried and tested programs being brought into the site, e.g. through maternal and child health services, a localised youth-focused practitioner sector and a corporate workplace.</p> <p>The second partner was Link HC, which had an existing relationship with Monash City Council prior to the initiative (not exclusively in primary prevention) and came to the partnership with strong potential to complement or extend the primary prevention activity being brought into the site and its settings. While Victorian community health services were not settings for which tried and tested primary prevention activities existed at the time of Generating Equality and Respect – and Link HC was certainly part of building the evidence for such work through its involvement in the initiative – this second partner, like the first partner, was also engaged with its own program of primary prevention activity as an organisational setting throughout the initiative, so that <i>together</i> the two Monash-based partners demonstrated leadership to the site being established and embedded.</p>

Core concept or design feature	What this looked like in the Generating Equality and Respect program
	<p>The third partner was VicHealth which, apart from funding the initiative, provided capacity-building tools for the site (e.g. primary prevention short courses), contributed its knowledge of the tried and tested activities that were transferred into the site, contributed its experience and expertise of primary prevention practice, and ensured the core concepts and design features of the initiative were maintained.</p>
<p>Locally based cross-organisational team</p>	<p>Literature on successful place-based social equity initiatives emphasises the importance of having locally based staff to coordinate programs, with a senior staff member to oversee the development of on-the-ground partnerships for planned activities. The program team comprised a program manager and a prevention practitioner employed by Monash City Council, and a second prevention practitioner employed by Link HC. Although not strictly a member of the team, a senior project officer from VicHealth was assigned to Generating Equality and Respect to work closely with the program manager and prevention practitioners for the duration of the initiative. This way, the locally based cross-organisational team mirrored the three-way partnership design feature previously described.</p>

Consideration of local factors and conditions

While all the concepts and design features just described were prescribed going into the initiative, the task of electing the site for the program of action was in no way predetermined. Rather, the site was selected following a comprehensive assessment of local factors and conditions during the first year of the initiative, involving the program team and the three organisational partners.

The Prevention Plan of Action was finalised after the site was confirmed. The Prevention Plan of Action encompassed the settings-based activities occurring in the site as well as the organisational activities of the two Monash-based partners. It followed a thorough assessment of the on-the-ground partnerships and their readiness for tried and tested activities to be brought to the site. The assessment translated into a staged program roll-out, starting with settings that were 'warm' for action, and moving to those that were not as ready during the second half of the initiative.

Evaluation and research in parallel with implementation

Generating Equality and Respect was conceptualised and designed so that evaluation and research activities occurred in parallel with implementation of the program of action. This was done to support Victorian primary prevention in evidence building and evidence sharing.

Evaluation of Generating Equality and Respect focused on the program of action occurring in the site and within the organisations of the Monash-based partners. The evaluation process commenced shortly after the Prevention Plan of Action was finalised and operationalised into settings-based plans. The evaluation continued right throughout implementation. More on the approach used for the evaluation and its scope can be found in 'About the evaluation' (p. 24).

Research on Generating Equality and Respect focused on the overall site-based saturation approach as a model for primary prevention and was commissioned by VicHealth separately to this evaluation. Activities included documenting the site-based saturation approach as it occurred in practice, in order to:

- identify the characteristics of site-based saturation that either differed from or expanded upon the core concepts and design features described in Table 2
- distinguish between the general elements of an emerging model for primary prevention that were genuinely transferrable and elements that were specific to the site's location or characteristics of the two Monash-based partners.

The point of the exercise was also to enable a comparative study between the emerging Generating Equality and Respect model and other contemporary models of local prevention action, in Victoria and internationally, as a way of appraising the relative strengths and merits of the site-based saturation approach to preventing violence against women. Results from the interrelated research activities of the model documentation and comparative study are not included in this report.

Establishing a three-way partnership

The work of Generating Equality and Respect began as soon as the contract agreement was signed between VicHealth and Monash City Council (as funds holder for the initiative) in June 2012. One of the first tasks of the three organisational partners was to establish themselves as a formal partnership. Monash City Council and Link HC had already achieved a strong relationship through long-term collaboration on health promotion and equity activities in the Monash community. VicHealth, however, was a new addition to their partnership mix.

Senior representatives of the three organisational partners participated in a facilitated partnership establishment workshop in July 2012. At this workshop they:

- explored their previous experiences in partnerships
- articulated the benefits and risks to their respective organisations of coming together as a partnership for Generating Equality and Respect
- identified the gaps in their skills and expertise in the context of requirements for a successful initiative
- identified other potential partners
- identified the partnership structures for Generating Equality and Respect.

Participants agreed that two partnership structures would be introduced: an executive committee to develop and maintain the three-way partnership so that the initiative could be led effectively (in essence, the governance structure); and a broader stakeholder group that would bring together 'on-the-ground' partners who would be consulted on the program of action, provide links to the settings for primary prevention activities, and advocate for the program.

The organisational partners then commenced work on a document that contained their agreements as partners leading the initiative. This partnership agreement included their statement as a partnership, their partnership goals and objectives, their partnership principles and obligations and the roles and responsibilities of each partner and all three as a collective. The agreement also included details about the mechanism through which the work of the partnership would unfold: the executive committee. Terms of reference for the executive committee were attached as an appendix to the partnership agreement and both documents can be found in the appendices to this report (Appendix 1).

The first meeting of the executive committee was held in August 2012, following an internal launch of the initiative between the three organisational partners held at Monash City Council.

About the program

Program team recruitment

The program team comprised:

- a program manager, employed by Monash City Council
- two prevention practitioners – one employed by Monash City Council and the other by employed by Link HC
- a senior project officer from VicHealth, to contract manage the program.

A factor that contributed to the success of Generating Equality and Respect was the effectiveness of the program team and the minimal turnover in staff.³ Team members came to the program with diverse experiences, skills and abilities, including but not limited to:

- program management
- adult learning
- project planning and evaluation
- health promotion
- partnership development
- organisational change
- gender equity and preventing violence against women.

This diverse skill set supported the division of responsibilities for the settings activities, allowing team members' strengths and experiences to be used effectively during program planning, implementation and evaluation. In addition, one of the prevention practitioners had been previously employed at Monash City Council leading a primary prevention project; she brought with her an intimate knowledge of people, policies and practices within the organisation.

VicHealth's senior project officer was recruited in late 2012, followed by the program manager. The program manager was employed at a coordinator level within Council and reported directly to the manager of community planning and development. Once recruited, the program manager then recruited the two prevention practitioners.⁴

³ Although all program staff were retained through the three years of Generating Equality and Respect, the program manager was on maternity leave for 12 months and returned one day per week for the final six months of the program. When the program manager went on leave, her maternity leave replacement was a professional with experience in managing primary prevention projects in local government.

⁴ The program manager and the two prevention practitioners were employed full-time. For the duration of Generating Equality and Respect, the program manager had direct supervision of the prevention practitioner employed by Monash City Council and provided strategic direction to the prevention practitioner employed by Link HC. Link HC's health promotion manager supervised the prevention practitioner within that organisation.

With staffing complete by April 2013, the next task was to determine the location of the program team. The team was located in the same place throughout implementation; however, that place was not within the selected site for settings-based saturation (see below) as originally planned. The program manager and prevention practitioner were based at Monash City Council (main office) and the Link HC prevention practitioner at Link HC (Hughesdale site) for the duration of Generating Equality and Respect for several reasons, including:

- limited availability of partner organisation office space in the identified site
- identification of the site *after* team recruitment (this being one of the first key planning activities of the program team)
- the organisational structures of the two Monash-based partners
- the need for the program team to remain 'close' to organisational decision makers within the two Monash-based partners to coordinate their respective organisational change agendas. (Indeed, at the mid-way point of the program, the executive committee noted that progress with the organisational change agendas was likely to be jeopardised should the team be re-located to the actual site.)

Site selection

One of the first responsibilities of the program manager was to select a site for settings-based saturation. Her discussions with local stakeholders revealed many potential locations, which the executive committee then narrowed to four potential suburbs. The program manager investigated each suburb using a specially designed tool to assist in determining the readiness of the settings that came with each suburb (Appendix 2).

The tool facilitated the collection of data to inform the most suitable suburb for primary prevention activity; it also enabled the program manager to drill down to the level of readiness within each of the target settings (e.g. maternal and child health service, youth practitioners, corporate workplace).⁵ Following the data collection process, the program manager delivered a presentation to the executive committee; this enabled the committee to decide which suburb would be the site for primary prevention action and the staged roll-out of activity in the settings.

⁵ Data sources for the site selection identification process included:

- Monash City Council community action plans
- Monash community profile
- interviews with key Monash City Council and Link HC managers and staff
- interviews with local partners and stakeholders
- discussions with local and regional preventing violence against women networks
- review of regional primary prevention strategy
- review of relevant websites (e.g. women's health, community health)
- discussions with relevant staff at VicHealth
- meeting with Victorian Immigrant and Refugee Women's Coalition
- discussion with practitioners of Baby Makes 3 programs running outside of Clayton
- discussion with WorkHealth project manager, Victorian Employers Chamber of Commerce and Industry.

The suburb identified for saturating settings-based primary prevention action was Clayton. Work in the site’s settings would commence with the maternal and child health services and the youth practitioner sector (these being the readiest of the settings) with activity in the corporate workplace, and Robert Bosch Australia (Bosch) to come later. Activity in a faith setting was deferred until the best way to conduct such work given local conditions became clearer.

Prevention Plan of Action

Generating Equality and Respect’s key planning mechanism was its Prevention Plan of Action, which was one of the first deliverables as part of the funding and service agreement. The Prevention Plan of Action reflected all primary prevention activity occurring in the site, and it included only tried and tested programs for the settings-based work. The Prevention Plan of Action was an overarching strategic document that was accompanied by settings-specific implementation plans (as more detailed working documents) as well as the implementation plans for the organisational change agendas at Monash City Council and Link HC (Figure 3).



Figure 3: Prevention Plan of Action – settings plans

The program team actively planned and participated in three full-day facilitated planning workshops to develop the Prevention Plan of Action and implementation plans. These workshops commenced in March 2013 and were held over a period of six weeks.

At the first planning day, the program team workshoped appropriate goals, objectives and strategies for the organisational culture change work at Monash City Council and Link HC. The facilitator guided the team to consider the Prevention Plan of Action, including its purpose, intended audience, context, key guiding factors and any linking documents (Figure 4).

Purpose	Audience	Context	Key factors	Linking documents
<ul style="list-style-type: none"> •High level •Succinct •Overarching plan •Flexible framework •Creates space for inspired outcomes and new ideas 	<ul style="list-style-type: none"> •Program team •VicHealth •Key partners •Target populations 	<ul style="list-style-type: none"> •Links to Monash City Council and Link HC health goals & plans •Regional priority •VicHealth priority •Awareness of barriers such as staff time and capacity 	<ul style="list-style-type: none"> •Site-based •Settings focused •Tried and tested •Clear, sustainable and achievable objectives and outcomes 	<ul style="list-style-type: none"> •Communication Strategy •Evaluation Framework •Settings Implementation Plans

Figure 4: Developing the Prevention Plan of Action

The session included presentations from the organisational partners and an external community health service to help guide planning. The presentations sparked the group to discuss the synergies and important differences in regards to the potential organisational change activities at Monash City Council and Link HC. At this first planning day, the team agreed to the process and timeline for the development and approval of the Prevention Plan of Action (Figure 5).



Figure 5: Process for development of the Prevention Plan of Action

At subsequent planning days, the program team confirmed the overall program goals and workshop potential strategies for organisational change, including consultation methods. The team also considered the additional goals, objectives and strategies to guide activities within the maternal and child health and youth practitioner settings and agreed on the division of team roles and responsibilities. At the third planning day, the draft Prevention Plan of Action was finalised. A monitoring and review process was confirmed and the development of settings-based implementation plans commenced.

Vision, goals and objectives

The final version of the Prevention Plan of Action detailed the overall program vision, priority populations and settings, program goals, objectives and strategies (Table 3). Refer to the Prevention Plan of Action (Appendix 3) for the detailed strategies.

The overall vision for the Generating Equality and Respect program was for an equal and respectful Clayton community where women are free from violence.

Table 3: Generating Equality and Respect – goals and objectives

Goal	Objectives
Build communities, cultures and organisations that are gender equitable and value and support non-violent norms.	<ul style="list-style-type: none"> • Champion and model organisational culture change for gender equality and the prevention of violence against women as a basis for the work we do in the community. • Promote and build respectful and equitable gender relations within Monash City Council and Link HC. • Create commitment and capacity for sustainable change in preventing violence against women in the City of Monash.
Foster respectful and equal relationships between men and women.	<ul style="list-style-type: none"> • Promote respectful and equal relationships in the Clayton community through the delivery of settings-based primary prevention activities. • Increase the capacity of key stakeholders across a range of settings to promote and support respectful and equal relationships between men and women. • Increase the understanding and awareness of the determinants of violence against women among stakeholders, professionals and the broader community.
Realise sustainable primary prevention through strong collaboration with established and new partners.	<ul style="list-style-type: none"> • Build strategic alliances with a range of stakeholders who support the goals of Generating Equality and Respect. • Engage with a range of organisations for broader influence and advocacy around primary prevention. • Establish partnerships across settings to implement Generating Equality and Respect in the Clayton community.
Pilot an innovative model for the primary prevention of violence against women that is transferrable and informs practice.	<ul style="list-style-type: none"> • Implement and evaluate Generating Equality and Respect – a site-based model for the primary prevention of violence against women. • Contribute to an understanding of effective language to engage and communicate with a range of audiences about primary prevention and gender equality. • Document and disseminate the key findings and outcomes to determine transferability to new sites and inform best practice.

The focus of the program’s activities over the implementation period was in accordance with the model as operationalised by the team, meaning the team delivered organisational change work within Monash City Council and Link HC as well as the activities in the Clayton settings. It is important to note that the work of Generating Equality and Respect went beyond the scope of the model: the team undertook additional activities to support the Victorian primary prevention sector (e.g. sharing learning and knowledge on the site-based saturation approach).

The extent of Generating Equality and Respect’s activities is summarised in Table 4.

Table 4: Generating Equality and Respect – summary of activities

Partner/setting	Organisational capacity development: Policy and sustainability	Individual capacity development: Training and awareness raising	Partnerships and collaboration: Communications and engagement
Monash City Council and Link HC	<ul style="list-style-type: none"> • Conducted consultations and organisational surveys to inform the opportunities and scope of program activities. • Established and supported organisational structures to drive prevention activity, e.g. preventing violence against women committees. • Mainstreamed gender equity via policy audits, plans, strategies and statements. • Supported sustainability action planning. 	<ul style="list-style-type: none"> • Provided forums, presentations, workshops, training and events on preventing violence against women and gender equity. • Raised awareness of primary prevention via online and hardcopy methods, e.g. intranet, email and newsletter. • Facilitated the delivery of the VicHealth Preventing Violence against Women short course for staff and leaders. • Embedded primary prevention learning in the organisation via staff orientation and training programs. 	<ul style="list-style-type: none"> • Developed champion competencies and engaged and supported champions across both organisations. • Developed a MOU between Monash City Council and Link HC as local prevention partners. • Supported and built the capacity of the joint Monash Men’s Action Group to undertake primary prevention activities. • Delivered joint social marketing campaigns.
Baby Makes 3	<ul style="list-style-type: none"> • Developed issues papers and policies/guidelines to ensure the accessibility of Baby Makes 3 for culturally and linguistically diverse, same-sex and single parents. 	<ul style="list-style-type: none"> • Developed an adaptable model for delivering Baby Makes 3 in Clayton. • Delivered family nights and group sessions for eligible parents at Clayton Maternal and Child Health Centre. • Provided primary prevention professional development sessions for maternal child health nurses and provided resources and materials. 	<ul style="list-style-type: none"> • Engaged relevant stakeholders to ensure delivery of Baby Makes 3, including Carrington Health.⁶ • Contributed to Baby Makes 3 community of practice in Melbourne’s east and co-facilitated professional development sessions across the region.⁷

⁶ In late 2012, the Victorian Department of Justice and Regulation funded Carrington Health as the lead partner for delivering the Baby Makes 3 program across Melbourne’s east, including the Monash municipality.

⁷ Generating Equality and Respect developed a strong working relationship with Carrington Health to plan and deliver Baby Makes 3 across the Monash municipality through both of the funded initiatives.

Partner/setting	Organisational capacity development: Policy and sustainability	Individual capacity development: Training and awareness raising	Partnerships and collaboration: Communications and engagement
Monash Partners in Prevention	<ul style="list-style-type: none"> • Worked with Monash Youth and Family Services to integrate respectful relationships education into their plans and practices. 	<ul style="list-style-type: none"> • Undertook a training needs analysis with local youth practitioners. • Provided support to Monash Partners in Prevention Network members by phone, email and in person, and through resources, meetings and events. 	<ul style="list-style-type: none"> • Engaged relevant stakeholders to ensure the effective delivery of the network. • Engaged local youth practitioners as members of the network. • Conducted regular communication activities to raise the profile of the network.
Bosch	<ul style="list-style-type: none"> • Developed family violence content for Bosch to include in existing training programs. 	<ul style="list-style-type: none"> • Facilitated the inclusion of primary prevention messages in promotional materials for Bosch workplace events. • Supported Bosch to deliver a White Ribbon Day morning tea and for Bosch staff to attend a Monash City Council White Ribbon Day event. • Sourced unconscious bias training for Bosch staff and leaders. 	<ul style="list-style-type: none"> • Developed an MOU between Monash City Council and Bosch for the prevention work at Bosch. • Engaged and supported workplace champions at Bosch. • Promoted the partnership with Bosch via media opportunities.
Victorian prevention sector	<ul style="list-style-type: none"> • Contributed to local/state/national preventing violence against women policy agenda via submissions, consultations and input into relevant documents. 	<ul style="list-style-type: none"> • Shared program lessons by contributing to newsletters, publications and local media, delivering presentations, and writing up case studies. 	<ul style="list-style-type: none"> • Participated in prevention committees, networks and meetings.

Consultations as a platform for organisational change

Central to the site's model as conceptualised and operationalised was the organisational change work that the two Monash lead partners were expected to undertake in order to demonstrate their leadership in primary prevention. Extensive consultations were needed to identify gaps, strengths and opportunities for work in primary prevention of violence against women across Monash City Council and Link HC. Through this research, opportunities for integrating gender analysis within organisational systems, policies, plans, services and programs would be developed via the settings-based implementation plans.

Consultation was undertaken with identified Council and Link HC staff between May and October 2013. Consultations aimed to:

- introduce the Generating Equality and Respect program team
- provide an overview of the program
- engage potential champions to support the organisational culture change work
- gain a better understanding of individuals' and departments' work and how gender equity could be integrated
- understand the work already taking place that supported gender equity
- support the development of relevant and appropriate strategies for gender equity
- inform the needs analysis for capacity development in primary prevention
- create new, or build on existing, relationships with individuals and/or departments to support future work.

A number of formal and informal processes were adopted. A successful approach was to attend already existing department/team or committee meetings. Methods included presentations, facilitated group discussions, semi-formal qualitative interviews and informal conversations. The consultation questions agreed by the program team were designed to assist discussions; as such, questions were selected based on their relevance to those being consulted and the allocated time available.

Presentations to organisational staff were varied, but included a combination of topics (Figure 6).



Figure 6: Topics included in presentations to Link HC and Monash City Council staff

Consultation reach

At Monash City Council, the departments engaged in the consultation process were pre-selected based on the rationale that it would be best to work with staff who were already champions for primary prevention. Working with these early adopters to build capacity and commitment was the best approach. Consultations were conducted with a diverse range of Council departments:

- Community Planning and Development
- Waste Services

- Organisation Development and Human Resources
- Recreation Services
- Monash Library Service
- Monash Youth, Children’s and Family Services.

The program manager also consulted with Council’s executive leadership team.

At Link HC, consultations were held with consumer and volunteer representatives, the board, senior management and staff from all program areas, such as counselling, health promotion, corporate services and primary care. The consultation process engaged eight teams across Council and an estimated 101 people from Link HC. Of the total engaged at Link HC, 87 were staff, achieving well over the 70 per cent reach objective.

Consultation findings

The consultations yielded a number of opportunities for primary prevention action (Table 5). These assisted in the development of relevant organisational change agendas for both Monash City Council and Link HC (see ‘Embedding gender equity’, p. 69, and ‘Building capacity for primary prevention’, p. 93).

Table 5: Opportunities for primary prevention at Monash City Council and Link HC

Theme for organisational change agendas	Ideas for action
Training and development for staff, champions and leaders	Increase understanding of: <ul style="list-style-type: none"> • the connection between gender inequality and violence against women • gender equality and gender equity • the gendered nature of violence against women • actions that Link HC and Monash City Council could take to mainstream gender equity practice • the impact of gender on health and access to services, and relevance to their own work • how to challenge sexism in the workplace.
Mainstreaming gender equity into existing strategies, plans, programs and services	<ul style="list-style-type: none"> • Build an awareness of policies or practices supportive of preventing violence against women and gender equity. • Build the capacity of staff to apply a gendered lens over organisational policies, practices and service provision. • Ensure congruence between Link HC public statements and gender equity practice in the organisation. • Integrate information about Generating Equality and Respect and primary prevention into the Link HC orientation program.
Fostering of champions	<ul style="list-style-type: none"> • Continue to support the enthusiasm and commitment of women at Link HC who are champions of equality and respect. • Encourage new supporters and potential champions to emerge (greater engagement of men and broader base of people). • Support staff in understanding their potential role in the primary prevention of violence against women (and support staff in focusing on primary prevention as opposed to tertiary prevention).

Establishing implementation partnerships

The enthusiasm and interest garnered from the consultation processes was harnessed to commence the organisational change work and activities within the youth practitioner and maternal and child health settings. Leadership support and commitment facilitated progress in regards to organisational development activities. At Monash City Council, for example, the community planning and development manager and community development and services director were integral in championing the program internally, which resulted in strong engagement with other departments such as Human Resources and Communications. Likewise, at Link HC, the CEO, health promotion manager, quality manager and counselling services manager were pivotal to progress. The gains in influencing organisational plans and strategies were also in part due to the timing of these mechanisms for review and development.

In addition to leadership support across the two Monash-based partner organisations, a number of other partnerships were established to support program roll-out:

- Several meetings were held with youth practitioners from Monash Youth and Family Services, local agencies and the Monash Youth Services Network to discuss the development of a Monash Partners in Prevention Network, a training needs analysis and the integration of primary prevention into the Monash City Council Youth Plan 2013–2016. Several meetings were held with regional Department of Education and Training staff to discuss development of a community of practice and understand the policy environment for respectful relationships education for schools.
- Regular meetings were held with the coordinator of Maternal and Child Health and the manager of Children and Family Services to progress Baby Makes 3. This partnership supported the development of an appropriate model for Baby Makes 3 in Clayton and recruiting program facilitators.
- Strong relationships were developed with Monash City Council's Organisation Development and Human Resources Department and Health Promotion and Community Development Department for support in commencing integration of primary prevention into organisational plans, e.g. Organisational Development Plan, Health and Wellbeing Partnership Plan and Council Plan.
- Similarly, relationships were developed with key people at Link HC to support organisational change work, including the consumer engagement coordinator, quality manager, family violence counsellor and service coordination coordinator. The health promotion committee was engaged to support and drive primary prevention activity within the organisation.⁸

In the original tender documents, a broader community stakeholder group was envisaged that would support Generating Equality and Respect. As implementation got under way, this group was never established. The discrete nature of interactions within the site's settings and the program's defined deliverables meant that consultations with specific individuals and groups were a more appropriate and effective method of stakeholder engagement.

⁸ The Link HC health promotion committee was established to lead the planning and delivery of the organisation's Integrated health promotion plan in which preventing violence against women was a priority.

Communication strategy

A communication strategy ran alongside the program's Prevention Plan of Action. The objective of the strategy was 'to support the achievement of the program goals by communicating objectives and key messages of the Generating Equality and Respect program, in order to raise awareness of the program and increase understanding of the determinants of violence against women'.

The cross-organisational communication strategy was developed by a specially convened small working group convened. This group met several times in the early stages of the strategy's development to agree upon a brand and 'catchy' name for the program, to help raise its profile and the issue of violence against women (Figure 7).



Figure 7: Generating Equality and Respect – branding

The strategy itself comprised:

- purpose, introduction and background
- situation analysis – highlighted potential opportunities and threats to communication and engagement activities and possible ways to mitigate weaknesses and threats
- target audiences, including primary and secondary audiences
- budget for communication activities
- key messages – detailed a range of both simple short messages and more detailed messages to support written and verbal communication activities
- strategy action plan – specific tasks, timeframes and responsibilities for actions
- appendices – calendar of relevant events, setting-specific key messages, protocol for communication activities, program summary, list of resources produced by the program.

One of Generating Equality and Respect's objectives was to contribute to an understanding of effective language to engage and communicate with a range of audiences about primary prevention and gender equality. A range of key messages were developed and refined based on national and international good-practice literature, frameworks and theory on primary prevention. Individuals within Monash City Council and Link HC, external primary prevention practitioners and women's health and family violence sectors were also consulted. The sensitive and complex nature of violence against women was acknowledged in the development of communications messaging.

Different messages were developed for different settings and groups and were continually revised throughout the program's life, responding to experiences and interactions the program team had with individuals within program settings and improvements in practitioner knowledge and skills in the prevention of violence against women.

The strategy was reviewed in May 2014 and the team identified the need for further work on the program's key messages. At this mid-way point in the program, the program team acknowledged they were struggling with more conversational language to engage and educate staff and stakeholders in primary prevention and gender equity. Many of the key messages within the strategy were formal and appropriate for written communication rather than conversational, day-to-day messaging. As a result, the team developed a series of 'conversational messages' to support casual conversations within their organisations and target settings. See 'Communication was central' (p. 44) for examples of this messaging.

Program reach and outputs

A snapshot of reach and outputs of Generating Equality and Respect is presented in Figure 8. The impacts achieved by the program are discussed at length in 'Evaluation findings' (p. 31).

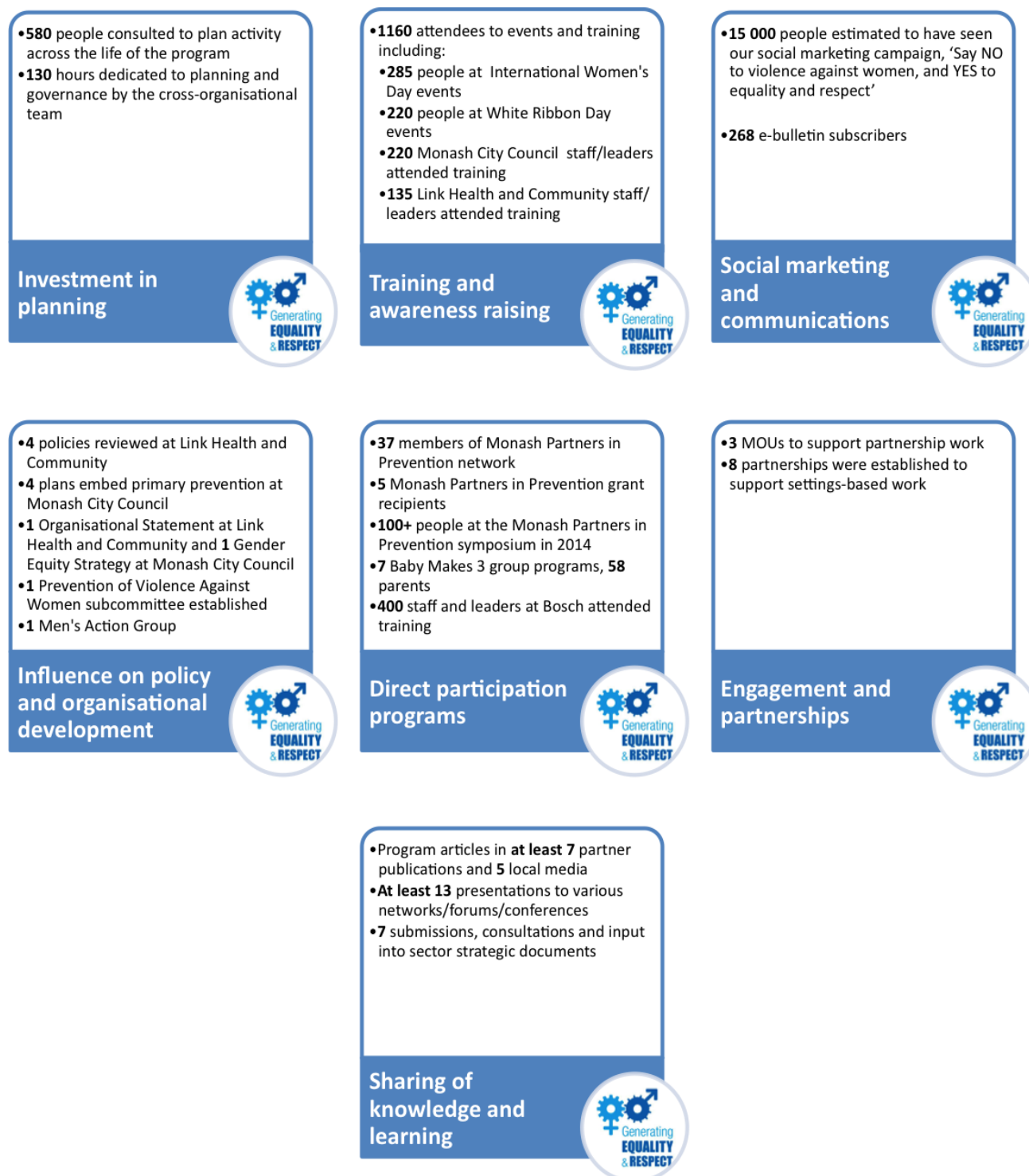


Figure 8: Generating Equality and Respect – reach and outputs

About the evaluation

Intended use, intended users and evaluation purpose

The primary prevention of violence against women is a relatively new area of practice in Victoria (and elsewhere in the world), with innovation characteristic of the field. For its continued growth, primary prevention needs sound frameworks for action, continued policy and programming, adequate investment and resourcing and willing partnerships. It also needs right 'fit' evaluations: studies that can meaningfully gather the successes, lessons and insights of innovation so these can be shared as *useable* knowledge about what works well (or works less well) in shifting the underlying determinants across the social ecology. When it comes to primary prevention, one of the most important reasons to evaluate is to contribute to the evidence building and evidence sharing of *practitioners*, and thereby to ensure the continued development of primary prevention as an emerging practice.

With these contextual practice points in mind, the following can be said about the evaluation of Generating Equality and Respect's program of action:

- The intended use of the evaluation is for practice learning and improvement.
- The intended users of the evaluation are primary prevention practitioners, those who are 'on the ground'. (It is noted that those involved in policy, programming and investment in primary prevention are important secondary users.)
- The stated purpose of the evaluation is to:
 - determine the overall success of the initiative's program of action (through agreed indicators)
 - contribute to the knowledge base of practitioners by sharing the program's successes, challenges and lessons learned.

Evaluation approach: Participatory and learning oriented

Given the intended use, intended users and stated purpose of the evaluation, a *participatory* and *learning-oriented* approach was taken to evaluate Generating Equality and Respect. This approach is a proven way of delivering fit-for-purpose evaluations of primary prevention, as shown by VicHealth in the evaluation of a number of previous investments, most notably the five projects of Phase II of the Respect, Responsibility and Equality funding stream.

Participatory evaluations engage stakeholders – especially the program's intended users – in the entire evaluation process, so that their information needs are identified and their values infuse the evaluation from start to finish. Learning-oriented evaluations share evaluation tasks with stakeholders involved in the evaluation – sometimes even handing over these activities in their entirety – so that learning about evaluation occurs by doing it ('learn by doing') and evaluation capacity building (ECB) is optimised. ECB is the intentional and purposeful action of fostering the evaluative learning of stakeholders so that effective evaluation practice can be undertaken and sustained well beyond the projects for which ECB was first introduced.

Through its experience, VicHealth has found that the participatory and learning-oriented approach is an excellent fit for evaluating primary prevention initiatives for three main reasons:

- They ensure evaluations are meaningful to those they are intended for, namely practitioners; and this in turn increases the chances of evaluations being used as intended and by intended users.
- They ‘habitualise’ or normalise evaluation in the mindset of those who are engaged with the evaluation process, which contributes to the creation of a critical mass of practitioners committed to evaluations that are both useful and used.
- They gain intimate understandings of what counts as success in the complex realities of primary prevention work because they centralise the viewpoints of those closest to it: practitioners. This means that the value given to the effort is authentic and grounded in practice rather than imposed upon or detached (Kwok, 2013).

For Generating Equality and Respect, it was the cross-organisational team, comprising the program manager and the two prevention practitioners, that was engaged with the evaluation process from start to end, so that the information needs and values as Victorian primary prevention practitioners permeated the entire endeavour. The program team had leadership of all tasks associated with the evaluation process, from evaluation planning through to the write-up of findings, couched safely within a ‘learn-by-doing’ environment. Their learning about evaluation was supported and resourced by a primary prevention evaluation expert contracted by VicHealth: a research practice leader for preventing violence against women who designed and implemented a program of evaluative learning and ECB from start to end.⁹ Together, working in parallel with implementation of the program of action, the program team and research practice leader ensured a best-fit design for the evaluation of Generating Equality and Respect as well as the successful execution of the evaluation itself.

Evaluation planning and defining the scope of the work

Evaluation planning commenced in June 2013 immediately following finalisation of the program’s Prevention Plan of Action. Evaluation planning involved all members of the cross-organisational team, VicHealth’s senior project officer and the research practice leader, and took place over a three-month period.

The research practice leader convened five workshops during this time. Each workshop included a blend of instruction and learning activities related to different components of evaluation planning, with tasks set for the program team to complete between meetings as per the ‘learn-by-doing’ principle of participatory and learning-oriented evaluations. The workshops followed a sequence and built upon one another.

⁹ The program comprised a series of five evaluation planning workshops from June to September 2013, followed by a further 17 capacity-building sessions, each with a focus on a specific evaluation topic, from October 2013 to November 2015.

Three key outputs resulted from this intensive evaluation planning phase:

- The Generating Equality and Respect Program Logic Model was a clear visual representation of the initiative’s key activities, outputs and expected impacts in the short, medium and long term (Appendix 4).
- A set of SMART (specific, measurable, accurate, relevant and time-bound) indicators ‘operationalised’ the logic model. These were concrete and tangible ‘signposts’ by which the program team could gauge the success of the initiative’s key activities, for example the quality and effectiveness of its processes, the people or organisational units reached by the program of action, or the ways in which desired impacts on organisations or individuals could be observed. Importantly, this set of SMART indicators, once established, also defined the scope of the evaluation in that each indicator dictated the type and extent of data that needed to be collected.
- A comprehensive Evaluation Framework guided activities associated with executing the evaluation: the methods of data collection, when data would be collected and by whom, etc. (Appendix 5).

Process indicators

Process indicators pointed to different aspects of the process of implementation: who was ‘touched’ by the different activities comprising the Prevention Plan of Action (individuals, organisational units, the wider community) and the quality and appropriateness of the way activities were conducted, including their planning. The full set of process indicators can be found in the Evaluation Framework (Appendix 5); however, the evaluation focused on 22 particular indicators to determine the effectiveness of the program’s processes (Table 6).

Table 6: Generating Equality and Respect – evaluation process indicators

Indicator	Description
Reach	<ul style="list-style-type: none"> • Articles about Generating Equality and Respect published in at least five external partner publications annually. • At least five articles in local media on Generating Equality and Respect. • At least seven presentations delivered to networks/forums/conferences. • One social marketing campaign implemented at Monash City Council and Link HC. • At least five teams at Monash City Council engaged via consultation process • At least 75% of staff at Link HC engaged via consultation process. • One internal gender equity committee established at Monash City Council and at Link HC. • Link HC health promotion committee engaged (consulted, involved, informed) in primary prevention. • At least two formal and two informal professional development or information sessions per year provided for Monash City Council and Link HC staff. • One structure established to support organisational champions at Monash City Council and Link HC. • At least two meetings held with corporate workplace key contact. • Nine Baby Makes 3 group programs delivered at Clayton Maternal and Child Health service. • All Baby Makes 3 group programs attended by an average of seven couples. • At least 25 youth practitioners join Monash and statewide Partners in Prevention networks.

Indicator	Description
Quality and appropriateness	<ul style="list-style-type: none"> • Executive committee an effective partnership structure. • Input sought from the family violence sector for relevant training and awareness-raising activities or resources. • Staff and teams report being engaged (consulted, involved, informed) in primary prevention and gender equity. • Language and concepts presented in a clear and relevant way to audiences. • All training and awareness-raising activities provide information about the prevalence and determinants of violence against women. • At least 96% of Baby Makes 3 participants found the program to be enjoyable, relevant and helpful. • At least three professional development sessions provided for Monash Partners in Prevention Network. • 90% of Monash Partners in Prevention Network members satisfied with the professional development activities and support provided.

Impact indicators

Impact indicators pointed to the desired changes that could be expected in individuals, teams or organisational culture by the end of the initiative or after specific activities had been completed. The 33 impact indicators for Generating Equality and Respect’s program of action are shown in Table 7 (see also the Evaluation Framework in Appendix 4).

Table 7: Generating Equality and Respect – evaluation impact indicators

Indicator type	Description
Indicators of change: Organisational capacity development	<ul style="list-style-type: none"> • Three to six policies, plans or strategies at Link HC and Monash City Council incorporate gender equity/primary prevention. • Respectful relationships education is integrated into Monash City Council Youth Plan 2013–2016 and one Monash Youth and Family Service program. • One family violence or gender equity policy under consideration by senior management at corporate workplace. • At least two strategies attempted to integrate (i.e. fund, resource and coordinate) Baby Makes 3 into maternal and child health service by the end of the program. • All gender equity organisational documents at Monash City Council and Link HC adopted. • At least one organisational document at Monash City Council and Link HC has a planned process for implementation.
Indicators of change: Individual capacity development	<ul style="list-style-type: none"> • 75% of staff and leaders asked at Link HC and Monash City Council understand the prevalence and determinants of violence against women. • 75% of staff and leaders asked at Link HC and Monash City Council strongly agree that gender equity is everyone’s business. • At least two senior managers at corporate workplace commit to continuing to prevent violence against women and promote gender equity by the end of the program. • 85% of participants of bystander training at Monash City Council report increased confidence and skills to speak out against sexism or pro-violent attitudes. • Maternal and child health nurses at Clayton, Warrawee Park and East Oakleigh understand the principles of Baby Makes 3. • Clayton Maternal and Child Health Centre nurses report change in practice to support gender equity and father engagement (e.g. referrals to Baby Makes 3, promote father engagement during home visits, reflections on own practice). • Five champions for preventing violence against women/gender equity at Monash City Council (including one for Baby Makes 3 and one for respectful relationships education) meet agreed champion competencies. • Three champions for preventing violence against women/gender equity at Link HC meet agreed champion competencies. • At least one champion at Monash City Council and Link HC is a recognised leader and meets agreed champion competencies. • One champion for preventing violence against women at corporate workplace and meets agreed champion competencies. • Monash City Council, Link HC and corporate workplace champions facilitate the delivery of preventing violence against women/gender equity activities in their own organisations (e.g. influence others, suggest ideas and initiate discussions/meetings). • Engagement activities have enabled champions to evolve and grow in this role. • Leaders (one at each of Monash City Council, Link HC and corporate workplace) agree that champions are appropriately supported and resourced in their work. • Having completed the Baby Makes 3 program, participants more likely to

Indicator type	Description
	'strongly agree' rather than 'agree' that gender equality is an important part of a healthy relationship.
Indicators of change: Individual capacity development	<ul style="list-style-type: none"> • Parents who have participated in the Baby Makes 3 program report increased awareness of the gendered division of household labour. • Parents who have participated in the Baby Makes 3 program report increased communication in their relationship. • 80% of Monash Partners in Prevention Network members understand the determinants of violence against women. • 75% of Monash Partners in Prevention Network members report increased confidence to engage with young people in respectful relationships education. • 80% of Monash Partners in Prevention Network members agree that the network is a valuable community of practice to support their work in respectful relationships education. • 75% of Monash Partners in Prevention Network members are able to describe at least two of the best-practice principles from the Department of Education and Early Childhood Development's (2009) respectful relationships education guidance document. • 25% of Monash Partners in Prevention Network members report increased delivery of respectful relationships education with young people.
Indicators of change: Partnerships and communications	<ul style="list-style-type: none"> • At least eight partnerships to implement Generating Equality and Respect are established (internal and external, with settings such as maternal and child health, corporate workplace, Council departments). • Intention from Monash-based partners to sustain evidence-based primary prevention. • Defined referral pathway with Link HC counselling services to support delivery of Baby Makes 3. • 50% of Monash Partners in Prevention Network members report increased partnerships for respectful relationships education as a result of the network. • At least six stakeholders can describe the rationale for adopting a site-based saturation approach for primary prevention. • At least two stakeholders report they intend to apply lessons from the application of a site-based saturation approach.

Methods of data collection

As already noted, the process and impact indicators defined the scope of the evaluation in that each indicator dictated the type and extent of data that needed to be collected. The information needed was both quantitative and qualitative, and so mixed methods of data collection were employed:

- Observation, reflective journaling and keeping records and documentation (including photos) were methods used by the Generating Equality and Respect program team throughout the evaluation process.
- Interviews and focus groups with key informants, as well as writing up case studies, were methods employed during the last year of program implementation, especially (but not exclusively) in order to gather data relevant to the impact indicators.
- Participant feedback sheets and pre- and post-training questionnaires were methods used at the time of specific activities.
- Staff and participant online surveys were administered as data collection methods on a regular (e.g. annual) basis.

Full details about the methods of data collection employed by the Generating Equality and Respect program team as they carried out the evaluation activities can be found in the Evaluation Framework (Appendix 5).

Some methods of data collection required specific instruments to be developed, and these were done by the Generating Equality and Respect program team with support and resourcing from the research practice leader as needed, in keeping with the 'learn-by-doing' principle of participatory and learning-oriented evaluations. Instruments included:

- participant feedback sheets
- pre- and post-training questionnaires
- staff online surveys
- key informant interview questions
- key informant focus group questions.

Analysis of data, synthesis of findings and write-up

Data collection occurred throughout implementation of Generating Equality and Respect, but with particular intensity during the last year of the program of action (especially from mid-2015). Analysis of data took place from July to September 2015, with synthesis and write-up overlapping this period in August and September 2015.

The Generating Equality and Respect program team produced a first draft of the evaluation report at the end of September 2015. This was followed by a substantial round of feedback involving members of the program team, VicHealth's senior project officer, the research practice leader and members of the executive committee, in October and November 2015. All were part of checking the data analysis, interpreting the results, establishing the key findings (including practice insights and lessons learned) and distilling the recommendations. The program team finalised the evaluation report during November and early December 2015.

Limitations of the evaluation

More than 150 people who were part of Generating Equality and Respect's program of action were also involved in the program's evaluation activities, for example as participants providing feedback on various activities that took place during implementation or as staff participating in organisational surveys, or as key informants recruited to the evaluation process (interviews and focus groups). This level of involvement by a diverse group of stakeholders ensured that a wide range and extensive amount of good-quality data could be collected for the evaluation.

There was, however, insufficient data collected through the following three methods:

- online survey at Monash City Council in 2015, in which only 13 staff members participated
- final online survey for the Monash Partners in Prevention Network in 2015, in which only four members participated
- interviews with first-time parents, six months after participating in the Baby Makes 3 program, in which only four couples participated.

Quantitative data collected by these methods have therefore not been included in the evaluation of Generating Equality and Respect.

Evaluation findings

This section focuses on the evaluation findings, which are presented as four broad themes:

- partnerships for purpose
- communication
- embedding gender equity
- building capacity for primary prevention.

Partnerships for purpose

Partnerships were envisaged as critical from the outset of Generating Equality and Respect to achieve both depth and breadth of prevention activity. Partnership structures and processes were established for the three organisational partners who were required to work closely together for the duration of the program. In order to ensure effective planning, implementation and evaluation, these included the program executive committee, the cross-organisational team and the ECB activity. Partnerships were established for the settings-based activity and these varied in type according to the purpose of the partnership. The program also established a number of partnerships with others involved in prevention activity more broadly in Victoria. In total, at least eight partnerships were developed with the Generating Equality and Respect program.

The discussion begins with the partnership structures and processes of the three organisational partners of Monash City Council, Link HC and VicHealth, before moving through the settings-based partnerships and the other partnership activity of the program.

The three organisational partners

The strong partnership between the program's three organisational partners – Monash City Council, Link HC and VicHealth – was crucial to the program's achievements. Monash City Council and Link HC had a strong partnership prior to the establishment of Generating Equality and Respect through long-term collaboration on health promotion and equity activities in the Monash community. They previously collaborated on the Inner East Primary Care Partnership funded [Inner East Local Governments Prevention of Violence against Women project](#) where Monash City Council was the lead partner and Link HC was one of the partner organisations. VicHealth, as the third organisational partner of Generating Equality and Respect, sought to build on the strengths of the relationship between the two Monash-based partners as well as bring its own presence to the partnership.

The governance structure of Generating Equality and Respect was the program's executive committee, which comprised senior leaders from each of the three partner organisations and the program manager. As discussed in 'About the program' (p. 11), significant collaborative work between the three partners was invested to establish the executive committee in order to shape the way it would function and the culture it would try to achieve. This early work was instrumental, because senior organisational leaders from Monash City Council, Link HC and VicHealth were consistently represented on the executive committee throughout the program, highlighting the ongoing and collective commitment to Generating Equality and Respect by the program's organisational partners. There was continuity in senior-level partner representation at executive committee meetings despite personnel changes throughout the program's duration.

In terms of the members of that executive committee I think there's always been good continuity, even where there's been changes in the leadership group on that committee ... it doesn't seem to have made any difference ... I think that collective commitment to the goals of the project ... was the most important thing and continues to be the most important thing. (Senior leader, Link HC)

What stands out is its continuity, the fact that membership in an organisational sense has been maintained, so even when there were changes, somebody kept turning up and that allowed for ongoing communication. (Senior leader, VicHealth)

From their inception as a partnership, all three organisational partners agreed to assess their partnership annually with the view to improving their working relationships for the duration of the initiative. In 2012, 2013 and 2014, members of the executive committee utilised VicHealth's [Partnerships Analysis Tool](#) to monitor the effectiveness of the partnership, according to different partnership areas. Over the course of the three years, the organisational partners gave consistently high scores to the different aspects of their partnership, with their overall scores indicating that a partnership based on genuine collaboration had been established and continued throughout the program. As Table 8 shows, determining the need for the partnership was consistently rated highly by each organisation across the program period. In all other elements of the partnership, the program scored well, with no average scores below 17. When using the tool, 25 is the highest possible score for each of the seven elements of partnerships.

Table 8: Partnership Analysis Tool scores, 2012–2014

Element	Aggregate score (highest possible score 25) ¹⁰		
	2012	2013	2014
Determining the need for the partnership	22.7	22.7	22.0
Choosing partners	19.0	20.7	20.3
Making sure partnerships work	19.0	20.7	20.0
Planning collaborative action	18.7	20.3	20.3
Implementing collaborative action	17.0	19.3	20.0
Minimising barriers to partnerships	17.0	19.7	19.3
Reflecting on and continuing the partnership	17.3	22.7	18.7
Total	130.7	146.0	140.7

Along with commitment and collaboration, it was evident the partnership between the three organisational partners was marked by equality. This was demonstrated by the way local knowledge of the Monash-based partners was valued in decision making regarding program implementation and through the valuing of the primary prevention expertise and experience of VicHealth. For example, the executive committee agreed not to pursue work in the Christian intrafaith setting, which was one of the tried and tested settings originally considered for implementation in the Generating Equality and Respect program, after Monash City Council raised significant concerns about the risks in only working within one faith rather than alongside the existing Monash Interfaith Gathering. While discussions were at times challenging, with some disagreement between the three organisational partners, the decisions reached were based soundly in the local context.

¹⁰ According to the tool, aggregate scores of 127–175 reflect that 'A partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current success.'

Decisions by the executive committee regarding the location of the program team at the Monash-based partner's main offices, rather than in Clayton as initially envisaged, also illustrated the shared decision making among organisational partners.

I think there was a lot of struggle there for a while because I think there was this ... view from VicHealth that we needed to stick to what was agreed on. But as long as we constantly brought back the evidence that actually that's great in theory and it might have been great that it happened in those test sites ... but this is not what we are seeing, this is not what we're experiencing, our community's different. (Senior leader, Monash City Council)

By the program's end, the depth of partnership for primary prevention between the Monash-based partners had certainly been strengthened through their experience of the Generating Equality and Respect executive committee, and with VicHealth's departure as an organisational partner following the program's end, it is likely that some kind of partnership for prevention between the Monash-based partners will continue in the years to come.

The partnership with Monash City Council will continue and grow, there's no doubt about that ... they are committed and they're determined and ... the partnership has only been strengthened with us working together on this project. (Senior leader, Link HC)

A collective impact and reach can be achieved with local government and community health services because partners, given their complementary functions, reach into local community and local and regional partnerships. International research demonstrates the importance of inter-sectoral involvement in the prevention of violence against women (WHO, 2002b). This complementary role of the Monash-based partners and the strength of their pre-existing partnership was recognised by members of the executive committee.

The readiness was there to begin with. Monash City Council saw itself as a natural leader in local government in this area. Link HC already saw itself as a leader, and so we saw that we were essential to Monash City Council, to be successful in this, but we also saw that we needed Monash City Council. Together we were much, much stronger than we were separately. I think that's why it works so well, we've respected each other's role in this and we've respected VicHealth's role and the commitment, very great, huge commitment they've made in actually being a third partner which is not the usual model. (Senior leader, Link HC)

However, there was also the view from one committee member that the partnership would have been strengthened by a greater understanding of each other's organisational contexts and priorities.

I think the executive committee could have functioned more effectively if all the members understood how local government and community health worked ... So my recommendation in the future is if this model is to be rolled out that there be training, professional development, clarity in how the various sectors work so that people can understand perhaps the barriers to the roll-out of an organisational change agenda as well. (Senior leader, Link HC)

The executive committee also established a culture of learning. A learning partnership was identified in the executive committee's partnership agreement as a key component of the type of partnership that the organisational partners wanted to establish. A number of committee members felt that a culture of reflection and learning had been achieved among the executive committee, evidenced in:

- consideration of a detailed analysis of local context and lessons prior to making significant implementation decisions, such as to not proceed with the intrafaith work and the physical location of the program team

- noting of the discussion papers developed by the program team on diversity and inclusivity regarding Baby Makes 3
- addition of a standing agenda item, 'Reflecting on success' to the executive committee meetings. This was instigated following a partnership reflection process in 2013, where it emerged that the executive committee agenda did not routinely allow space to reflect on program successes
- membership of VicHealth's research practice leader on the executive committee from the outset of the program, in addition to her role in supporting the team through ECB.

Partners had different perceptions of what a learning partnership meant and whether Generating Equality and Respect had the ability to adapt program activities throughout implementation.

I think it's been good that along the journey we do take stock and we have evaluated things and if things aren't working ... we've changed things ... I think at the beginning even though things were happening you sort of couldn't see the stuff happening, whereas, you know, just actually reflect back, well what have we actually done in the last two months, oh my god, this is what's happened and this is what's happened I think has been great. (Senior leader, Monash City Council)

One of the problems I've had with Generating Equality and Respect is that it's not actually capable of changing the interventions in response to the evidence as we've gone along ... But VicHealth has been convinced that we should continue to run the interventions from a pure evidence and research point of view. And then at the end evaluate, or as we go along, evaluate the effectiveness or otherwise. (Senior leader, Link HC)

Practice insight: Primary prevention partners who wish to employ a site-based model must understand there will be tensions between implementing activities determined at the outset versus adapting the program model to suit opportunities within the local context. There is a need to establish appropriate strategies to mitigate these tensions to be able to develop innovative prevention activities that are grounded in evidence.

One of the partnership objectives expressed in the partnership agreement was to 'facilitate strategic and ongoing senior leadership commitments to preventing violence against women beyond the remit of the ... site'. In this regard, two members of the committee believed that the group's expertise in strategic direction setting was not fully maximised.

I don't think that we ever identified a separate role for the executive other than to oversee Generating Equality and Respect. And that may sound a silly thing to say but my view is that when you create these things there are lots of other things that you can achieve as well other than just what you set out to achieve in the first place. I don't think we ever allowed that, or we've never actually identified how that might happen and it was an opportunity that may have been grasped that we may have lost. (Senior leader, Link HC)

I think there might have been ways to empower the executive committee to make different kinds of decisions and to bring in different members at different points in time to either give advice or for us to inform them. (Senior Leader, VicHealth)

Practice insight: While on the whole the executive committee was a very effective partnership structure, there were areas where the partnership could have been strengthened. This includes:

- a greater focus on the program's strategic direction in addition to implementation
- a greater understanding of the organisational contexts and priorities of each other
- active participation of more senior leaders at Monash City Council and VicHealth
- involvement of external members to support program delivery, strategic engagement and two-way communication with the broader prevention sector.

Cross-organisational program team

The cross-organisational program team mirrored the three-way partnership and was highly effective, due to the skills of the program team to effectively operate within this model and the mechanisms established to ensure regular communication.

While there was a clear division of responsibility between team members, the collaborative nature of the team through regular team meetings fostered an invaluable team culture in sharing ideas and knowledge, and troubleshooting issues for program activities; for example, all team members, including the VicHealth senior project officer, contributed to the development of the joint Monash City Council and Link HC submission to the Royal Commission into Family Violence.¹¹

Monash Partners in Prevention Network

The Monash Partners in Prevention Network supported youth practitioners to share ideas and experiences and strengthen local links between the education, health and youth practitioner sectors

The Monash Partners in Prevention Network aimed to build the capacity of youth practitioners in the municipality to deliver good-practice respectful relationships education through:

- *information, resources and advice on respectful relationships education*
- *regular newsletters and email updates, e.g. distributing information from the statewide Partners in Prevention Network and providing additional information about respectful relationships as it arose*
- *free professional development and networking events*
- *advice and support, e.g. regarding facilitators, speakers, content of curriculum sessions*
- *a chance to share ideas and achievements with others.*

for respectful relationships education for young people. It commenced in 2013 with more than 30 members, for example teachers, youth workers, social workers, health promotion workers, police officers, school nurses, mental health workers and community development workers. The Monash City Council prevention practitioner facilitated the network.

The partnerships established through the Monash Partners in Prevention Network were unique within Generating Equality and Respect: partnerships were established with network members rather than with a specific organisation or Council department. While the partnerships within the network were informal in one sense – there were no terms of reference and there was a degree of formal support from a number of organisations represented by network members. This was evident in the support of their staff to participate in the network, attend network meetings and capacity-building sessions and to apply for and implement small grants-funded projects.

The depth of relationships established by the program team with network members varied, depending on the level of engagement that members had with the network. Although the network comprised more than 30 members, a much smaller proportion were actively engaged in the network, primarily the five network members who were successful recipients of the Monash Partners in Prevention Small Grants Scheme, 2014–2015. This scheme was developed in response to the identified need for funding to support Monash Partners in Prevention members' work in respectful relationships education (see 'Building capacity for primary prevention', p. 93).

¹¹ In 2015, the Victorian Government released the terms of reference for a Royal Commission into Family Violence, www.rcfv.com.au. More than 1000 written submissions were received, among them the submission of the two Monash-based partners of Generating Equality and Respect.

Five Monash Partners in Prevention Network members were funded through a competitive grant round to deliver respectful relationships education projects in youth settings and schools. Successful initiatives included:

- curriculum development focused on the media, gender, pornography, power and gender equality
- professional development sessions with teachers to support the delivery of respectful relationships curriculum
- a parent information evening
- respectful relationships messaging during an existing youth film festival.

Grant recipients were a local youth service, a centre against sexual assault, an all-boys Catholic school and two state co-educational secondary schools. They received significant professional development and tailored program implementation and evaluation support from the program to deliver their initiatives (see 'Building capacity for primary prevention', p. 93).

Increasing local partnerships for respectful relationships education was an identified impact sought by Generating Equality and Respect. This was seen as critical, because these partnerships would probably be sustained beyond the program and would provide youth practitioners with an opportunity to learn from their colleagues' experiences in implementing respectful relationships education activities.

As a result of the scheme, it is evident that new partnerships were established and existing partnerships strengthened to deliver good-practice respectful relationships education; for example, two of the Monash Partners in Prevention grant recipients partnered to organise a professional development session on the impacts of pornography on young people. They invited all other members from the network to attend. The session was successful in building the capacity of both teachers and other staff from the two schools who joined forces through the grant, as well as building the capacity of grant recipients and other colleagues.

All grant recipients also attended VicHealth's [Preventing Violence against Women short course](#), in September 2014. This further built their capacity to implement and evaluate respectful relationships education activities and provided an opportunity to reflect and to share lessons learned.

Being involved in the grant initiative and having the opportunity to participate in VicHealth's short course ... assisted with my understanding of the program. I applied my learning when developing and implementing a boys' program delivered to Year 9 and 10 ... (Monash Partners in Prevention grant recipient)

We will also utilise valuable resources to assist program delivery where relevant such as Maree Crabbe's 'In the picture' [secondary school resource] to address pornography. (Monash Partners in Prevention grant recipient)

Partnership with a maternal and child health service

Generating Equality and Respect partnered with Monash City Council Maternal and Child Health Service to implement the Baby Makes 3 program in the Clayton Maternal and Child Health Centre.

Baby Makes 3 is a three-week group program that aims to promote equal and respectful relationships between first-time parents during the transition to parenthood. Baby Makes 3 was developed by Carrington Health to be integrated into the existing universal maternal and child health centre New Parent group

Baby Makes 3 at Clayton was coordinated by a team embedded in another department of Council, i.e. the Generating Equality and Respect program team. This was different to the original pilot of Baby Makes 3 in the City of Whitehorse, which was coordinated by a community health centre external to the local government maternal and child health service. While the Generating Equality and Respect program did establish a partnership with the maternal child health coordinator, the partnership encountered a number of complexities. This was due to the challenges of attempting to embed a program within an existing service and partnering with another Council department to implement settings activities.

Significant joint planning between Generating Equality and Respect and the maternal and child health coordinator and a small number of maternal child health nurses occurred to deliver Baby Makes 3. This partnership work included:

- negotiating how the Baby Makes 3 program at Clayton would initially be integrated within Monash City Council's Maternal Child Health Service
- gaining access to data to ascertain the diversity of service users
- undertaking reviews and subsequent implementation of different recruitment models for the program
- meetings with the Clayton-based maternal child health nurses about program communications
- developing a communications protocol to facilitate consistent messaging across three maternal child health centres (when two other centres came on board).

Based on evidence from the Carrington Health Baby Makes 3 project, the program team implemented the recruitment model most likely to succeed: an opt-out model that included a family night, which was a less structured evening with a father-engagement focus held the week prior to the first session of Baby Makes 3. The last session of the New Parent group was incorporated into the family nights to support a seamless integrated approach. Due to a decline in the numbers of parents attending Baby Makes 3 at Clayton this was later altered to an opt-in model and invitations were extended to parents from two neighbouring maternal and child health centres.

While a partnership existed with the Monash City Council Maternal Child Health Service and with individual nurses, a sustainable partnership was not established between Generating Equality and Respect and the Monash City Council Maternal and Child Health Service for implementation of Baby Makes 3 in Clayton or in the Monash municipality beyond program funding. The Monash City Council Maternal Child Health Service does not have the capacity to deliver this program without external resourcing and coordination.

Partnership with a corporate workplace

Work with a male-dominated corporate workplace, Bosch, was the last of the program's settings-based activities to commence. The partnership with Bosch was more formal than the other two settings-based partnerships – a memorandum of understanding (MOU) was developed between

Bosch is a well-known employer in the City of Monash, with its Australian head office located in Clayton. An estimated 650 staff work at the Clayton headquarters, the majority of whom are male.

Monash City Council and Bosch to progress their shared commitment to preventing violence against women. The time taken from initial engagement with Bosch until the finalisation of the MOU and the commencement of activities took longer than anticipated, and because the corporate workplace was the last of the program settings to commence, only 18 months remained for implementation of activities.

The partnership with Bosch underscored the importance of the time needed and the flexible and diverse approach necessary to engage a male-dominated corporate workplace in preventing violence against women.

Bosch was invited to partner with Monash City Council in August 2013. Council's Economic Development Unit had an existing relationship with Bosch and was familiar with the company's interest in corporate citizenship. Bosch was identified as a potential partner to demonstrate corporate leadership in the prevention of violence against women through joint activities.

Drawing upon their experience in establishing partnerships and organisational change, the program team developed a tailored proposal to initiate the partnership with Bosch that identified shared priorities and approaches. A detailed partnership proposal was developed to progress partnership discussions, with support offered by the Generating Equality and Respect program. A range of activities were offered by this proposal, including:

- support, resources and information to prevent violence against women for key staff
- provision of resources, support and promotional materials for White Ribbon Day activities
- development of an organisational statement regarding violence against women
- information about supporting staff who are victim/survivors of family violence
- support to develop family violence workplace policies
- professional development for management and human resources personnel
- staff training, utilising the Take A Stand training package developed by Women's Health Victoria in its Working Together against Violence project at Linfox (one of the previously tried and tested projects in VicHealth's Respect Responsibility and Equality Phase II).

At an initial meeting in October 2013, a number of synergies were identified between the program and priority areas for Bosch, including communications, corporate citizenship, the Bosch diversity strategy, human resources and employee health and wellbeing. Bosch considered the work of the Generating Equality and Respect partnership to sit best with the Learning and Development portfolio within the Human Resources Department. Once this decision was reached, however, there was a four-month delay before a second meeting was held with the nominated key contact at Bosch. While this did not indicate a lack of commitment from Bosch to progress the partnership, this delay in beginning to negotiate the MOU does highlight the considerable partnership engagement and development time needed to engage a new sector in the prevention of violence against women.

It was evident the early conversations were crucial in supporting Bosch to undertake the work.

It just opens your eyes, I think, to what resources are out there because I find sometimes I'm too busy to go looking, so it's been good that someone's come to me and said, 'How about we just meet with you for half an hour and then we can tell you all these things that we can offer you?' which has been really quite helpful. (Key contact, Bosch)

Following several months of discussions, an MOU was developed for the period May 2014 to August 2015 and included:

- designating a member of staff to be the key contact for the duration of the partnership
- activities for White Ribbon Day and other events as agreed (e.g. International Women's Day)
- posters, pamphlets and other relevant promotional or educational material to reinforce key messages of the program
- opportunities for staff awareness raising on the topic of family violence and respectful relationships via:
 - women's and men's health seminars for staff
 - equal employment opportunity bullying and harassment training for staff
- evaluation activities, such as staff surveys, questionnaires and consultation, to determine the effectiveness of seminars, training, activities and events.

In April 2015 the partners agreed to extend the MOU to December 2015 and commenced negotiations about the sorts of activities that were feasible. As 2015 progressed, there was increased engagement and momentum for gender equity activities more broadly across Bosch than previously. An opportunity arose to increase the focus of the partnership on gender equity and extend the reach into other parts of the organisation through delivering unconscious bias training to senior leaders (see 'Building capacity for primary prevention', p. 93), which strongly aligned with Bosch's broader leadership training focus. The extension of the MOU also enabled Bosch to build upon their 2014 White Ribbon Day activities for White Ribbon Day in 2015.

Bosch saw that having a formalised MOU supported them to remain committed to the partnership and maintain regular engagement with the Generating Equality and Respect program team.

You feel a bit more committed, you need to use the resources that they've provided you ... it's more a commitment ... Yes, we will talk to you about these topics ... yes, we do need to utilise what we've been given in the timeframe that is available. (Key contact, Bosch)

Both Bosch and the Monash-based partners have indicated they would be interested in continuing a partnership to prevent violence against women beyond Generating Equality and Respect. Link HC is also interested in developing a broader ongoing partnership with Bosch on other health and wellbeing issues. With such commitment for partnership work to advance primary prevention beyond the end of 2015, the relationships created with Bosch through the program are therefore likely to be sustained and built on in the future. But exactly what these will look like is not yet clear.

'The work within Bosch ... We already know that we're going to work with them ... continue working on this issue and broaden it out to other health issues as well ... And because Bosch is a huge employer in the area that will be a bit of a flagship and they'll see themselves as a bit of a flagship in, you know, large corporations' approaches to tackling issues like gender equity ... So they're invested in it as well. (Senior leader, Link HC)

While there had been considerable ongoing engagement with the Bosch key contact since the MOU was established, the fact that broader leadership and organisational engagement at Bosch with gender equity did not occur until the final few months of the MOU period reiterates that work to engage and build momentum in a corporate setting for primary prevention takes considerable time. The engagement of senior leaders with preventing violence against women and gender equity activities may not occur as quickly as anticipated. This highlights the need to commence partnership activities with corporate workplaces from the very beginning of prevention programs.

Practice insight: Primary prevention partners who employ a site-based model and seek to develop a partnership with a corporate workplace as an element of this should also undertake their own organisational change activities to promote gender equality and respect. This ensures there is congruence between what the partners are promoting externally and their own practices. This can also act as an important point of engagement with corporate workplaces, whereby corporate workplaces can view themselves as a part of a larger community initiative for preventing violence against women while still setting their own pace for an internal journey for gender equity. Activities undertaken and policies developed within implementing partners for primary prevention must also be shared with corporate workplaces to support their work in this area, and vice-versa.

The foregoing discussion has shown that while partnerships were established in each program setting (Bosch, Monash City Council Maternal and Child Health Service, and the two Monash-based partners), some were unable to progress as far as initially anticipated, and that this may impact sustainability beyond the funded program. Where the program team was not physically located in the setting concerned, there was less partnership activity. The challenges encountered in embedding primary prevention into the existing structures of these settings, or in creating new structures, means that prevention activities in these settings are unlikely to be sustained beyond Generating Equality and Respect to the same degree as at Monash City Council and Link HC.

Broader prevention partnerships

In addition to working in partnership across the settings for program implementation, Generating Equality and Respect built strategic alliances and engaged with other stakeholders for broader influence and advocacy on primary prevention. The program engaged with other practitioners working on primary prevention in the same settings, the women's health and family violence sectors, and state and national organisations working to prevent violence against women. This supported Generating Equality and Respect to be contextualised and mutually reinforced within regional, state and national contexts. These partnerships strengthened implementation in all program settings through two-way sharing of information, advice, expertise and implementation assistance.

Five external stakeholders were interviewed as part of the program evaluation. Each spoke about the partnerships that were developed with Generating Equality and Respect at various levels along the continuum of partnerships for health promotion (Figure 9; VicHealth, 2011).



Figure 9: The continuum of partnerships for health promotion

Women's Health East is the lead organisation for the regional prevention of violence against women strategy, Together for Equality and Respect: A Strategy to Prevent Violence against Women in Melbourne's East 2013–2017 (TFER). A cooperative partnership was established between the Generating Equality and Respect program and Women's Health East. The strategy was launched in May 2013. The program team was closely involved with the structures and activities of the regional strategy, which has benefited both the implementation and evaluation of Generating Equality and Respect's program activities. Generating Equality and Respect's involvement in the regional strategy working groups and networks has also contributed to building the capacity of regional partners.

This cooperative partnership was demonstrated through:

- alignment of communications (e.g. key messages) between the program and TFER partners
- program involvement in TFER leadership and working groups, for example:
 - program manager membership of TFER leadership group
 - Link HC prevention practitioner membership of TFER evaluation working group, with significant contribution to the development and trialling of the regional evaluation strategy and the development of evaluation objectives and tools
- Link HC prevention practitioner collaboration with Women's Health East to plan and deliver a regional community of practice for primary prevention practitioners
- program team presentations at TFER forums to share lessons from the program.

Key stakeholders in Melbourne's east described the value of Generating Equality and Respect in contributing lessons, resources, reflections and approaches through regional forums and working groups, and in co-planning and co-facilitating a community of practice.

We've been trying to work with organisations across the region to promote gender equity and develop strategies for primary prevention of violence against women. Generating Equality and Respect, being ahead of the game, have been willing to share what they've been learning and contribute to building the resources and capacity of partners across the region ... Others in the region have benefited from having Generating Equality and Respect operating in the City of Monash. It has been, and will hopefully continue to be, a demonstration of things that are possible. (Key stakeholder, Women's Health East)

One of the really great things about Generating Equality and Respect was that we as a region were able to come together and hear about all the challenges and opportunities in preventing violence against women. Using the community of practice for preventing violence against women, for example, we were able to thrash out practical suggestions and recommendations on how to deal with challenges. We were able to share knowledge ... share resources ... information and discuss opportunities and learnings. (Key stakeholder, family violence sector)

From the commencement of Generating Equality and Respect, Carrington Health was identified as a crucial partner to undertake activities with Monash City Council Maternal and Child Health Service and implement Baby Makes 3.¹² This saw significant cross-program collaboration with Carrington Health to share information and experiences between practitioners, as well as to build the capacity of Baby Makes 3 group facilitators. The cooperation between Generating Equality and Respect and Carrington Health for the implementation of their respective Baby Makes 3 programs featured a high level of trust and shared expertise. Examples of collaborative activities for Baby Makes 3 that were mutually beneficial for delivering the program in Clayton and for Carrington Health in implementing the program across the region are as follows:

- Generating Equality and Respect's program manager was a member of the regional Baby Makes 3 project's steering committee. This provided an opportunity for the program to share and contribute findings of delivering Baby Makes 3 as an element of a site-based model and to learn from the experiences of other local governments in the region in implementing Baby Makes 3.
- The regional Baby Makes 3 program manager provided advice to Generating Equality and Respect about the recruitment of facilitators, program communications and participant recruitment strategies.
- The Link HC prevention practitioner:
 - was a member of the interview panel to recruit facilitators for the regional Baby Makes 3 project
 - co-facilitated the regional Baby Makes 3 community of practice for facilitators
 - supported the planning of Baby Makes 3 and father engagement professional development sessions for maternal and child health staff across Melbourne's east, and co-facilitated three sessions.

¹² In late 2012, the Victorian Department of Justice and Regulation funded Carrington Health as the lead partner for delivering the Baby Makes 3 program across Melbourne's east, including the Monash municipality.

A stakeholder referred to these examples to highlight the depth of the partnership.

From the very start, we were exchanging information and altering our activities to make sure we reached common goals. (Key stakeholder, Carrington Health)

As the Generating Equality and Respect program progressed, Link HC and Carrington Health undertook significant sharing of approaches and lessons from their respective work in promoting gender equity within community health as a setting for primary prevention – both as a workplace and as a provider of services and programs to local communities. This included the Link HC prevention practitioner sharing information about undertaking primary prevention in a community health service with Carrington Health’s health promotion team. Additionally, in mid-2015, the Link HC prevention practitioner presented to Carrington Health’s equity committee about strategies to undertake gender equity in a community health service. The strengthening of the existing relationships between the organisations was an unexpected outcome of Generating Equality and Respect.

The program established a strong partnership with the Municipal Association of Victoria (MAV) characterised by a high level of trust and elements of both coordination and cooperation. This was supported by the pre-existing relationships that members of the program team had with MAV through previous work. All team members regularly attended and contributed to the MAV’s Preventing Violence against Women Network. There was extensive two-way and mutually beneficial sharing of information and advice between the program and the MAV. Examples illustrating the depth of the partnership are:

- program team presentation at the MAV forum ‘Local government preventing violence against women: Promising practice, inspiring action’, in December 2013.
- program team feedback to the MAV’s ‘Communication and raising awareness’ information sheet, developed in 2014. (The Monash Men’s Action Group’s video (see ‘Communication was central’, p. 45) was then featured in this and one other information sheet.)¹³
- attendance of MAV’s preventing violence against women policy advisor at Monash City Council’s inaugural meeting of the gender equity committee, to discuss the role of local government in promoting gender equity and share examples undertaken by other Victorian local governments to promote gender equity.

¹³ The Monash Men’s Action Group was a group of approximately 14 men primarily from Monash City Council, with three members from Link HC. This group was established as a supportive mechanism for work in primary prevention.

This partnership depth was reiterated by MAV stakeholders.

There's been a lot of sharing of information in both directions. I'm seeking their advice, they're seeking mine. (Key stakeholder, MAV)

One of the strengths of working with Generating Equality and Respect was that there's been a lot of sharing of information in both directions ... There is a great sense of trust between Monash City Council and the MAV ... I've certainly participated in a lot of their events and they've certainly participated in a lot of ours. (Key stakeholder, MAV)

Monash City Council and Link HC had existing relationships with organisations and peak bodies that have a focus on primary prevention, and these have been considerably strengthened through the Generating Equality and Respect program. This was likely because of the capacity and resourcing of the program team to solely focus on the primary prevention of violence against women, while previously staff at Council and Link HC who coordinated preventing violence against women activities did so within a suite of other portfolio areas.

Stakeholders described the contribution of the program to the primary prevention sector both regionally and more widely across the state. An MAV stakeholder, for example, described her promotion of some of the innovative Generating Equality and Respect program activities (and the lessons too) to other local government officers working to prevent violence against women.

In my role ... I'm taking the learnings from the project and advertising those to other local governments across the state ... I'll explain to other councils that these are things that could be easily replicated in other areas ... What [the program] has shared with us we've certainly shared across the state as really promising practice. (Key stakeholder, MAV)

I think the collaboration [was] very strong. And the collaborative spirit that the project had and the way [it] has gone about the work has been enjoyed by not just me but because of their generosity ... others have been able to learn from the work as well. (Key stakeholder, MAV)

One stakeholder acknowledged the role that the program played in updating the regional women's and men's family violence help cards and in initiating discussions between a regional local government network and the family violence regional integration coordinator to support the long-term sustainability of the cards. Although this was beyond the scope of the program, this was undertaken by the program team in recognition of the critical importance of having support service information available at all primary prevention activities.

The Generating Equality and Respect program [has] been a real conduit for engaging and bringing stakeholders together both from response and prevention. The family violence help cards are a great example of this. That wasn't part of the program necessarily, but Generating Equality and Respect allowed us to locate existing resources and bring together relevant people to build this resource. (Key stakeholder, family violence sector)

Establishing two-way relationships with other prevention practitioners was essential both to the success of program activities and providing support for program staff.

Communication was central

Communication was central to all elements of Generating Equality and Respect. Communication guided and shaped activities relating to partnerships, capacity building, embedding gender equity and sharing findings and practice insights. Significant program time and effort were invested in communication, recognising that quality communication can significantly impact the level of program success. To support attitudinal and behaviour change, communication methods varied, recognising that people receive information through different mediums. Different approaches can support different learning styles, and multiple and mutually reinforcing messages are vital.

This section explores the key messages and communications approaches used and refined throughout the lifespan of the program. Figure 10 comprises visual depictions of numerous communications activities from Generating Equality and Respect. A list of the program’s communications activities and reach is included in Appendix 6.



Figure 10: Generating Equality and Respect – snapshot of communications activities (continues on)



Figure 10 (continued): Generating Equality and Respect – snapshot of communications activities

Generating Equality and Respect communication strategy

A communication strategy was developed to support the quality and consistency of program communications. This was developed by the program team in conjunction with communications staff at each of the three partner organisations. The process for developing the communication strategy was a valuable partnership initiative, as it supported both the program team and organisational partners to build a shared understanding and language about the program. The communication strategy was reviewed annually and its accompanying action plan was updated accordingly. Key communication activities were discussed at the program's executive committee. The strategy was valuable for ensuring consistency in messaging by program partners.

The development of the recognisable Generating Equality and Respect branding in 2013 enabled individuals within the partner organisations to see the diversity in activities delivered under the umbrella of the program, from events such as White Ribbon Day and International Women's Day through to training and awareness-raising activities. The brand was invaluable when delivering the social marketing campaign across the municipality (see 'Different messages for different settings', p. 47), as it enabled the program to saturate the municipality and Monash-based partner organisations with a range of materials using the same branding and key message. Having the three logos of the three partners within the Generating Equality and Respect brand added credibility to the campaign and messaging and symbolised the genuine partnership model of the program.

The communication strategy articulated that the primary audiences for communications were:

- the program settings (e.g. community health service, local government, corporate workplace, schools, youth practitioner sector, maternal and child health centre)
- Monash City Council and Link HC workforce
- Link HC Board
- Monash City councillors
- state and federal members of Parliament
- Monash local media
- health and community professionals within Clayton and the municipality including maternal and child health nurses, relevant Department of Education and Early Childhood Development staff (teachers, school nurses, primary welfare, student wellbeing), health promotion officers, family violence workers and youth workers.

Different messages for different settings

The development of agreed messages for formal written communication and verbal communications was crucial for gaining buy-in and support and ensuring that communication with audiences about primary prevention and gender equality was effective. Evaluation results across all program settings highlighted communications effectiveness, particularly in areas where there had been intensive resourcing, for example specific departments at Monash City Council and Link HC and with Monash Partners in Prevention grant recipients.

Core messages were used across all settings, for example on the prevalence and types of violence against women. The maternal and child health setting was the only exception to this (rationale is detailed below). Tailored messages were developed with the simultaneous intention of staying true to good-practice approaches to prevent violence against women and address the underlying determinants of violence against women. The program team found it useful to link gender equality and the prevention of violence against women to existing documentation, legislation, policy, guidelines or frameworks of relevance to individuals within settings. This approach was a useful communication and engagement technique.

A range of factors influenced the choice of targeted messages within settings:

- links to individuals' core businesses and the ability to draw relevance to their work
- motivations of individuals and what might trigger increased awareness and positive change to support the prevention of violence against women
- adoption of a strengths-based approach.¹⁴

¹⁴ 'Strengths-based approaches value the capacity, skills, knowledge, connections and potential in individuals and communities. Focusing on strengths does not mean ignoring challenges, or spinning struggles into strengths. Practitioners working in this way have to work in collaboration – helping people to do things for themselves.' (Institute of Research and Innovation in Social Services, 2012)

There was recognition that messaging needed to be personalised to support people in taking realistic action against violence.

You've got to talk about doable things that make a difference to the person's loved ones, or workmates, or colleagues. Then and there in the situation. But you have to include that there's a real upstream cause. You never, ever blame the victim. (Senior leader, Link HC)

Prior to joining the Monash Men's Action Group and really being closely involved with [the program] I think I treated White Ribbon Day ... like every other charity day ... I don't think I've really taken notice of the ... powerful messaging ... that confrontation to me personally ... Until [the program team] sat us down and actually took us through, you know, how bad it is out there. (Member, Monash Men's Action Group)

Figure 11 shows examples of key messages for the program and the youth practitioner setting.

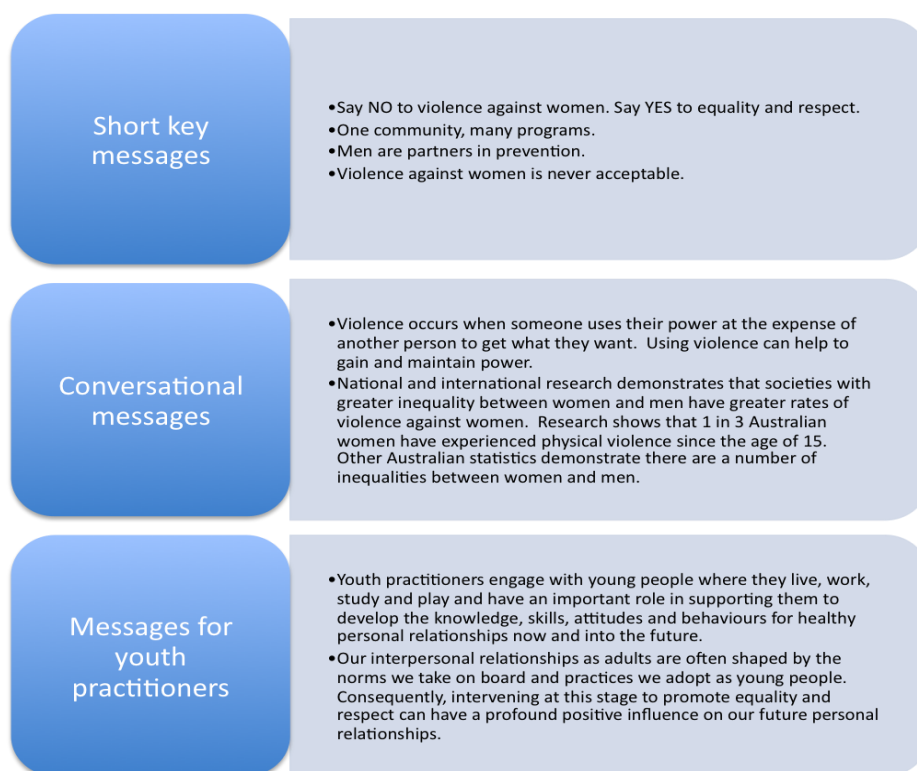


Figure 11: Generating Equality and Respect – some key messages from the communication strategy

Monash City Council

Staff at Monash City Council come from various sectors, educational, cultural and language backgrounds, have a range of pay scales and personal and professional experiences. As such, different communication messages were employed with different groups of staff; for example messaging to senior leaders sometimes focused on their influence in triggering positive change for primary prevention and the role of local government in promoting gender equity. This strengths-based approach was often utilised, for example in presentations.

Councils can provide leadership across their communities to prevent violence against women by promoting gender equity and equal and respectful relationships between men and women. As large employers, they can influence and change workplace cultures to promote gender equity and the safety of women. (Excerpt from Generating Equality and Respect presentation)

The program team attempted to link their messages to priorities within individual departments, adopting the preferred language or driving principles where possible. For example, when meeting with the Community Planning and Development Department, at Monash City Council concepts such as community participation, community engagement, equity and human rights were utilised. In discussions with the Human Resources Department, concepts such as staff morale and occupational health and safety were used, and with Clayton Maternal and Child Health Centre, terms and approaches such as ‘father engagement’ were used. Each of these messages and framing linked back to the prevention of violence against women, but aimed to act as a ‘hook’ for engaging a diverse range of interests from across Council functions.

The program team avoided using health promotion jargon in their activities at Monash City Council, recognising that this may cause people to disengage from the prevention of violence against women. This was reinforced by a senior leader at Council who professed to have ‘no background in health promotion’ and believed that health promotion, the approach predominantly adopted by the program, often uses inaccessible language. She believed her background provided opportunity to support accessible messaging that was free of jargon.

I think because I don't talk in that language so I can actually challenge to say well actually no ... how is everyone going to understand that? So I've learned a lot from that to be able to unpack it and be skilled enough to challenge when things are happening here. (Senior leader, Monash City Council)

Specific messaging was developed at Monash City Council and Link HC to support men's engagement, learning and action to prevent violence against women. There is growing consensus between academics, practitioners and policy makers that ending violence against women requires full community participation, including from men. Research also acknowledges that while there is the potential for profound benefits from men's engagement, there are inherent complexities and risks. Bad practice may reproduce the very gender inequalities that primary prevention is attempting to dismantle. This may further elevate male privilege or have men's voices replace women's voices and leadership in the prevention of violence against women. Such acknowledgements were made by the program team in developing communications targeted at the Monash Men's Action Group and in the support provided to them by the program team (see ‘Building capacity for primary prevention’, p. 93).

In 2013, the Monash City Council prevention practitioner worked closely with the Monash Men's Action Group to support the development of messages, which were promoted by the group during that year's White Ribbon Day event. The prevention practitioner sought advice from a communications and media expert at Domestic Violence Victoria on good-practice messaging. The program team led the process for message development through capacity building with the Monash

Men's Action Group including presentations, handouts, group discussions and reflections. This aimed to raise awareness and deepen understandings of the drivers of violence against women and equip men with a greater understanding of what they can do to prevent violence against women.

A number of messages were developed in partnership with the Monash Men's Action Group and the program team. The program team developed a range of draft messages within the following themes:

- a key statistic to demonstrate the prevalence of violence against women
- a statement that violence against women is wrong
- the causes of violence against women
- what can be done to stop violence against women
- a call to action for men.

The Monash Men's Action Group then selected one or two messages for each heading that resonated most strongly with them. The final messages, which reinforced many of those in the program's communication strategy, included:

- 1 in 3 Australian women have experienced physical or sexual violence.
- Violence against women is never acceptable.
- Men need to help other men understand that violence against women is fuelled by attitudes and beliefs that women are worth less than men, or are the property of men.
- Men need to work alongside women in ending violence against women.
- Men need to own this problem. She could be your sister, your mother, your daughter, your partner, a friend or colleague.
- Men, we need to be having the private conversations, with our mates, our sons, our families, women need respect, they need to be treated as equals and we need to be having the public conversations using our influence where we can.
- Alcohol and drugs or mental health issues are not the underlying cause of violence against women. They have the ability to contribute to the frequency or severity, but the use of violence against women is a choice that men make. Men always have a choice. When a man gets angry at work, or doesn't get his way, he is unlikely to hit his boss.

The messages were used in the development of a [White Ribbon Day 2013 video](#), led by the Monash Men's Action Group, and an 'Understanding violence against women' fact sheet (Appendix 7), led by the Generating Equality and Respect program team. The video featured approximately 48 men from Monash City Council and Link HC. The men ranged in age, level within their organisations and departments. A number of the men were from senior positions with significant organisational power and influence.

The video and fact sheet were launched at a 2013 White Ribbon Day event. There was considerable positive feedback from within Monash City Council and Link HC, with many women noting the importance of having men stand up and say no to violence against women. The messages were also used in speech notes for the event, email invitations and posters developed by the members of the group to promote White Ribbon Day (Figure 12).



Figure 12: Posters developed by the Monash Men’s Action Group to promote White Ribbon Day 2013

While there was much positive feedback regarding the messages and posters from Monash City Council staff, one external stakeholder stated:

I wasn't a big fan of the posters that the staff did, from the men across the organisations. I wasn't convinced about the messaging on those ... It would have been good to have those posters linking back to the Generating Equality and Respect project a little bit more. (Key stakeholder, MAV)

As program team members grew increasingly knowledgeable of primary prevention messaging, it became apparent that some messages of the program, for example the following message promoted at the Council’s White Ribbon Day event in 2013, were not as appropriate as originally thought.

Men need to own this problem. She could be your sister, your mother, your daughter, your partner, a friend or colleague. (Message promoted at White Ribbon Day 2013)

Messaging that links action to promote women’s rights based on their association to men does not wholeheartedly consider women as *equal* humans but rather as individuals who deserve fair treatment based on their relationships with men. This was highlighted in the image adopted by guest presenter, gender equity advocate Luke Ablett, at Monash City Council’s White Ribbon Day event in 2014 (Figure 13). The image highlights the importance of recognising women as equal human beings in approaches to prevent violence against women.



Figure 13: Image representing a human rights approach to preventing violence against women

Link Health and Community

Within the community health setting, communication strived to demonstrate the links between health and violence against women, health and gender, and between health and gender inequality. Language and concepts used by Generating Equality and Respect were considered clear and relevant by most staff surveyed (76 per cent), however this wasn't the case for a significant proportion of people (nearly a quarter of staff). Such findings once again illuminate inherent tensions for practitioners in engaging with people in ways that are palatable, but work to address the underlying root cause. For example, some people were confused about the terms 'equality' and 'equity'. While gender is central to the work, some staff noted that it was also a term that made many people 'switch off'.

From March 2014, staff at Link HC received monthly Gender on the Agenda e-bulletins, developed by the prevention practitioner. The bulletins featured a broad range of topics related to gender, gender equity and men's and women's health. A typical bulletin would feature video clips, reports with sex-disaggregated data, workplace-related information and a program update. Evaluation shows that for some, these bulletins were perceived as 'information overload' due to time pressures and clinical practice. However, unsolicited positive feedback via email was received from eight individuals from various roles and areas within the organisation, reflecting diversity of engagement across the organisation.

Once again thank you for your very informative articles. I have learned something very valuable regarding the heart attacks in women but also the Bank of Mum which does not only have significance for myself but I will be definitely forwarding to other members of my family who have adult children. (Staff member, Link HC)

I would be really interested in seeing the earlier emails you have sent as well (having only worked here since May). These instalments are excellent. (Staff member, Link HC)

During the 16 Days of Activism against Gender-based Violence in 2013 and 2014, Monash City Council and Link HC promoted similar messages on their organisational Twitter accounts and Facebook pages. These drew from Generating Equality and Respect key messages, videos and information from VicHealth and Our Watch, and messages developed by Women's Health East and survivor advocates in Melbourne's east (Figure 14).



Figure 14: Messages developed by Women's Health East and survivor advocates in Melbourne's east

In 2013, a communications staff member at Link HC suggested that program communication for the community needed more stories and pictures. Link HC is increasingly using social media platforms for marketing and communications and their messaging style needed to reflect that. Subsequent messaging incorporated more visual elements (Figure 15).



Figure 15: Image from the Link HC website during the 16 Days of Activism against Gender-based Violence 2014

In preparation for the 16 Days of Activism against Gender-based Violence in 2014 and 2015, the organisation’s prevention of violence against women subcommittee developed their own messages to be promoted to staff.¹⁵ Some of these (for example Figure 14) were picked up by the communications team and used externally via the website (Figure 15). Messages were sculpted to support existing regional themes and campaigns. For example, in 2014 the prevention of violence against women subcommittee developed messages around the regional theme ‘challenging gender stereotypes’ for each day of the 16 days of Activism against Gender-based Violence campaign, and a male committee member helped to distribute them.

Monash Partners in Prevention

Information provided to youth practitioners through the Monash Partners in Prevention Network focused on framing preventing violence against women work through promoting best-practice respectful relationships education with the young people they worked with. Information was also provided to youth practitioners about violence against women and the links to gender inequality and adherence to rigid gender roles, in addition to information and messages on how to implement respectful relationships education. Examples of messages used are highlighted in Figure 11.

¹⁵ One of the key organisational structures at Link HC for driving action in primary prevention is the prevention of violence against women subcommittee. The group’s purpose is to pursue strategic activity of the health promotion committee in primary and secondary prevention of violence against women.

The program team utilised existing documents, guidelines and frameworks relating to youth practitioners where links could be made to promoting the prevention of violence against women, gender equality or respectful relationships education with the young people they worked with, for example *Respectful relationships education: Violence prevention and respectful relationships education in Victorian secondary schools*, published by the Department of Education and Early Childhood Development (2009) and the [Stepping Out Against Gender-based Violence curriculum](#) for secondary schools. This approach of linking into existing documents, legislation, policy, guidelines or frameworks was adopted in different program settings and was a useful communication and engagement approach.

The prevention practitioner who coordinated the Monash Partners in Prevention Network consistently shared the e-newsletters and resources developed by the statewide Partners in Prevention Network with Monash network members. This was a conscious effort when establishing the network, to:

- not duplicate key communication messages being developed by external stakeholders
- engage the Monash-based youth practitioners into the statewide network as a sustainability mechanism beyond Generating Equality and Respect.

After feedback from several members in the Monash Partners in Prevention Network articulating a need for more synthesised information to understand and support best practice in respectful relationships education, the program developed a two-page fact sheet, 'What is respectful relationships education?' (Appendix 8). The fact sheet was based on the Department of Education and Early Childhood Development's respectful relationships education report and guiding principles. During the development of the fact sheet, it became apparent there was not a clear and frequently used definition of respectful relationships education. The prevention practitioner therefore developed a definition in consultation with numerous respectful relationships education experts for inclusion in the fact sheet.

Respectful relationships education is work undertaken in schools (primary or secondary), the wider education context or other youth settings. It aims to address the root causes of violence against women: gender inequality and adherence to rigid gender roles.

Three surveys with network members over the course of the program highlighted that the majority of respondents felt that language and concepts in e-newsletters, meetings and training had been clear and relevant.

*The network is offering a great service ... It's been brilliant being able to access all the different resources and the support with applying for grants has also been very helpful. An excellent initiative that I feel has presented many opportunities to support making change in the young people we work with.
(Monash Partners in Prevention Network member)*

Baby Makes 3

Baby Makes 3 was unique to the other program settings of *Generating Equality and Respect*. Baby Makes 3 was not promoted or described as a prevention of violence against women initiative publicly, for example to program participants or the media. Rather, Baby Makes 3 was described and promoted as a healthy relationships program that aimed to promote equal and respectful relationships between men and women. This mirrored the approach taken in the original Baby Makes 3 pilot project and the concurrent project delivered by Carrington Health.¹⁶ However, capacity building with maternal and child health nurses and Baby Makes 3 group facilitators included information about the prevalence of violence against women and the links between violence against women and gender inequality.

The design of Baby Makes 3 is based on an assumption of western cultural norms and common gender roles observed in heterosexual couples during the transition to parenthood, which may make the program less accessible and relevant to people of diverse cultural backgrounds, parents in same-sex relationships or single parents. To increase program accessibility:

- marketing materials (information sheets and program flyers) were developed in several languages for identified community groups in Clayton (Mandarin, Cantonese, Hindi and Korean). These materials advised that an interpreter could be arranged for participation in the program
- a plain English information sheet was provided to the maternal and child health nurses to use when working with translators over the phone, or to have available for parents with low levels of literacy.

Translating and interpreting services were not requested during implementation of Baby Makes 3 at Clayton. This is not surprising, given that newly arrived migrant and refugee communities and people with low levels of English literacy are less represented at maternal and child health centres and that participation in group programs such as Baby Makes 3 during early parenthood is not commonplace for all cultural groups. This highlights one of the tensions and complexities in delivering whole-of-population (universal) primary prevention approaches such as those in *Generating Equality and Respect*, which by their very nature may unintentionally exclude people who are already marginalised.

When the recruitment model for the Baby Makes 3 program was revised in mid-2014, there was a need to ensure consistent messaging across the three maternal child health centres that were now involved. A communication protocol for maternal child health nurses adapted from the Carrington Health Baby Makes 3 program was developed, detailing messages and responsibilities for recruiting first-time parents to attend the program. The Link HC prevention practitioner met with the key contact nurses at Warrawee Park and East Oakleigh for an orientation to the program. Program messages were subsequently reinforced and modelled by the prevention practitioner during promotional visits to all three New Parent groups in an additional effort to reinforce the messages based on the program's principles.

¹⁶ In late 2012, the Victorian Department of Justice and Regulation funded Carrington Health as the lead partner for delivering the Baby Makes 3 program across Melbourne's east, including the Monash municipality.

It is not known what was most or least effective in communicating with first-time parents about the Baby Makes 3 program at Clayton. The face-to-face promotion by the program team to New Parent groups was reported by maternal and child health nurses to be useful, with the language and concepts presented in a clear and relevant way to parents; however, there is no evidence that this impacted recruitment to the program.

I thought someone coming to promote the program to the New Parent group was a great idea. It gave it 'a face' and someone explaining it takes the uncertainty away. The human face is more effective than the brochure. I think this was important to help get participants to attend. (Maternal and child health nurse)

There was room to improve communications between the Generating Equality and Respect program team and the maternal and child health nurses, in particular at the new recruitment sites. Earlier success in recruiting a consistently high number of first-time parents to attend the program suggested that the difference was due to the efforts of a highly enthusiastic and engaged maternal and child health nurse, who was also a Baby Makes 3 facilitator and very familiar with the program principles. This nurse would highlight the benefits of attending the family nights and Baby Makes 3 and give consistent reinforcement at the New Parent group, home visits and scheduled appointments. Following her departure from the Clayton Maternal and Child Health Centre was a significant decline in the number of parents attending Baby Makes 3.

While the key contact nurses for the program had an understanding of the messages used to recruit participants, modelled by the Generating Equality and Respect team member and provided in the communications protocol, their level of understanding about the rationale and principles of Baby Makes 3 varied greatly (see 'Building capacity for primary prevention', p. 93) This may have had an impact on the ongoing reinforcement and encouragement for parents to attend the family nights and Baby Makes 3 after the Generating Equality and Respect team member had done the initial introduction.

Bosch

To implement Generating Equality and Respect activities at Bosch, as outlined in the MOU between Monash City Council and Bosch, the program team ensured there was regular communication, information sharing and updating with the key contact at Bosch through email and face-to-face meetings. Through the course of the partnership with Bosch, the program team met with seven different individuals at Bosch; of these, one was male. Generating Equality and Respect's communications with Bosch, similar to other settings, reflected an attempt to provide information of relevance to core business, while linking to gender equality and the prevention of violence against women. Examples of information and resources shared in regular communications include:

- The Australian Human Rights Commission's [Good Practice, Good Business toolkit](#)
- Workplace Gender Equality Agency newsletter
- materials to support the development of family violence policy or enterprise agreement clause.

This was reported as useful in supporting the efforts of the key contact at Bosch to promote the prevention of violence against women and gender equity within the organisation.

The program manager has offered different ideas for getting involved at different levels, some of the suggestions we weren't quite ready for. She follows up. She sends long emails with lots of suggestions. (Key contact, Bosch)

Communication tools, resources and ideas from one program setting were often used or adapted to suit other program settings. Promotional materials used in other settings were an incentive for individuals to see what was possible or could be done in work to prevent violence against women in their own setting, such as sharing the video developed by the Monash Men's Action Group from White Ribbon Day 2013 with Bosch. The 'Understanding violence against women' fact sheet (Appendix 7), originally developed in partnership with the Monash Men's Action Group, was revised and shared with Bosch in early 2015 to support their work in engaging staff, particularly men, about preventing violence against women. The revised fact sheet incorporated a statistic about the prevalence of violence against men following a request from the key contact at Bosch to include this.

The key contact at Bosch reported that she felt supported and resourced more broadly to conduct communication activities at Bosch through consistent and regular information, ideas and materials from the program team. Reflecting on videos shared by the program team and utilised at Bosch's Diversity Day event in 2015, where gender equity was highlighted as one element of workplace diversity, she said:

So it's given me ideas on how to do things and resources and support, I would have to say, so when we had our Diversity Day [event] all the videos that were provided from [another organisation] were rubbish as far as we were concerned. Yet when just mentioning that to the Generating Equality and Respect program manager in a conversation she said, 'Oh, I've actually got some videos that might be useful.' All the videos that we played on repeat all day were the ones that [she] provided. So that was really helpful. (Key contact, Bosch)

While the key contact at Bosch acknowledged that having resources and support from the program was valuable, time and competing pieces of work and portfolio areas were a barrier to her ability to conduct more work within the organisation.

If anything, I wish I'd had more time to do more on this topic but my time is stretched and limited on a number of different things. But, yeah, their support has been perfect so I can't say any more about that. (Key contact, Bosch)

Different voices successfully reinforcing key messages

Generating Equality and Respect utilised different voices and communication methods to reinforce key messages that supported understanding and engagement and built momentum for preventing violence against women activities in each setting. Leaders played an important role in promoting program messages to reinforce ideas and support attitudinal and behavioural change. At Monash City Council, the program team often requested the support of organisational leaders to promote messages and invite staff to attend various events or forums (Figure 16). For example, the community development director invited staff to participate in bystander training (see p. 95) and the human resources executive manager promoted the launch of a preventing family violence in the workplace policy and procedure.



Figure 16: Monash City councillor Paul Klisaris speaking at Leading Equality and Respect event, October 2015.

At Link HC, the prevention practitioner supported the CEO to develop content for emails directed to all staff, for example to mark White Ribbon Day. These processes provided a learning opportunity for organisational leaders and also aimed to support their capacity and confidence to promote gender equity. At Bosch, the key contact invited staff to attend their internal 2014 and 2015 White Ribbon Day morning tea. Invitations or information coming from organisational leaders provided a level of weight and potential buy-in through their power and influence.

Whilst we can all be proud about the small steps we are taking in the area of gender equality and how we treat women of all ages, we all agree that a lot more must be done. I am very proud of our City, which is led by a strong and progressive CEO, supported by an awesome team of men and women and a Council that understands that we must all work together to change attitudes which only deliver negative outcomes. (Excerpt from email of Monash Mayor 2014–2015)

Messaging on primary prevention was sometimes explicit, while in other circumstances key messages were interwoven within other information. For example, after Monash City Council supported a group of female staff to attend an external International Women’s Day event in 2015, a Council attendee asked for the support of the Monash City Council prevention practitioner to write an email thanking the CEO for her support of the group’s attendance (see excerpt below). The process proved useful in building the capacity of the Council staff member regarding gender equality and was sent to all staff who attended the event in the hope that it may reinforce some key messages from the evening.

Anne Summers [author, journalist and thought-leader] spoke extensively about gender equity, empowering women and family violence. She provided a simple, yet clear framework stating that to reach gender equality, women needed three things 1) Inclusion, 2) Respect and 3) To live free from violence. Anne explored the difference between progress and success, highlighting that a current situation or statistic does not necessarily reflect success and assumptions that it does may stand in our way to truly realising gender equality ... Lucinda Nolan [Deputy Commissioner, Victoria Police] highlighted the need to have women in mass numbers at all levels within organisations. She stated that ‘when this becomes the norm, diversity within for example women’s visions, communication and management styles is seen, which in turn helps to break down harmful gender stereotypes’. (Excerpt from email of staff member, Monash City Council)

As a general rule, the program team considered all communication or interactions as opportunities to promote program messaging and positive change. For example, surveys administered at Monash City Council were followed up with answers to some of the questions such as prevalence rates and underlying determinants of violence against women.

When selecting different voices to promote key messages, such as speakers at events or training facilitators, the program team made conscious decisions to engage both female and male voices, particularly when promoting ‘experts’ or ‘leaders’. Such decisions aimed to create spaces where women and men could model respectful relationships through their interaction in front of audiences and reinforce women’s roles in positions of influence, expertise and power, to offset traditional notions of femininity and domesticity. It also helped to reinforce the critical role of men in preventing violence against women. As such, the processes to promote key messages provided opportunity to challenge rigid gender stereotypes.

Transitioning key messages

Misunderstandings about why violence against women occurs and the connection between violence against women and gender inequality provided an impetus for much of the program activities and had a number of repercussions for approaches to communications. While the program's messaging across all settings transitioned from a focus on violence against women (prevalence, nature, frequency) to a greater focus on gender equality, it was important to continue reiterating the link between the two throughout the program.

This transitioning of messaging was a considered and planned approach and reflected a process of building people's awareness and understanding of violence against women. This shift was particularly apparent in the activities and messaging within the Monash-based partners during the 16 Days of Activism against Gender-based Violence, including White Ribbon Day annually. The following example shows language that focused on the drivers of violence against women.

Our very own [name of Link HC staff member] will join other advocates, [name of ex-AFL player] and a woman who has survived domestic violence as guest speakers to promote gender equity, healthy relationships and a new vision for masculinity as part of this year's White Ribbon campaign. (Excerpt from CEO's email invitation to all staff at Link HC for White Ribbon Day 2014)

In December 2013, Link HC celebrated the work of women working to end violence against women. The Celebrating Women's Voices event acknowledged that the organisation was expanding its efforts with a greater focus on primary prevention to build on the secondary and tertiary prevention work that had gone before. The event was about giving women a voice during the 16 Days of Activism against Gender-based Violence to balance the emphasis on men during White Ribbon Day activities.

The program team acknowledged it was important to continue to reinforce the links between violence against women and gender inequality and adherence to rigid gender roles, while also acknowledging that contributions to gender equity can occur without mentioning violence against women.

One of the ongoing challenges is really around giving people time to understand the link between primary prevention and gender equity intervention and violence against women and I think it's an ongoing challenge ... Sometimes people question why you're doing something because they can't actually see that that is actually linked to where we're wanting to end up and I think it's an ongoing challenge around language, around [being] constantly on song with message. (Senior leader, Monash City Council)

And then you think ... you've come so far and it's back to [misunderstandings about the causes of violence against women]. I think it's very much our role about constantly reinforcing when the opportunity presents itself. (Senior leader, Monash City Council)

Ensuring communications did no harm

Ensuring communications were ethical and did not harm women who may be currently or have previously experienced violence was an important and ongoing consideration for all program activities. The complex, sensitive and pervasive nature of violence against women was acknowledged and reflected in the program team's practice and communications. A senior leader at Monash City Council reflected on the challenges faced by the program in engaging individuals in the prevention of violence against women while also responding sensitively and appropriately to individuals' experiences of violence against women.

One of the challenges here too though ... It's not just the gender equity and preventing violence against women [link between them], because so many people bring their own experience to the table on this issue, or those of their family member or whatever, so it's a very emotive issue. (Senior leader, Monash City Council)

Expertise and feedback from the family violence sector were sought to ensure that communications and program initiatives appropriately considered the impact of work on women's wellbeing and safety. Expertise on responding to disclosures of violence was sought from the family violence and women's health sectors to inform communications activities, training and resources, including:

- clarifying service support contact information for inclusion in the Generating Equality and Respect communication strategy
- gaining support from the family violence regional integration coordinator and consultants in developing Monash City Council's preventing family violence in the workplace policy and procedure (see 'Embedding gender equity', p. 69)
- developing key messages for social marketing activities
- seeking advice from Domestic Violence Victoria's media and communications officer on how to best support men to develop key messaging relating to preventing violence against women.

As part of communication and capacity-building activities for the Generating Equality and Respect program, it was essential that information was provided about family violence and sexual assault services to ensure both women and men were able to access support if needed. The communication strategy articulated different ways to convey this information for different mediums such as e-newsletters and speech notes. An example from the program e-newsletter included:

If you are in need of urgent police assistance call **000**.

1800 RESPECT – 1800 737 732 is a National Sexual Assault, Domestic Family Violence counselling helpline, information and support 24/7. The service is available to victim survivors of violence, friends, family members and colleagues seeking advice.

www.1800respect.org.au/

Support service information was listed on a range of resources developed by the program, for example the Monash Partners in Prevention Network sign-up brochure and the ‘What is respectful relationships education?’ fact sheet (Appendix 8). During discussions with youth practitioners about respectful relationships education, the prevention practitioner encouraged individuals to ensure referral pathways were in place to support students who may disclose experiences of violence.

The regional women’s and men’s family violence help cards, detailing the definition of family violence and support services, were an important communication tool used across all settings. The Monash City Council prevention practitioner reviewed and revised the existing cards in partnership with the family violence regional integration coordinator, in recognition of the critical importance of having correct service system information available (see ‘Partnerships for purpose’, p. 126). During some events, counsellors specialising in supporting women who have experienced (or are experiencing) violence were also present, for example at the Monash City Council White Ribbon Day event in 2014.

The Generating Equality and Respect program team received a number of disclosures of experiences of violence across the settings. The program team was required to understand their role in responding to disclosures and provide pathways to family violence or sexual assault support services. Some of the program team participated in training on how to best respond to disclosures.

Visible versus less visible action

Practice insight: Primary prevention programs must uphold the mantra of ‘first do no harm’. It is essential that communication, program messages and program activities seek to positively transform gender relations and do not unintentionally reproduce inequalities between women and men. It is also vital that the prevention of violence against women remains a constant focus of discussions. While some prevention activities might have a stronger and more explicit focus on gender equity, the ultimate aim of preventing violence against women should not be lost in communication about gender equity.

Organisational change and capacity-building activities were not always visible to influencers, decision makers or staff within the Monash-based partner organisations. While such initiatives have significant value in enacting structural change in support of gender equality and program sustainability, highly visible communication activities were also important. Such activities fostered engagement, support and momentum for the program goal. Such visibility also provided some staff within Monash City Council, Link HC and Bosch with a sense that ‘work was occurring’.

The program team acknowledged tensions between utilising program resources to embed sustained change versus high-profile initiatives that may have less long-term impact. High-visibility activities such as events often required significant resourcing. However, it was acknowledged that such events could raise awareness and provide a platform, which can lead to increased support for future work.

We had a lot of interest [at a White Ribbon Day event at Bosch] and it was quite interesting because people wanted to know where to donate money and we said, ‘No, no, we’re not donating money. We just want to start some conversations about violence against women’, and we had little brochures. We said, ‘Here’s your cupcake. We want you to go and read this.’ So we just started some talking about that, but that then made us then say, right, that was the entry level for this topic and next year we need to do something more. We need to not do cupcakes again. We need to build on that. We’ve now got a little bit of interest. So I’m going to be talking to the Generating Equality and Respect program manager about what the next level is for that. (Key contact, Bosch)

Primary prevention and gender equity events

The program included a number of awareness-raising events and there were a number of opportunities to integrate primary prevention and gender equity into existing events. It is estimated that more than 1160 people attended an event organised by Generating Equality and Respect or where program messages were prominent. These included internally focused events within the Monash-based partners and across the Monash community. The diverse range of events provided opportunities to promote and reinforce key messages. Some of the events are shown in Table 9.

Table 9: Generating Equality and Respect – some primary prevention and gender equity events

Event	Setting
White Ribbon Day 2013, 2014, 2015	Monash City Council and Link HC
International Women’s Day 2013, 2014, 2015	Monash City Council
Sir John Monash Annual Public Lecture, ‘The social construction of gender’, 2013	Monash City Council
Community film screening and discussion panel, <i>Miss Representation</i> and <i>The Mask You Live In</i>	Monash City Council
White Ribbon Day morning tea 2014 and 2015	Bosch
Diversity Day	Bosch
Celebrating Link HC Women’s Voices	Link HC
Online Issues and Young People Forum: Se*ting, P*rnography and Gaming	Monash Partners in Prevention Network
Monash Interfaith Gathering presentation, 2014	Faith setting

White Ribbon Day was a focus of awareness-raising activities in 2014 at Bosch. Generating Equality and Respect provided information and the rationale for White Ribbon Day to the key contact and other staff involved at Bosch. As White Ribbon Day traditionally focuses on the roles of men in their everyday lives to prevent violence against women, the program team encouraged interested men within the organisation to participate in the planning process and provided necessary resources.

The program team promoted local resources such as:

- Women's Health East's Eastern Media Advocacy program, which works with and supports women who have experienced violence to speak publicly about their experiences
- Monash Men's Action Group video (see Table 10)
- resources available through the White Ribbon Day campaign.

The Generating Equality and Respect program was available to support men at Bosch who were interested in learning more. At the White Ribbon Day event at Bosch in 2014, brochures, posters and ribbons were displayed and available to take in the staff area. Staff were invited to an Equality and Respect morning tea with White Ribbon Day cupcakes. One male staff member was involved in organising the activities and two other male staff attended Monash City Council's White Ribbon Day event. The key contact at Bosch believed the organisation's White Ribbon Day event to be a good starting place, with its visibility of the event being useful for raising awareness and placing the issue on the organisation's agenda.

We had two of our male managers attend a White Ribbon seminar [the event at Monash City Council] which they've said they'd like to do more this year. So I think it just builds on that, so we've got to keep the momentum going. White Ribbon Day is an important one, I think. It's about awareness and domestic violence and eliminating that. (Key contact, Bosch)

Resources

Resources were developed and adapted by the Generating Equality and Respect program team as the program progressed, especially to support work in settings. All resources drew heavily on the overarching messages in the communication strategy. Key messages were refined to be relevant and appealing for the target audience and context. In most instances, the process for developing resources was an important tool for building the capacity of those within settings. Some of the resources are shown in Table 10.

Table 10: Generating Equality and Respect – some resources developed

Resource	Purpose
Baby Makes 3 flyer for new parents attending New Parent groups at Clayton Maternal and Child Health Centre (multiple languages and plain language)	To engage new parents from culturally and linguistically diverse communities with Baby Makes 3.
Generating Equality and Respect infographic	To provide a ‘snapshot’ of the program model and settings-based activities.
Generating Equality and Respect mugs (Figure 17)	Designed and distributed in partner organisations and at events. Mugs included the program brand and key message ‘Say NO to violence against women. Say YES to equality and respect.’
Monash Men’s Action Group White Ribbon Day 2013 video	To promote key messages about the prevention of violence against women. It was led by the Monash Men’s Action Group and developed in partnership with the Generating Equality and Respect program team.
Generating Equality and Respect FAQs	To respond to frequently asked questions about violence against women and the Generating Equality and Respect program.
Link HC FAQs	To respond to frequently asked questions about the Generating Equality and Respect program relating to the Link HC context. The document aimed to support staff understand why the organisation was focused on preventing violence against women and not men. The sheet provided data on the prevalence and seriousness of violence against women.
Generating Equality and Respect program postcard	To promote the program brand and direct people to where they could find more information on the program.
‘Understanding violence against women’ fact sheet	Aimed primarily at men to increase understanding of violence against women. This fact sheet was developed in partnership with the Monash Men’s Action Group in 2013 and revised in 2015 for use at Bosch.
‘What is respectful relationships education?’ fact sheet	To support youth practitioners to understand good-practice principles of respectful relationships education. The fact sheet synthesised information from the Department of Education and Early Childhood Development (2009) report on good-practice respectful relationships education.
Monash Partners in Prevention sign-up brochure	An entry point for youth practitioners in Monash to join the Monash Partners in Prevention Network.
Partnership proposal for Bosch	A professionally designed proposal to engage Bosch in a formal partnership with Generating Equality and Respect.
Generating Equality and Respect program summary	To provide context to, and information about, Generating Equality and Respect and program activities.

Resource	Purpose
Generating Equality and Respect social marketing campaign information sheet	To support women's safety and increase staff understanding at the Monash-based partners of the prevention of violence against women and the purpose of the social marketing campaign.
Link HC Organisational Statement for the Prevention of Violence against Women 2014	Articulated Link HC's commitment to preventing violence against women.



Figure 17: Generating Equality and Respect mugs

Social marketing campaign

In 2013, Generating Equality and Respect launched a highly visible social marketing campaign which ran from September to early December (inclusive of the 16 Days of Activism against Gender-based Violence) and was repeated in 2014. The aim of the social marketing campaign was to:

- publicly demonstrate Monash City Council and Link HC's aspirations for a community where violence against women no longer exists and gender equity flourishes
- raise awareness of the Generating Equality and Respect program and key messages
- encourage individuals to visit Monash City Council's Generating Equality and Respect program website for more information.

The target audiences were:

- Clayton residents
- Clayton health and community workers
- Monash City Council and Link HC staff.

The social marketing campaign message was 'Say NO to violence against women, say YES to equality and respect', one of the key messages in the program's communication strategy. The message aimed to articulate the Monash-based partners' commitment to preventing violence against women. It clearly articulated what was not acceptable – violence against women – and provided an alternative to prevent violence against women – promoting equality and respect, with a link between the two concepts.

The message was deemed clear and relevant from individuals within the two organisations. Feedback from consultations reported that the messaging was effective at avoiding negative responses, as it did not put people offside and was not perceived as ‘man hating’. This highlights a tension for practitioners – the desire to engage and sustain men’s involvement without colluding and reinforcing notions of male privilege that contribute to men’s violence against women.

The Monash City Council website, which contained family violence support service information, was listed on campaign materials.

Mediums for promoting the social marketing campaign included:

- large banners and flags in the Clayton shopping strip and around the Clayton Community Centre (Figure 18)
- large magnets for garbage trucks
- large banner in the Monash City Council Civic Centre
- large banner on the Link HC site in Glen Waverley
- posters and stickers in staff and public areas of Monash City Council and Link HC
- screensavers on library computers and on televisions in the Monash City Council gym in Clayton
- bus shelters in prominent locations throughout the municipality
- social media.



Figure 18: Signage in local area

The social marketing campaign was not an isolated activity, rather one of multiple mutually reinforcing initiatives. There was much discussion among the program team regarding the use of social marketing for complex and multifaceted issues such as the prevention of violence against women. Issues considered during the development of the campaign included:

- clear acknowledgement of the need to ‘first do no harm’ (see ‘Ensuring communications did no harm’, p. 61)
- the value in allocating resources towards a social marketing campaign as a priority over other potential program initiatives
- whether a social marketing campaign could support existing messaging and activities in the settings.

Practice insight: Highly visible communication activities, such as social marketing, events and branded resources, should exist alongside organisational change and capacity building work, which can often be less visible.

An information sheet was developed by the program team and sent by senior leaders to all staff at both Monash City Council and Link HC. It is estimated that 15,000 people were exposed to the key social marketing message during the program’s lifespan. While it was not possible to determine the effectiveness of the social marketing campaign for individuals within the settings or the broader Monash municipality, staff from the Monash-based partners and Monash Partners in Prevention Network members often made positive comments to the program team about the social marketing campaign.

For the 16 Days of Action we [Monash City Council] have a huge banner that hangs from there saying no to violence against women, yes to gender equity. Now that's powerful. That is on the main entrance and we have that banner on all our major city precincts. So those sorts of things create conversations. (Senior leader, Monash City Council)

Communicating with prevention stakeholders

Generating Equality and Respect established strong working relationships with a number of external prevention practitioners and stakeholders. For the evaluation, five stakeholders were asked to comment on the language, concepts, clarity and relevance of program communications. All believed that Generating Equality and Respect presented language and concepts in a clear and relevant way.

Yes, it was clear. I think even the [program title] Generating Equality and Respect – that's on point. I think that the marketing materials, particularly the use of library screen-savers and bus stop shelters and the like ... I think that's been effective. (Key stakeholder, MAV)

The times where I've seen the concepts and purpose the Generating Equality and Respect program communicated at forums and conferences, I thought the messages came across well, in terms of the concepts of the saturation model, etc. The little animation video which they show at the beginning of their presentations ... I think is very effective. They were always very clear with the rationale behind [the program] and what it was trying to achieve. (Key stakeholder, Carrington Health)

All interviewees who participated in this part of the evaluation struggled to identify examples where they felt the program failed to present language and concepts in a clear and relevant way. However, they acknowledged they were not the target audience of many of the messages; because they were already working in the primary prevention sector, many of the messages were already familiar to them.

Yes [the messages were clear]. But I guess I'm in the space already. So for me things definitely make sense and are consistent with the language we are using in the region more broadly. (Key stakeholder, Women's Health East)

In much of their engagement with key stakeholders, the Generating Equality and Respect program team described the rationale and approach of the site-based saturation model used by the program. The model and its multiple mutually reinforcing strategies were described in many conference and forum presentations delivered by the program team and in other communications such as organisational partner's websites and some media articles. However, it is important to note that the team made a deliberate decision not to describe the detail of the model to all stakeholders in program settings. This was due to:

- elements of the model not being relevant to all stakeholders in the program settings; for example, detail was not shared about the youth practitioner network with the key contact at Bosch
- individuals within settings being time poor and the program team needing to be strategic in the use of their time.

Evaluation findings showed a strong understanding among program stakeholders and the executive committee of the rationale and elements of the site-based saturation approach, the tried and tested program activities, and the aim of program to achieve breadth and depth through using multiple, mutually reinforcing strategies. This indicates the program team has been clear in communicating the model to stakeholders and partners.

I understand that it was taking tried and tested projects that VicHealth had previously funded and saturating a small pocket of Clayton. I understand why that is in terms of mutually reinforcing message and testing that. It was a bit of a world-first ... To literally saturate the area with programs which have been tried and tested previously. (Key stakeholder, MAV)

That idea that you use a community and you approach it from many, many different levels and using many different strategies all at once. So you have this collective build-up of varying changes of attitude and subtly shifting cultures, so it becomes greater than the sum of the parts of the various approaches if you like. (Senior leader, Link HC)

One executive committee member stated that she believed innovative features of the model included its core focus on primary prevention and the formal partnership between a local government and community health service.

Well, the focus of the model is primary prevention and that's innovative in itself as much of the focus and the prevention of violence against women has predominantly been around secondary and tertiary [prevention] ... It brings together two different sectors, local government and community health, each with their own strengths and their level of expertise, to extend the reach of the strategies and the messages as well, so local government has the capacity to reach the whole municipality whilst [for] community health its main strength is its capacity to reach vulnerable and marginalised groups. (Senior leader, Link HC)

Practice insight: Investment in effective communication and engagement activities as part of a planned communication strategy is fundamental to site-based primary prevention programs.

Embedding gender equity

To build communities, cultures and organisations that are gender equitable and value and support non-violent norms, Generating Equality and Respect aimed to establish sustainable structures or systems, promote leadership and foster environments in which change was possible. As the program progressed and the program's executive committee made decisions about program activities, engagement with the community and the location of the program team, the work then began to concentrate on the organisational change agendas of the two Monash-based partners. To be effective at championing and modelling gender equitable organisational culture to others and be accountable to the community, partner agencies would need to have their own house in order.¹⁷

¹⁷ The term 'house in order' is used throughout the *Maribyrnong respect and equity: Preventing violence against women guide for local government*, a tool arising from implementation of one of the five projects of Respect, Responsibility and Equality Phase II. In this way, Maribyrnong City Council, the lead partner of the project concerned, recognised that to effect community change it needed to first ensure its own culture, policy, planning and programs demonstrated gender respect and equity.

The degree to which gender equity was integrated and sustained in the organisational settings of the Generating Equality and Respect program differed depending on the readiness of each organisation. This readiness enabled the organisation to support organisational change throughout the duration of the program. The organisational change experienced by the program partner settings in which the program team was based (Monash City Council and Link HC) was significantly greater than that experienced by the corporate workplace (Bosch) and was more directly attributable to Generating Equality and Respect.

As previously discussed, Monash City Council and Link HC had their own histories of working to prevent violence against women individually, and in partnership, and this earlier work had ignited the organisational change journey. Addressing gender equity was the next logical step in working upstream to prevent violence against women. Bosch had an awareness of the need to diversify its workforce and improve the way it responded to the mental health and wellbeing of its employees. The Generating Equality and Respect program provided impetus for an increased focus on gender equity and recognition of family violence as a workplace concern.

These findings are fully explored below, in turn for Monash City Council, Link HC and Bosch. Organisational strategies and actions during the program are discussed, which foster the sort of environment supportive of gender equity and non-violent norms. The role of leadership is then described – who was involved and the different impacts leaders had within each organisation. The evaluation found that demonstrating leadership as an organisation was important. Congruence between what the organisation said and what it did was a key theme in the evaluation findings and how each organisation was accountable. Lastly, there is an exploration of what the organisation has in place to sustain the newly embedded practice or systems supportive of gender equity and the prevention of violence against women beyond Generating Equality and Respect.

Monash City Council and Link HC have made strong internal commitments to continuing work to prevent violence against women and promote gender equity beyond Generating Equality and Respect. This will occur through mainstreaming gender equity into policies, practices, programs and services; however, the journey to systemically embed gender equity in the culture of these organisations has only just begun. Monash City Council and Link HC have committed to work in partnership with Bosch to advance primary prevention into the future.

Creating an environment for change

Monash City Council

Solid foundations had previously been established within Monash City Council to take on an organisational change agenda as part of Generating Equality and Respect, thanks to its role as the lead partner in the [Inner East Local Governments Prevention of Violence against Women project](#), funded by the Inner East Primary Care Partnership. As the host Council for the project, Monash City Council was introduced to the concepts and rationale for primary prevention as outlined in the [VicHealth Framework](#) (VicHealth 2007). The result was increased awareness of violence against women and Monash City Council's role in prevention. Several key decision makers, who went on to provide support and leadership for Generating Equality and Respect, were influenced by this initial project.

During the early phase of Generating Equality and Respect, the program manager met with coordinators or managers who had carriage of individual plans or strategies to negotiate the integration of concepts and actions for gender equality and the prevention of violence against women. At that time, the program was new to Monash City Council and these meetings helped set the scene for future work of the program and opened up the first of many conversations. They provided an opportunity to share information about the program, its priorities, theory and evidence for work and how the current policy review may support the program's goals and the wellbeing of the Monash community. The program manager provided wording for actions within strategies and plans and then workshopped these ideas with individuals from the relevant departments.

During program implementation the program team gained more traction for action with individuals and departments that had an interest in social justice issues, whom they had existing relationships with, where work to promote gender equity had already occurred and where there was openness for learning and a desire to play a role in preventing violence against women.

There was an increased acceptability for people to raise the issue of violence against women at Monash City Council during the course of the program, reflecting changes in the broader community and that it was safe to do so. Generating Equality and Respect put in place guidelines, supports and information to ensure people were safe during discussions about violence and abuse. At Council's White Ribbon Day event in 2014, a female staff member and a male councillor volunteered as guest speakers to share their powerful personal experiences of violence against women publicly for the first time, reflecting that they felt to some degree a safe environment had been created at Monash City Council.

However, the experience of a supportive environment for talking about and taking action for gender equity was not uniformly experienced across Monash City Council. There were many people that Generating Equality and Respect did not reach and some people had not heard of the program at all. While pockets of staff reported that the program had created change in support of gender equality, some reported there was a lack of congruence between the Council's external promotion of gender

Practice insight: A considered pre-assessment should be undertaken in organisational change activities to determine the readiness of departments for primary prevention and where effort should be invested for the best outcomes. Needs assessment should be conducted to inform training plans, so effective delivery to different segments of the workforce maximises reach and impact. Practitioners should give extra weighting to those departments where it is crucial to invest time and effort for sustainable organisational change e.g. Human Resources, Organisational Development, even if they are less 'ready' for action than other departments.

equality, for example the large-scale social marketing campaign with the slogan ‘Say NO to violence against women, say YES to equality and respect’, and some internal actions that were felt to be detrimental to gender equality and may have unequal repercussions for male and female staff.

While there had been changes at the policy level with Monash City Council commitment to pursue gender equality, on the ground the culture still needed to shift and reflect policy intentions. For example, there was support for mandatory attendance for leaders at preventing family violence in the workplace policy and procedure training and unconscious bias training (see ‘Building capacity for primary prevention’, p. 93); however, staff have reported not feeling comfortable to speak out about sexist behaviour in the workplace.

It’s not a safe environment to raise issues about gender equality. (Staff member, Monash City Council)

These experiences contrast sharply with that of others, including staff who had participated in the bystander training who felt that the environment had changed and they were able to speak out as a result.

But it’s being confident enough to be able to do that to whomever is speaking to say that it’s actually okay to challenge that. I think what has changed here is the environment is such that you actually can question and that’s okay ... The best though is when all of a sudden it’s not you doing the questioning, it’s someone else who’s learned along the way who’s now become an advocate and is prepared to stand up and speak. (Senior leader, Monash City Council)

The Monash Men’s Action Group, extensively supported by Generating Equality and Respect, played a role in changing the culture at Monash City Council by providing a space for men to learn and start asking questions of themselves and others within the workplace and reflect on their role in challenging sexism and pro-violent attitudes. The members took visible actions to motivate other men.

We’re building those stereotypes and setting parameters and boundaries around gender and you know that’s what we’ve got to change. A big task but, you know, we’ve got to work at it. (Member, Monash Men’s Action Group)

Let’s change the stereotypes that women are less equal to men. And a lot of that comes from some of the language that we use. (Member, Monash Men’s Action Group)

Link Health and Community

With its long history of working in violence prevention, the previous engagement of staff in the Link HC ReCLAIM research project and leadership from the top-down, as an organisation, Link HC was ready to embrace its role in primary prevention in implementing Generating Equality and Respect.¹⁸ Link HC had clearly stated its vision as a leader in the prevention of violence against women in its Integrated Health Promotion Plan 2013–2017 and Strategic Plan 2012–2017. It had implemented a number of initiatives including the development of a workplace family violence prevention policy and undertaken capacity development for secondary prevention.

¹⁸ In 2011, the ReCLAIM research project examined Link HC’s internal operations, understanding, policies and practices in relation to violence against women and gender equality. The project employed a participatory action research approach that aimed to empower staff and the organisation as a whole in the process. From 2012, Link HC acted on the research recommendations to increase the organisation’s capacity for early intervention (secondary prevention) of violence against women including development and promotion of workplace family violence prevention policy, delivery of training for senior management, development and distribution of clinical fact sheets for early intervention, and delivery of training to clinical and reception staff.

The consultation phase of Generating Equality and Respect conducted in 2013 reached more than 100 people from across all levels of the organisation (see 'About the program', p. 11, and 'Building capacity for primary prevention', p. 93). The consultation identified that the essential supports for primary prevention at Link HC were people with enthusiasm, knowledge and commitment to the change process, while power relations, the organisational structure and awareness of gender inequity in the workplace were key inhibiting factors to address gender equity. The consultation process gave space for people to reflect on their own understanding, alongside that of their colleagues, of gender equality and what it may look like at Link HC. The consultation process reinforced the work undertaken through the ReCLAIM research project and paved the way for an increasing focus on gender relations as part of Generating Equality and Respect.

Through its research with the ReCLAIM research project, Link HC identified opportunities to improve its capacity to promote and model non-violent and equitable relationships, including the development of an organisational statement. The consultation gathered a large volume of information and perspectives, including those of consumers, to inform the creation of a statement of commitment to the prevention of violence against women. The organisational statement aims to tell the broader community about Link HC's values and actions to prevent violence against women. It acknowledges that Link HC has a role in primary as well as secondary and tertiary prevention, including the promotion and modelling of non-violent and equitable gender relationships.

Generating Equality and Respect developed the organisational statement during 2013, drawing on information generated through the consultation in addition to other engagement activities. At Link HC's annual staff forum in October 2013, a whole-of-organisation activity was conducted to elicit staff's values, beliefs and attitudes about gender equality and violence against women and the organisation's commitment to the community in the prevention of violence against women through a deliberate, safe, yet dynamic decision-making and conflict resolution methodology.¹⁹

Statements generated through this activity and feedback indicated that Link HC staff were ready to act to prevent violence against women and agreed that they should be models for the values of equality, respect, support and human rights. When it came to making a public statement, however, there was an undercurrent of concern expressed that Link HC must get its own house in order first and that there needs to be congruence between what it says and what it does. An organisational statement should reflect both the values and actions involved in the prevention of violence against women and needs to be able to be enacted by the organisation. For staff at Link HC, the commitment made by having an organisational statement meant:

We can be models to clients and other staff at Link HC; respectful, kind and helpful to one another. We all have to work with a range of social, physical health issues in the community but it starts with us first!
(Staff member, Link HC)

¹⁹ Martín De Los Rios, facilitator, employs a methodology called deep democracy. According to De Los Rios, this is a decision-making and conflict resolution methodology based on process-oriented psychology. The methodology reaches 'deep' in that it goes far beyond the conventional methods of facilitating the exchange of ideas and instead brings to the surface values, beliefs and attitudes that inform and enrich the group's process, and that are important to acknowledge in this work. It is 'democratic' in that it emphasises that every voice matters and that decisions are wisest when majority and minority voices are both valued and included. With large groups a process called the Soft Shoe Shuffle is used whereby people volunteer a statement in response to a question posed by the facilitator and everyone else demonstrates their agreement (move closer to where the statement was made) or disagreement (move further away). In this constant movement there is participation by everyone in a safe yet dynamic way.

We actively support, advocate and speak out against violence to women and children. Our programs and policies reflect our commitment to equality and respectful gender based relationships. (Staff member, Link HC)

In addition to the consultation process and the whole-of-organisation activity, three male and five female consumers and volunteers participated in a focus group to test acceptability of different draft messages. The resulting organisational statement was developed to reflect the values expressed through this comprehensive consultation process while keeping in mind its acceptability and comprehensibility.

The organisational statement was approved by the Link HC Board in February 2014 and comprised an overarching policy statement (brief version) with a number of additional clarifying statements (full version). In early April 2014, a slogan to accompany the organisational statement was recommended by the Marketing and Publications Reference Group, which has significant consumer membership. This slogan recognises the importance of Link HC's work with children (Figure 19).

Say **NO** to violence against women and children

Say **YES** to equality and respect

The Link Health and Community Organisational Statement for the Prevention of Violence against Women 2014

Link Health and Community is committed to gender equality and zero tolerance for violence against women and children.

Violence against women is a health and human rights concern that affects us all. Gender inequality and men's violence against women are public, not private, issues. Intimate partner violence is more damaging to the health of Victorian women aged 15-44 years than any other well-known risk factor such as high blood pressure, obesity and smoking. Link Health and Community works with others to promote a community where every girl and boy grows up to be equally valued, heard and respected, with equal access to opportunities. We ensure both men and women have equal access to our services.

Figure 19: Link HC Organisational Statement for the Prevention of Violence against Women

A communications plan for the organisational statement was implemented throughout 2014, which included the CEO introducing it internally by email to coincide with International Women's Day and advising his external networks following this. The organisational statement was included in all primary prevention capacity development activities. It was:

- included in gender training for staff
- integrated into the orientation program for new staff
- used by the prevention practitioner in email correspondence and e-news (brief slogan)
- to be included in the template for position descriptions; however, this was put on hold given organisational changes and lack of human resources capacity (brief slogan).

The organisational statement was officially launched at the Link HC Annual General Meeting in October 2014, with follow-up activities during the 16 Days of Activism against Gender-based Violence that focused on gender equality and challenging gender stereotypes. The slogan was located on the Link HC home page with a link to the full organisational statement.

When asked via survey early in 2014 following the development of the organisational statement, staff supported the idea of gender equality and equity at Link HC. This survey ($n=37$) found overwhelming support among respondents for Link HC to have a clear public position that demonstrates its commitment to gender equity (97.5 per cent) and for the organisation to have gender equity practices in place (89 per cent). All respondents agreed that gender equality is everyone's business.²⁰

The processes to develop the organisational statement contributed to the change agenda at Link HC, but other factors were also at play. Within Link HC was a critical mass of like-minded and informed people who helped the change agenda. Having more than one voice in various forums helped facilitate discussions and overcome resistance. Early and ongoing training of senior management and support for program champions was important. As described in 'Building capacity for primary prevention' (p. 93), champions for primary prevention at Link HC felt that Generating Equality and Respect legitimised this role. The partnership with Monash City Council and VicHealth was seen as a powerful and solid alliance, giving weight to the message and a sense of being part of something bigger. Having a partnership with a large corporation such as Bosch added to this sentiment.

Generating Equality and Respect successfully engaged staff at Link HC, contributing to the readiness of the organisation for primary prevention of violence against women. Approximately 30 per cent of staff responded to annual staff surveys on primary prevention during the life of the program. Ninety per cent of staff survey respondents in 2015 agreed they had been engaged with Link HC's efforts so far in primary prevention of violence against women, and gender equity. To be engaged means the person was consulted, involved or informed in some way.

This changing culture meant that people were more open about talking about violence against women and gender equity. The health promotion committee and its prevention of violence against women subcommittee created space for making things visible.

I think people had a more informed opinion on things. Actually thought about it and started to question what they were seeing, whether it's in the media, in conversation, each other. (Member, health promotion committee, Link HC)

The consultations, training and forum activities created an environment where people felt safe to talk about their own situations. Male staff members at Link HC participated in a workshop facilitated by a male pro-feminist experienced in challenging men to think deeply about gender-based violence and their own experiences. This workshop was delivered as part of the ReCLAIM research project, which ran during the early days of Generating Equality and Respect and was a turning point for other men to join in the conversation, increase awareness and motivate several men into further action such as being involved with the Monash Men's Action Group or the White Ribbon Day campaign.

At Link HC, gender is now recognised as relevant to people's work. Generating Equality and Respect is likely to have influenced the staff's perspectives about gender and its relevance to their work and the workplace. Following the capacity-building activities of the program, a greater proportion of staff surveyed in 2015 strongly agreed that gender equality is everyone's business (Figure 20) and that gender is relevant to their work and the workplace (Figure 21).

²⁰ From the approximately 140 staff within the organisation, this was a response rate of 27 per cent.

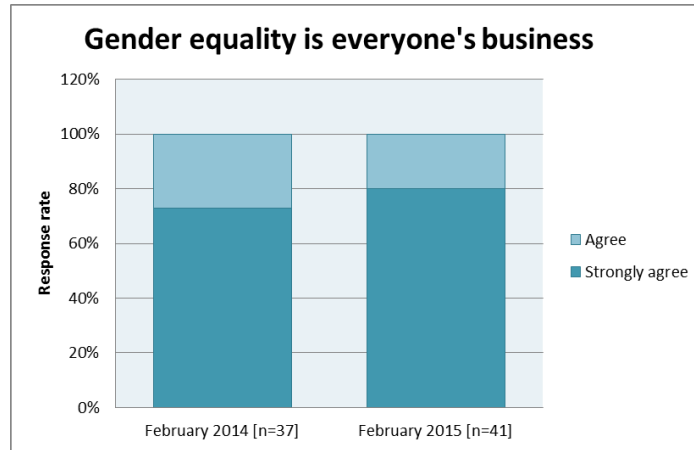


Figure 20: Percentage of Link HC respondents who 'agree' and 'strongly agree' that gender equality is everyone's business

Nearly three-quarters of survey respondents in February 2015 agreed that gender was relevant to their work (74.4 per cent), an increase of 20 percentage points from the survey responses in 2014 (54 per cent).

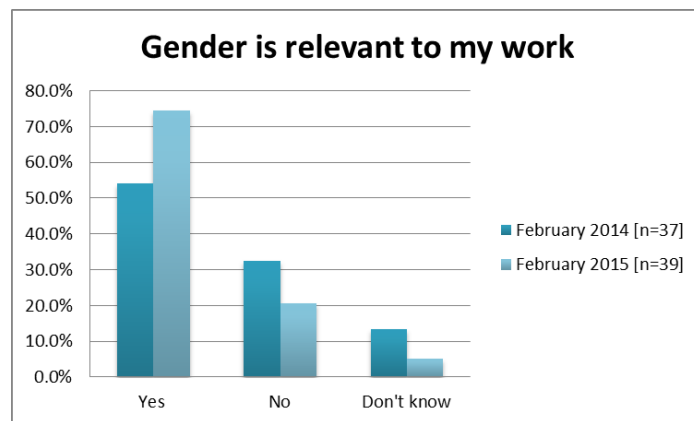


Figure 21: Percentage of Link HC respondents who believe 'gender is relevant to my work'

The influence of gender on the workplace was the most commonly reported way gender was seen to be relevant to a person's work at Link HC (74.2 per cent; Table 11). Gender was additionally seen as relevant to how a person's work is valued by society, their relationships and practice with clients, the health of Link HC consumers, and people's access to the health service (Table 11).

Table 11: Ways in which gender is relevant to the work of Link HC staff (February 2015)

Gender is relevant to my work because it ...	% agree (n=31)
... influences my workplace	74.2%
... has a role in how my work is valued by society	58.1%
... affects my relationships and practice with clients	58.1%
... influences the health of my clients/our consumers	51.6%
... is a factor in people's access to our health service	54.8%
(Other)	3.2%

Bosch

Bosch describes itself as a values-driven company. Two of its key corporate values, social responsibility and diversity, in addition to employee health and wellbeing, were the foundations of engagement of the company with Generating Equality and Respect.

An ethos about social responsibility filtered down from the top at Bosch in Clayton, as evident by the corporate citizenship program. The program included the allocation of one day per year for each member of staff to undertake voluntary work to contribute to the local community, as well as on-site awareness-raising activities.

The corporate value of diversity was not evident in the gender mix of the workforce at Bosch and the company is committed to addressing this.²¹ Bosch has a diversity strategy that does not recognise gender equity. During the partnership period, Bosch concurrently undertook a review of its diversity strategy and was keenly interested in what the program had to offer to support the integration of gender equity in the revised strategy.

Bosch recognised that family violence was a health issue for its employees and readily agreed to participate in awareness-raising and capacity-development activities achievable within the timeframe of Generating Equality and Respect. At the time of preparing this report, Bosch was exploring developing a family violence workplace policy. The integration of a family violence module into the existing Bosch Equal Employment Opportunity Workplace Behaviours training is a sustainable outcome of Generating Equality and Respect, as this training reaches all employees eventually and contributes to a workplace culture in which everyone sees they have a role in preventing violence against women.

²¹ Bosch in Clayton is typical of technical-based companies where most employees are men. An estimated 200–300 of the 600–700 employees in Clayton are engineers. They are principally software, project and electrical engineers, rather than mechanical engineers. Many of the current managers were engineers before moving into management roles. Another significant component of the workforce is sales staff. Both the engineers and sales staff are predominantly male. At Bosch in Clayton the age bracket is 40–55 years, with many people working at the company for 5–10 years or sometimes even longer. With low turnover, there are fewer roles for younger staff members and career development opportunities.

As discussed in 'Building capacity for primary prevention' (p. 93) this training introduces participants to the prevalence and seriousness of violence against women, the gendered nature of family violence, the link with sexism and pro-violent attitudes, and what they can do to respond. It is estimated that more than 90 per cent of participants in this training are men from all levels of the organisation.

In April 2015, Bosch and Generating Equality and Respect agreed to extend its MOU to the end of the year with an increased focus of the partnership on gender equity and reach into other parts of the organisation. This included the integration of unconscious bias training into the senior leadership training. Having a formalised MOU meant that Bosch remained committed to the partnership and to having ongoing discussions with Generating Equality and Respect over a period of time.

Leaders and leadership

Monash City Council

Leadership has been crucial for supporting, driving and sustaining work to promote gender equality and the prevention of violence against women at Monash City Council. Stakeholders recognised that it is very difficult to progress work within local government without political will and support, and this played an important part in the success of the program.

If you don't have that leadership or that commitment at that [councillor] level I think it's very, very challenging. (Senior leader, Monash City Council)

The mayor at the time, who was female, initiated Monash City Council's role in prevention of violence against women in Council's earlier work, and this critical leadership and commitment was maintained when Generating Equality and Respect commenced. This leadership of Council's work in primary prevention was supported by the other female councillors. Subsequently, the male councillors also committed to the prevention of violence against women in their roles as leaders within the Monash community.

With the councillors I think because we have got a councillor here who really started this work for Monash ... She was Mayor and it was the year of Women in Local Government and she sort of wanted to do something ... But it was interesting, it was the men [male councillors] that stood up [later] that started recognising their role in this place, so she'd created a space at the Council level of seeing our role in preventing violence against women. (Senior leader, Monash City Council)

Leadership demonstrated by mayors and councillors for primary prevention throughout Generating Equality and Respect included but was not limited to:

- public declarations:
 - The mayor announced at the White Ribbon Day event in 2014 that the prevention of violence against women was one of his priority areas.
 - Some councillors spoke publicly about their personal experiences of violence and how that has impacted their motivations to be involved.
- attendance at events and training:
 - Multiple councillors attended VicHealth’s Leadership for Preventing Violence against Women workshop in 2013.
- consultations and meetings:
 - Five councillors participated in consultations for the gender equity strategy (see p. 87).
- requests for information:
 - One male councillor requested regular meetings with the program manager and Monash’s community planning and development manager to understand the progress of Generating Equality and Respect.
- requests for the program team to conduct specific activities in support of the prevention of violence against women:
 - One female councillor requested that the program screen two films open to the community to attend relating to the construction of rigid gender roles.
 - The mayor requested that the Generating Equality and Respect program team participate in a video showcasing Monash City Council, the only Council program featured in the video.
- requests to continue work to prevent violence against women post the Generating Equality and Respect funding period:
 - Councillors were strong advocates for ongoing funding for preventing violence against women activities after the Generating Equality and Respect program finished, specifically through a position for preventing violence against women (see p. 88).

Link Health and Community

Leadership for Generating Equality and Respect was evident from the outset at Link HC through its senior management. This leadership demonstrated how primary prevention of violence against women initiatives mutually supports secondary and tertiary prevention efforts in the community. The CEO considered his role was to lead and legitimise others to promote primary prevention of violence against women and was seen as a strong leader through his:

- public statements
- personal commitment as a White Ribbon Ambassador
- involvement on the program executive committee
- encouragement of other men at Link HC to get involved
- commitment for staff to attend training
- commitment (along with many others) to put the prevention of violence against women on the strategic agenda at Link HC in the first place.

Generating Equality and Respect raised the profile of Link HC as a leader in the primary prevention of violence against women. The program influenced how Link HC sees itself as having a whole-of-organisation approach to the prevention of violence that is unique and worth sharing. Primary prevention could be considered the missing part of the jigsaw for community health to fully embrace its principles of working within the social model of health by working across the whole spectrum of prevention. This was galvanised for Link HC by the submission-making process to the Victorian Royal Commission into Family Violence in May 2015, whereby the organisation articulated for the first time its comprehensive approach to the prevention of violence against women that grew from its early roots. This was echoed in the reflections of a senior organisational leader.

It's a great vindication of the work that's been put in for so many years by the group of counselling staff who are working in family violence and are so passionate about it and have worked so long to develop an approach that was challenged for so many years, this approach that you actually challenge men about their behaviour and make them take responsibility ... It was seen as a very radical approach ... but to have any real structural change you've got to take it at a multilayered approach with both men and women and help men to become part of the solution instead of just the source of the problem. In changing society. It's not really a big ask is it? (Senior leader, Link HC)

There was keen interest in the lessons and outcomes of the Generating Equality and Respect program within the community health setting by other community health practitioners and the prevention of violence against women sector more broadly. Insights and lessons along the way have been shared in various national and local conferences or forums reaching well over 500 people (see 'Communication was central', p. 45). Three Link HC staff, the prevention practitioner, the health promotion manager and the family violence program leader, co-authored and successfully submitted an article to a peer-reviewed international journal and published in December 2015 (Upston et al. 2015). The article describes the role of a community health service in the prevention of violence against women – primary, secondary and tertiary prevention – using Link HC as a case study.

Primary prevention activities mutually support secondary and tertiary prevention of violence against women efforts in the community health setting. This includes family violence counselling and support services, men's behaviour change programs and community development programs to improve social health outcomes. At Link HC, holding men accountable for their behaviour and keeping women's experiences as central underpin all practice. While Link HC struggled at times to differentiate primary prevention work from other work in secondary prevention of violence against women, primary

prevention was nevertheless seen as a natural course of events and something that the organisation would undertake at some stage. This assisted to embed primary prevention across the organisation and reduced the risk of it being seen as separate specialist work.

We were always meant to get to that point where we were doing work in all three areas of prevention. So it's really tremendous. (Senior leader, Link HC)

Strong organisational leadership and commitment from senior management was evident and there was an increased awareness and understanding of the link between violence against women and gender equality. The 2016 gender audit process will help embed gender equity further across the organisation by focusing a gender lens on one or more programs or services. Further training for leaders in the rationale and use for gender analysis is a priority. A gender lens is being applied to current planning for the Link HC Strategic Plan. Other than within the health promotion team, regular use of sex-disaggregated data in planning, program design and evaluation is limited at this stage.

With the introduction of a regular gender audit, several stakeholders at Link HC expressed concern that the organisation may focus too heavily on the audit and planning phases rather than taking action and looking outwards to influence change in the broader community. This concern acknowledges that it takes considerable time for organisational change. Primary prevention actions recommended initially by the ReCLAIM research project and then implemented through the support of Generating Equality and Respect (the organisational statement, the gender checklist and gender audit process) took three to four years to come to fruition.

The membership and role of the prevention of violence against women subcommittee (see p. 85), and direction of the CEO, will be crucial to support future action and the culture for change. There is a vision by the health promotion manager that the prevention of violence against women subcommittee will evolve into a gender equity expert advisory group, supporting implementation of a gender equity plan, with broad representation from across the organisation.

Bosch

The key contact at Bosch is a champion for gender equity and prevention of violence against women within her team and the organisation. In her role she has engendered support from her line management up to the CEO. The Bosch president approved unconscious bias training as an integral component of leadership training for its senior executives in September 2015.

The Bosch key contact, with the support and resourcing of Generating Equality and Respect, was motivated to progress work already under way. She incorporated new ideas and perspectives contributing to the ongoing change process, which was supported by the planned and opportunistic capacity building provided by the program.

Part of our Diversity program has been to review all our HR policies and processes in line with equality or diversity. So we've already made some changes so we have a flexible working arrangement now that is in place. We need to promote it and I think we need to shift the conversations a little bit. We're now looking at our recruitment processes and that will need updating. We just got some ideas at the [gender equality] seminar last week. (Key contact, Bosch.)

She acknowledged the role of leadership, in particular the leadership of the CEO, the importance of getting other people on board and having a long-term view to the work. She has engaged senior leaders at Bosch to progress the organisational change agenda at the organisation, evident in her reflections on discussions about the establishment of a diversity council, an internal committee focused on diversity in the workplace that will focus on gender equity as its first priority.

... small steps, but if I look back five years ago and you think, 'Oh, we haven't achieved anything', but I think we have. CEO's make a big difference ... So we now have a monthly discussion with [the CEO] on the topic of diversity ... When we talked about the Diversity Council originally he was, 'Oh, well, what will that do?' and 'What would we talk about?' to us now saying, 'This is what the Diversity Council is, we want it to look like [this]. These are the type of people we want included. Our suggestion is going to be that any decisions are consulted and they're not just coming from you.' And he said, 'No, I agree. I don't think they should come from me. I think the group should be able to make, you know, suggestions on policy changes or anything like that.' So we're, like, 'Yes!' That's what we want [from] him – we don't want him to think he has to have all the answers. We want to engage others in the organisation. So you know we're getting there. (Key contact, Bosch)

Accountability

Monash City Council

Victorian local governments are legislated to develop and implement a Council plan and municipal health and wellbeing plan every four years to coincide with Council elections. These strategic documents hold incredible power in shaping Council priorities and place a sense of accountability on Councils for action through internal and external reporting.

The commencement of Generating Equality and Respect in 2013 was timely as multiple strategic documents were being reviewed that year, affording an opportunity to embed preventing violence against women and gender equality within strategic plans and actions (Table 12). Having these plans in place supported departments to implement good-practice actions over the course of the program life, embedding gender equity in the business of Monash City Council.

Table 12: Monash City Council plans and strategies that include gender equity and/or the prevention of violence against women

Name of Council document	Inclusion of gender equity and/or prevention of violence against women
Monash Council Plan 2013–2017	<p>A key community outcome in the Council plan is ‘Communities and organisations promote respect and equality and prevent violence against women’. The strategy to achieve this outcome was to implement Generating Equality and Respect ‘which aims to build equal and respectful relationships between men and women and prevent violence against women’.</p>
Monash Health and Wellbeing Partnership Plan 2013–2017	<p>Gender equity is a guiding principle of the plan and preventing violence against women is a key health priority. The mayor’s foreword in the plan profiles gender equity as a key consideration for health and wellbeing and highlights the Generating Equality and Respect program as an important project of Monash City Council.</p>
Monash Access and Equity Framework 2013–2017	<p>The Generating Equality and Respect program team negotiated the integration of gender equity into Council’s Access and Equity Framework 2013–2017. This meant that gender equity was referenced in the service planning guide, which provided a framework for the development of annual divisional plans. This early work of the Generating Equality and Respect program created the mandate for a whole-of-Council gender equity strategy (see p. 87) and a starting point for discussions about gender equity with individual departments.</p>
Monash Youth Plan 2013–2016	<p>Several actions in the youth plan recognise the role of local government in the primary prevention of violence against women, specifically with young people. One was to ‘Develop a positive peer relationship initiative for young people in Years 7 and 8 using a whole-school approach’ and the other was to ‘Enhance youth service providers’ capacity to deliver good-practice respectful relationships education’.</p>
<p>Monash People Plan (internal organisational development plan)</p>	<p>One of the strategies to achieve ‘Outcome 2: People are valued’ in the Monash City Council People Plan was ‘Build and promote respectful and equitable gender relations through the provision of learning opportunities programs at Monash’ with a reference to the Generating Equality and Respect Prevention Plan of Action. Actions that sat underneath this were:</p> <ul style="list-style-type: none"> • providing learning opportunities for Monash employees to increase their knowledge and skills on respectful and equitable gender relations in accordance with the Generating Equality and Respect Prevention Plan of Action • creating a common understanding of respectful and equitable gender relations through consistent messaging to staff • promoting internal learning opportunities through the integrated annual corporate training calendar • strengthen leadership and organisational commitment to gender equity through leadership programs, the Monash Leadership Framework and relevant documents (e.g. organisational statement, gender equity policy/strategy) • establish structures (e.g. a working group) to support organisational change for gender equity.

Commitments in the Council Plan and Monash Health and Wellbeing Partnership Plan have been referred to frequently throughout the program's life, including:

- in the written submission to the Royal Commission into Family Violence
- through the development of strategic and policy documents
- in reports to Council and to inform responses to community enquiries.

Generating Equality and Respect also enabled the development of two new Council documents that were specifically focused on gender equality and the prevention of violence against women: the preventing family violence in the workplace policy and procedure and the Gender Equity Strategy (2015–2020). The strategy is a key framework for sustaining the primary prevention work and vision of Generating Equality and Respect (see p. 87).

The preventing family violence workplace support policy and procedure was developed in partnership between Generating Equality and Respect and Monash City Council Human Resources Department. The aim of the policy was to support staff responding to family violence, provide a consistent and positive approach to responding to disclosures of family violence and raise awareness of family violence.

Things are embedded so it's not about people it's about practice. (Senior leader, Monash City Council)

To support the development of the policy, family violence policies from other workplaces were reviewed and expertise was sought from the family violence regional integration coordinator for Melbourne's east and a consultant who has led the development of numerous best-practice family violence workplace support policies. The policy describes Monash City Council's responsibility to its employees who may be experiencing family violence and:

- provides guidelines to assist victims of family violence
- provides guidelines to assist perpetrators of family violence (with the goal of supporting victims)
- articulates training, education and support for those who receive disclosures of experiences of family violence
- outlines opportunities for leave options and payroll changes for victims of family violence
- articulates responses to performance issues related to victims of family violence
- highlights the family violence clause in the enterprise agreement.

Generating Equality and Respect ensured the policy also recognised the importance of working to prevent violence from happening in the first place and makes the gendered nature of family violence explicit.

The policy was launched at Monash City Council's White Ribbon Day event in 2014. Training to support the implementation of the policy was provided to the executive leadership team and coordinators in late 2014 and early 2015. The policy was promoted in the staff bulletin, e-news, and on the intranet, and it was included in the staff induction kit.

Monash City Council's commitment to Generating Equality and Respect has placed a sense of accountability on Council, which in turn has supported actions that promote gender equality, including but not limited to:

- internal discussions at Monash City Council about human resource matters
- multiple staff use of Council's commitment to the development of a gender equity strategy as a rationale to consider the gendered impact of decisions.

A community member contacted Monash City Council about some advertising at the local shopping centre which she believed was disrespectful to women, noting that Council promotes the message 'Say NO to violence against women, say YES to equality and respect'. The Council's response was swift.

Walking into the Glen Shopping Centre ... about 18 months ago there was a big advertisement ... It was obviously degrading to women, and very quickly a resident rang and said 'Please, Monash, you know, you're a leader in this space can you please advocate for this to be pulled down'. And, you know, we did it in a day. (Senior leader, Monash City Council)

In this instance, Monash City Council responded to the resident, informing her that Council made a complaint to the Advertising Standards Bureau with specific information regarding how the advertising was in breach of their guidelines. Monash City Council also provided the resident with information about the Advertising Standards Guidelines in case she wanted to make a complaint to the bureau herself.

Practice insight: Local governments can be held accountable for primary prevention through their public commitment in strategic Council documents. This accountability can be reinforced by effective communication and engagement activities that engage staff and the community to be champions for primary prevention.

Link Health and Community

From the outset, the Generating Equality and Respect program was integrated within the health promotion program at Link HC. The prevention practitioner reported through the health promotion manager to the health promotion committee.

Identifying and developing the right fit for a sustainable structure that could facilitate change for gender equity within Link HC took some time. Considerations included where the position could be best placed to ensure there was a sphere of influence within Link HC. This placement would ensure that there would be conversations about organisational culture, policy and ideas for action, and for developing recommendations for change in practice. In addition, this role had the mandate to monitor and act on any plans that resulted from a gender audit process. These considerations built upon previous discussions by the ReCLAIM research project advisory group and drew from the consultation phase of Generating Equality and Respect. Both sources identified a need to engage more men and a broader base of supporters from across the organisation, including in the human resources department, for gender equity.

In early 2014 the Link HC executive decided that the health promotion committee should establish an action-oriented group, the prevention of violence against women subcommittee. Recommendations from the group to the health promotion committee would then be submitted to the quality improvement committee, one of two key decision-making structures at Link HC, for final approval.

The prevention of violence against women subcommittee's purpose was to pursue strategic activity of the health promotion committee in primary and secondary prevention of violence against women. Activities of the prevention of violence against women subcommittee were determined annually by the health promotion committee based on the integrated health promotion plan and Generating Equality and Respect implementation plans.

The prevention of violence against women subcommittee comprised representatives from the health promotion committee, including consumers, staff and two senior leaders. Participation of men was actively pursued to promote a gender balance and engagement of men in primary prevention, with two of the eleven members being male. The chair is a member of the Link HC executive. The prevention of violence against women subcommittee met bi-monthly in 2014 and 2015, with an average attendance of 10 members. While there was representation from across the organisation, a high proportion of members were from the counselling team who had been involved in the previous ReCLAIM research project working group. From its inaugural meeting in March 2014 its scope has been to:

- advise the development and implementation of a training plan for secondary and primary prevention practice at Link HC
- advise the development and use of fact sheets for clinicians in secondary prevention practice
- advocate for special leave provisions, review of employee assistance program and any other initiatives to ensure appropriate supports are in place for staff affected by family violence
- support actions by men's and women's groups at Link HC to prevent violence against women
- provide support for Generating Equality and Respect program implementation and evaluation at Link HC
- develop expertise in primary prevention practice at Link HC, including links to regional plans and evaluations
- promote the adoption of gender equity policy and protocols at Link HC
- advise the adoption and implementation of a four-yearly gender audit process to commence in 2016.

The establishment of the prevention of violence against women subcommittee led to success in engaging more men and reaching a broader base of supporters from across the organisation in actions for gender equity. The Generating Equality and Respect program, however, failed to engage more fully with the human resources department due to lack of capacity in that department. How a stand-alone gender equity committee may be adopted by Link HC needs to be explored.

To ensure the organisation remained accountable to its policy commitment and the vision of Generating Equality and Respect, the prevention practitioner consulted with the prevention of violence against women subcommittee in 2014–2015 for the development and introduction of a gender audit process. In addition, this process needed to connect with the eastern region's TFER strategy and evaluation (see p. 41).

In April 2015, the health promotion committee agreed to adopt a regular four-yearly gender audit process commencing in 2016. This process utilised a shared TFER gender audit tool as the basic methodology, but built in flexibility to accommodate changing staffing and resources, new areas of interest to be explored and the expertise available.²² The audit process is accompanied at all times by its rationale and relationship to the prevention of violence against women.

In light of the previous gender self-assessment process and consultation through the Generating Equality and Respect program, while some internal cultural issues will be followed up, the main focus of the 2016 gender audit at Link HC will be on how the organisation performs in program and service provision.²³ A mix of methods, as recommended in the TFER gender audit tool, will be employed, including the application of the Link HC gender equality checklist (see p. 89) to review nominated program(s) or service area(s). Selected data from the audit process will contribute to the TFER evaluation database.

The gender audit process is supported through Link HC’s integrated health promotion plan with the prevention of violence against women subcommittee contributing to the analysis of results and development of an action plan for the health promotion committee to oversee. Generating Equality and Respect developed a number of resources for the implementation of the audit: audit guidelines (which include document analysis and stakeholder interview guides and implementation plan), a self-assessment tool and a staff survey instrument.

Bosch

The global corporation of Bosch has established a target to increase women into management positions (20 per cent) and there is much work to do at Bosch in Clayton to achieve this. The diversity council established by the key contact at Bosch (see p. 81) will initially focus on gender equity. The diversity council has 12 members from across the organisation, including the CEO and two other executives. Steadily, over time, the organisation is making changes to increase accountability to its strategic objective of increased women in leadership.

Sustainability

Monash City Council

An internal gender equity committee was initiated and established in 2013 by the Generating Equality and Respect program team. The intent was to build the capacity of committee members and support

²² The TFER gender audit tool was developed drawing on the following resources, as well as local evaluation and practice expertise:

Organisation	Year	Resource
InterAction	2010	<i>The gender audit handbook</i>
International Labour Office	2007	<i>A manual for gender audit facilitators</i>
Yarra City Council	N/A	'Why gender matters' fact sheet
Maribyrnong City Council	N/A	Facilities Gender Audit
Women’s Health Loddon Mallee	2013	Gender Equity Quality Standards
Women’s Health in the North	2013	Organisational Assessment Tool
Workplace Gender Equality Agency	2014	Workplace Gender Pay Gap Analysis

²³ The Link HC ReCLAIM research project 2011–2012 was undertaken by researcher consultant Dr Tracy Castelino. Dr Castelino developed and used a violence prevention gender audit tool as a framework for enquiry and analysis of policies and focus groups conducted as part of an organisation-wide gender audit. The audit approach was participatory and reflective, rather than prescriptive, and aimed to build capacity of an organisation to prevent violence against women.

the development, implementation, monitoring and evaluation of a gender equity strategy. With 26 members, the committee had representation from 12 different departments and various levels within the organisation. Membership was 75 per cent female and 25 per cent male.

While the committee was thought to be a valuable forum for learning by a number of members, it was disbanded after only two meetings. Because of uncertainty about resourcing, role clarity and leadership for the gender equity strategy beyond the program, development of the strategy was delayed until these issues were resolved. Once under way, the program team adopted a different method than first anticipated to proceed with strategy development. Rather than individuals representing their department on the committee and in turn consulting their colleagues, the most practical way to develop department actions for the strategy was for the Generating Equality and Respect program team to consult and negotiate directly with departments.

The development of the Gender Equity Strategy (2015–2020) was a long and at times challenging process for the program team. While initial discussions regarding the development of the strategy began in 2013, due to a number of factors, including those already discussed, its development did not begin in earnest until early 2015, with the final strategy endorsed by Council in November 2015.

The delay in the strategy development gave additional time to strengthen the capacity of the organisation internally by the increase of activities undertaken to raise awareness and develop partnerships across the organisation. This may have produced a higher quality outcome in the end. The program team believes there was additional buy-in across Monash City Council and depth of actions negotiated for the strategy due to the multiple mutually reinforcing activities of Generating Equality and Respect and extensive consultation employed.

Diverse consultation methods were employed to develop the strategy, including:

- a whole-of-staff survey to understand staff experiences of gender, gender equality and inequality with more than 210 respondents
- face-to-face consultations with 17 different Council departments
- a community members survey with 144 respondents
- a community groups survey with 26 respondents, each representing a different group
- face-to-face consultation with members of Council reference groups and advisory committees.

The gender equity strategy aims to support Monash City Council to achieve an integrated, whole-of-organisation approach to gender equity. Through the application of the strategy, it is the expectation that gender equity is considered and prioritised in all current and future Monash City Council planning, policy, service delivery and practice. Monash City Council has committed to promoting gender equity through its role as:

- leader – Council will provide leadership to the community and partners on gender equity. Council recognises that its culture, policy, planning and programs must demonstrate respect and gender equity to effect community change
- advocate – Council will advocate for gender equity and the prevention of violence against women at a local, regional, state and national level
- capacity builder – Council will support its staff, its partners and the Monash community to understand how they can promote gender equity in their everyday work and lives
- employer – Council ensures that as a workplace it provides equitable opportunities for its male and female employees and maintains an organisational culture supporting gender equity

- arm of government – Council ensures that decision making, resource allocation, planning, policy and service delivery address gender inequalities and are evidence based.

Monash City Council has funded a permanent, ongoing senior officer to coordinate Council’s preventing violence against women and gender equity activities after the Generating Equality and Respect program. The coordinator will oversee the implementation, monitoring and evaluation of the strategy. This ongoing position and strategy will provide resourcing and accountability to support Monash City Council to continue this work. The achievement of an ongoing role at Council is a significant outcome for Generating Equality and Respect given the current financial constraints for local government, and it was the only new position funded in Council’s 2015–2016 budget.

In addition to the permanent role, a small budget bid was successful to support the implementation of the strategy actions and continue to build the capacity of Council staff to prevent violence against women. There is real commitment from Monash City Council to continue the vision of Generating Equality and Respect.

The fact that defying all odds ... Councils will be going through rate capping and there is a freeze on positions everywhere. We got a position over the line in Monash on gender equity. Unbelievable ... Monash’s commitment is unwavering ... By having an adopted plan means that during the course of its life we have the opportunity to go back to Council for further budget needs on specific projects or activities ... to ensure it’s accountable and report on it annually to Council and all of those things has raised the bar. (Senior leader, Monash City Council)

It is intended that some staff members from the original gender equity committee will be invited to sit on a broader internal access and equity committee to support the implementation and monitoring of the gender equity strategy from 2016. The access and equity committee oversees a range of social justice policies that fall under Council’s Access and Equity Framework 2013–2017. These include the health and wellbeing partnership plan, early years plan, plan for young people, age friendly plan, multicultural plan, people with a disability plan and gender equity strategy.

Link Health and Community

A recommendation from the Link HC ReCLAIM research project was the development and implementation of a gender equality checklist. The Generating Equality and Respect program undertook this in 2014. The gender equality checklist is an analysis tool to assist the organisation in assessing whether a policy, program, service or practice is gender sensitive and accountable to its access and equity commitments.

In June 2014, the prevention of violence against women subcommittee considered the use of such a checklist for Link HC policies. The checklist was created through review of existing frameworks and tools and consideration of feedback from the committee that they wanted a tool that was simple to apply. The checklist was further trialled with the health promotion committee and subsequently refined as a workflow procedure document in keeping with the organisation’s quality template. The committee submitted a proposal to the quality improvement committee for the adoption of the workflow checklist to accompany the overarching policy development, implementation and review policy and procedure. With adoption of the checklist, the need to increase staff knowledge and skills to apply the gender checklist was acknowledged. The prevention practitioner publicised that she was available to assist people undertaking policy or program development and review; however, uptake of this support was limited, indicating the need to continually promote this role.

The three key questions asked by the checklist are:

- Could this policy, program or service impact women and men and transgender people differently (because their needs are different)?
- Could this policy, program or service reinforce, perpetuate or exploit harmful gender stereotypes?
- Could this policy, program or service promote gender inequality because it does not recognise the historical and social disadvantages that prevent women and men from operating on a level playing field?

The role of the quality improvement committee was crucial in uptake and integration of the checklist across the organisation given its membership of senior leaders and influence on practice. To date, the checklist has been applied to reviews of three policies and procedures: research, health promotion, and service access and coordination (formerly access and equity). Examples of the application of the gender lens (before and after) are provided in Appendix 9. In addition to its role in gender mainstreaming in policy development and review, the gender equality checklist is an integral to the gender audit process to be adopted in 2016.

The health promotion team is leading the integration of gender equity in program planning and evaluation at Link HC through the use of sex-disaggregated data and gender equity indicators in its integrated health promotion planning. This is evident through the organisation's health promotion work in nutrition and food access, where gender is considered in needs assessment.

A comprehensive needs assessment, utilising sex-disaggregated data wherever possible and inclusive of organisational, community and stakeholder consultation, will inform the selection of health priorities and the development of an organisational health promotion implementation and evaluation plan every four years. The evaluation plan will include both process and impact measures, including relevant equity indicators (based on gender, socio-economic status, culture, ethnicity or age, for example). (Excerpt from the 2015 revised Link HC Health Promotion Policy)

Fitting primary prevention alongside secondary prevention activity within integrated health promotion was not without its challenges. At times, there were competing demands in program implementation for the health promotion manager at Link HC and for the organisation to commit staff time to attend training (e.g. gender training versus training for clinicians to respond to family violence). A limitation for health promotion in community health services to influence organisational culture and sustain change may arise where there are no direct service staff involved in the governance of primary prevention programs, which was the case with the health promotion committee by the end of 2014. Likewise, membership of gender equity or preventing violence against women working groups should have broad representation from across the organisation.

Practice insight: Gender equity is a quality improvement issue for community health services and should therefore be an integral consideration in any policy or program development and review. Furthermore, primary prevention and gender equity must not solely remain the responsibility of health promotion units in recognition that everyone has a role to play in prevention and so the work does not become marginalised. As supported by the international literature, the Generating Equality and Respect program found the community health service to be well placed to invest effort at all points along the spectrum of prevention of violence against women (primary, secondary and tertiary) as all these points are intrinsically interconnected in the community health service context.

New membership of the prevention of violence against women subcommittee, particularly by the two male staff members, was a step in the right direction at Link HC; however, it is likely that further commitment from other parts of the organisation will be needed to really embed gender equity into its culture. The year 2015 saw the arrival of a new CEO at Link HC; he has expressed enthusiasm that gender equity is a whole-of-organisation approach, commencing with the integration of a gender lens in the current leadership training being delivered at Link HC.

New staff members of Link HC undertake mandatory orientation about the organisation's approach to primary, secondary and tertiary prevention as well as a stand-alone gender equity module. Both modules reference the organisation's statement for the prevention of violence against women and supportive policy and practice.

I've just finished watching all of the orientation videos, and particularly enjoyed your sections on [primary prevention] and gender equity ... The last section where you provide practical advice on how to deal with sexist behaviour/comments in the workplace or social situations – this is really helpful. (Staff member, Link HC)

Generating Equality and Respect was well integrated into the operations, structures and systems of Link HC. However, to ensure the organisational changes are sustained and the organisation can look further afield in coming years for primary prevention activity, attention is required to strengthen these newly established organisational systems and continue to build the capacity of personnel to implement gender equity activities. When the focus on and resourcing to support structures and systems are not sustained, the momentum that had existed can fall away. Link HC has committed to a number of actions to promote sustainability within the organisation, including but not limited to:

- integration of a gender equity lens into Link HC's strategic planning, programs, services, policies and governance
- participation in a coordinated annual response to White Ribbon Day and the 16 Days of Activism against Gender-based Violence (e.g. communications, event(s)) with Monash City Council and regional partners
- continuation of the prevention of violence against women subcommittee with annual review and opportunities for its members to increase competence for gender equity
- commencement of a four-yearly gender audit process to align with the health promotion planning cycle, and monitoring of the effectiveness/outcomes of planned actions
- continued contributions to the evidence base by use of the TFER gender audit tool
- continued promotion of the Link HC Organisational Statement for the Prevention of Violence against Women, internally and externally
- regular updates to Link HC Executive and Board on preventing violence against women and gender equity activities
- building on existing partnerships, and establishing new partnerships, with community organisations and workplaces in Monash to prevent violence against women.

Link HC has committed to up to 0.4 full-time equivalent of the health promotion manager role to support sustainability actions and is actively seeking funding for primary prevention initiatives that reach into the community. It is seen to be a leader in the community health sector for the prevention of violence against women. The organisational statement has helped increase the organisation's leadership profile in the external environment. While it has been promoted through various communications (both internally and externally) and it is incorporated in the new staff orientation program, there is an ongoing need to keep it alive and relevant to practice for staff.

Bosch

Introducing and integrating violence against women as a workplace issue into a male-dominated corporate workplace is an achievement in itself. Embedding gender equity within corporate workplaces through partnerships is a long-term prospect, perhaps beyond the life of a funded program such as Generating Equality and Respect.

The Bosch key contact agreed that an ongoing partnership with Monash City Council would be beneficial to support their ongoing work on gender equity.

Yeah, absolutely, because the Diversity project is not going to end for us. It doesn't just end with this [the end of the program funding]. This is just one part of it in that we have a global target or a target to increase women into management positions which, whether you like targets or not, that just gets it on the table as far as I'm concerned, so we have a lot of work to do in that. How do we recruit? How do we develop? How do we offer flexibility through the whole organisation? How do we change the culture? (Key contact, Bosch)

The key contact has advocated to embed gender equity, such as workplace flexibility and more female representation in senior roles, in organisational processes and culture. This is a long-term and ongoing endeavour.

We have a very male-dominated senior leadership group. So one of the projects I have is on executive leadership development and one of the things we've been talking about is leadership and unconscious bias and gender equality and flexibility and I am hoping that the training that we're doing is a small step to changing some of their perceptions on how that will fit back in the workplace because I've talked about it before. We've been on a Diversity project for many, many years. We keep moving forward. Sometimes we feel like we're moving backwards ... I want to actually get a real conversation around what does it mean by having a diverse workforce and at the moment we don't have women in management positions, or very few, so we're not a diverse workforce at all and I think we can improve from a business perspective if we do have that ... My job is to change their thinking ... and rather than HR and the CEO constantly talking about this topic, I actually want to start going out to the business and getting other champions to start talking about the topic. (Key contact, Bosch)

The human resources team at Bosch is committed to continuing the advancement of gender equity within the context of reviewing its diversity strategy, continuous improvement in leadership, corporate citizenship and the health and wellbeing of its employees. With the added impetus of the Generating Equality and Respect program, the key contact will be promoting Bosch flexible working arrangements, reviewing its recruitment processes, parental leave scheme and travel policy and 'shifting the conversations' about diversity. The impact of family violence on staff is integrated into considerations about health and wellbeing within human resources and, over time, by management.

Part of the executive training that we're doing, the second day is by our EAP [Employment Assistance Program] provider in creating a mentally healthy workplace and not so much in a domestic violence side but to me it all fits together in that the health and wellbeing of your staff is your responsibility and when do I and how do I talk to you about something that's not work-related and how do I do that and when do I back off and when do I send you here and that sort of thing ... So it does, to me, all fit together how having those important conversations and talking about mental health and talking about domestic violence that it's okay to raise it as a topic and it's an open culture, but it's okay that it gets raised and people talk about it, so it does sort of all fit for me in that area. (Key contact, Bosch)

Building capacity for primary prevention

Building capacity for primary prevention was a complex and highly considered process during Generating Equality and Respect. It occurred in each setting through initial and ongoing engagement. The program created multiple opportunities for planned learning activities in each of the program settings, which were informed by extensive consultations and utilised deliberate education strategies and opportunistic learning for individuals. This combination of both planned and opportunistic learning activities contributed to individuals in each setting having the skills and confidence to champion prevention of violence against women, particularly within the three organisations undergoing organisational cultural change.

The remaining sections of 'Evaluation findings' discuss the capacity building within Monash City Council, Link HC and Bosch that sat within a framework of organisational cultural change, and the capacity-building activities undertaken in the youth practitioner and maternal and child health centre settings.

Consultations had mutual benefits

Consultations were conducted for different purposes throughout the life of Generating Equality and Respect. Consultation findings have been crucial in shaping all elements of the program's planning, implementation and evaluation. These consultations paved the way for the creation of supportive environments to discuss preventing violence against women and gender equity within partner organisations.

Consultations had two-way benefits. The Generating Equality and Respect program team gained insight, experience and advice for program planning and implementation, while those being consulted strengthened their understanding of the prevention of violence against women and increased their confidence to promote gender equity in their sphere of influence.

Individual staff and departments at Monash City Council were involved to varying degrees in program consultations. Decisions for engaging individuals were based on interest or buy-in from individuals, support from leaders or influencers, and where ideas for practical work that promoted gender equality were identified based on existing good practice.

Extensive consultations occurred with 17 departments from Monash City Council to develop the gender equity strategy, providing an important opportunity to have further discussions about gender equity and the role of local government. While previous consultations conducted at Council had primarily focused on the prevalence and determinants of violence against women, these conversations focused on addressing the underlying determinants of violence against women by promoting gender equity. The program team provided departments with resources about gender equity, the role of local government in promoting gender equity and how gender equity could be integrated into their roles and departmental processes. As highlighted in 'Embedding gender equity' (p. 69), the program team perceived that buy-in, support and depth of strategy actions were increased due to the capacity building that had been conducted. Sophisticated discussions were held during the consultations on issues including gender diversity and gender stereotypes.

A senior manager at Monash City Council reflected on the depth of discussions that had occurred throughout the consultation process.

I think there's conversations that have been had that have never been had before, and because people may not have seen their role in it. (Senior leader, Monash City Council)

Likewise, at Link HC, the extensive consultation conducted provided a learning opportunity and had multiple aims. The consultation informed the training needs analysis for a primary prevention training and development plan, highlighting four key areas where capacity development to increase awareness and knowledge across the organisation would be beneficial for primary prevention:

- understanding of gender equality and gender equity
- awareness of policies or practices supportive of preventing violence against women and gender equity
- understanding of the impact of gender on health and access to services and relevance to own work
- how to challenge sexism (for volunteers and staff).

Additionally, consultation identified that for leaders, managers and champions there was a need to increase understanding of actions that Link HC could take to mainstream gender equity practice.

Feedback and observation through the consultation process indicated that there was increasing understanding of the underlying determinants of violence and, at the same time, an increasing level of discomfort about gender inequality. Utilising a 'conscious competence' learning theory (Appendix 10), which holds that people move through four different learning stages to becoming unconsciously competent or skilled, this discomfort is a sign of being consciously unskilled or incompetent – that is, we know what we don't know. People were at different places in terms of skill and confidence to talk about gender and gender equity. The discomfort may have also indicated resistance to concepts that were challenged a person's current beliefs and attitudes. For example, a person may not have considered that their workplace may not be gender equitable or that everyday sexist comments made by men or women contribute to violence against women. Those people who had been involved with preventing violence against women work at Link HC for longer were much more likely to speak out about inequality in a forum in which power differentials exist. By the end of the program, however, staff at Link HC reported speaking out more about gender equity (see 'Embedding gender equity', p. 69).

Planned training

Planned training to build the capacity of individuals to promote equal and respectful relationships between men and women was delivered in all Generating Equality and Respect settings to different degrees and with different impacts. Formal training occurred most frequently in the two Monash-based partners, where it was an integral and necessary component of organisational change.

The importance of building the capacity of staff across the Monash-based partners to understand the prevalence and underlying determinants of violence against women and their role in primary prevention was identified as critical from the commencement of the program. VicHealth's [Preventing Violence against Women two-day short course](#) was held in February 2013. The short course aims to increase participants' skills and support the organisational change necessary for primary prevention of violence against women. The short course was attended by four Link HC staff and 16 Monash City Council staff. An additional short course was held in April 2014, with 14 attendees from Monash City Council and two from Link HC.

The short course was successful in building awareness and understanding of how to prevent violence against women. Following the training, 14 attendees who completed the evaluation form rated their understanding as either very good or excellent of:

- the prevalence, factors that contribute to, economic costs and health impacts of violence against women
- how violence against women can be prevented and what they could personally do to prevent violence.

For many Monash City Council and Link HC staff who became champions of preventing violence against women, the short course was their first introduction to primary prevention and provided an important foundation for Generating Equality and Respect activities.

I did learn a great deal from that two-day course about gender equity and gender and the prevention of violence against women and planning for our preventing violence against women activities ... There's definitely been several opportunities within the program that's made me more aware of gender and gender equity and gender-based violence. (Senior leader, Link HC)

For a number of male staff, their participation in the short course encouraged them to be more engaged in other Generating Equality and Respect program activities and structures, such as the Monash Men's Action Group and Link HC's prevention of violence against women subcommittee.

The workshop was very informative and has given me the tools and information to hopefully be a productive and active member of Link HC's [prevention of violence against women] subcommittee ... As the prevention of violence against women is mainly driven by women, I see a great need to involve men in getting the message out to men that violence and other factors will not be tolerated. I am now hoping that I can use the information from this workshop in a constructive and positive way to get that message out to the public, in particular men. There is a culture of 'peer group pressure' that men are subjected to, and this, I see, as a major contributing factor to violence. (Member, prevention of violence against women subcommittee, Link HC)

The two-day course was incredible. That was very, very powerful. (Member, Monash Men's Action Group)

All Monash Partners in Prevention grant recipients were required to undertake VicHealth's Preventing Violence against Women short course as part of their funding. Like the majority of participants from

Monash City Council and Link HC, the grant recipients found the course was valuable in strengthening their understanding of primary prevention, prior to implementing and evaluating their grant activities.

A number of other planned training sessions were delivered to Monash City Council and Link HC staff. Some sessions were developed and facilitated by program members, while others were delivered by external providers. Prominent examples include:

- VicHealth's [Leadership for Preventing Violence against Women workshop](#) at Monash City Council
- a specially designed gender equity leaders course at Link HC
- two sessions of VicHealth's [Bystander Training in the Workplace short course](#) at Monash City Council
- training to support staff in supervision roles to implement Monash City Council's preventing family violence in the workplace policy and procedure
- unconscious knowledge and bias training, focused on gender equity, at Monash City Council, Link HC and Bosch (delivered by the Centre for Ethical Leadership)
- specially designed gender training for all staff at Link HC
- workshop sessions for the Link HC prevention of violence against women subcommittee
- facilitated discussions for the Monash Men's Action Group
- Monash City Council Coordinators Network Forum on preventing violence against women
- Diversity in Care workshop, 2015 Link HC annual staff forum.

Monash City Council

In September 2014 and June 2015, 26 staff participated in VicHealth's Bystander Training in the Workplace short course to build their capacity to:

- identify workplace behaviours and cultures that can contribute to violence against women
- speak out and seek to engage others in the workplace when they witness behaviours, attitudes or practices that are disrespectful to women
- understand the bystander model and its role in supporting respectful and equitable work environments.

A second session was held in 2015 as a result of the high level of interest from Monash City Council staff in the first session, particularly from female staff who had been unable to participate in the first session due to high demand. Four members of the Monash Men's Action Group attended. In 2014, 89 per cent of participants reported increased confidence in taking bystander action to challenge sexism and gender-based discrimination in the workplace after the training.

While the majority of training that occurred at Monash City Council was open to male and female staff from across all levels of the organisation, a small amount of training was targeted specifically at staff in senior positions. The decision to aim the preventing violence in the workplace policy and procedures and unconscious knowledge and bias training at staff who supervise others was due to resourcing considerations and also aligned with an organisational commitment to invest in leaders at this level. However, a number of staff believed it was important that all formal learning opportunities were open to staff across the organisation, regardless of their seniority in the organisation.

We've been doing so much around the leadership of the organisation and the managers and the team leaders, that in fact what we also need to start working on, and that's hopefully through the People Plan and the gender equity strategy ... We've more work to do with all the staff. (Senior leader, Monash City Council)

I thoroughly enjoyed the session and agree there were very thought provoking discussions with all attendees. I feel the training would be very beneficial for all employees. (Participant, Bystander Training in the Workplace short course)

Broadly speaking, feedback from Monash City Council staff was very positive and supported the application of new knowledge.

I just want to thank you for organising the training this morning I found it very thought provoking and affirming and also empowering. (Participant, Bystander Training in the Workplace short course)

On the back of yesterday's information, I was wondering if you would have any relevant questions regarding unconscious bias/information or gender equality that would be appropriate to include in the survey. (Participant, unconscious knowledge and bias training)

A small number of Monash City Council staff acknowledged that apart from mandatory training at Council, the same 'converted' people attended most training and events, suggesting a need to engage a broader group of staff.

Those who should have attended the training in large part did not. (Staff member, Monash City Council)

Link Health and Community

At Link HC, a combination of off-the shelf and specially designed training and learning opportunities were provided as part of Generating Equality and Respect. The engagement and influence of senior leaders through training and awareness raising was essential to subsequently being able to reach staff across the organisation for training delivery. Because most Link HC staff have direct service delivery roles in clinical practice or customer service, the program was asking for a significant commitment from leaders to reach most staff for training.

In 2014, the Link HC prevention practitioner developed a training and development plan for the organisation. The plan recognised that secondary prevention capacity development work of the ReCLAIM research project operated alongside the primary prevention capacity development work of Generating Equality and Respect. To ensure reach was maximised, training across the organisation needed to be planned appropriately. The plan, based on a thorough needs assessment, identified the learning needs for different segments of the workforce (managers/leaders, all staff and program champions).

All senior staff received training about violence against women and gender equity as part of the training and development plan or during the program's consultation phase. Several attended VicHealth's Preventing Violence against Women short course (see p. 95). One program manager, also

chair of the prevention of violence against women subcommittee, attended training with the program team about participatory gender auditing, which proved beneficial in support of the introduction of Link HC's gender audit process.

In September 2014, a gender equity leaders course for Link HC's senior management team was held, co-designed and co-facilitated by the Link HC prevention practitioner and the Creating Healthy Workplaces Senior Advisor at YMCA, Victoria. Participants reflected on organisational achievements to date and explored actions and ideas to further mainstream gender equity.

While this session generated some useful ideas that have been adopted for sustainability planning, many actions at the team level and human resources actions were not realised during the program period. The integration of gender equity objectives into organisation-wide planning and reporting, as well as increased human resources capacity, would facilitate these changes.

The gender training program, specifically designed for Link HC by the prevention practitioner and delivered in the second half of 2014, engaged staff in teams or other groups to critically reflect on:

- the link between gender social norms, gender equality and gender-based violence
- how gender is relevant to our work and the health of individuals, families, communities, organisations and society as a whole
- actions we can take in our everyday lives (individual, team, organisation).

In acknowledgement of the differences in availability for training of Link HC teams, the program employed a modular design. Facilitated by the prevention practitioner and an external consultant who had extensive experience in working with the organisation through the ReCLAIM research project, the gender training comprised three sessions, each of 1–1.5 hours duration.

Some 108 staff participated in all three sessions. This very high staff participation rate was an excellent outcome, given the number of part-time employees at Link HC. However, a satisfactory method of delivery to reception/client services staff was not achieved, therefore only a few of these staff were able to attend. None of the corporate services staff (including administration, finance, information technology and human resources) were able to attend.

Throughout the gender training, the socio-ecological model of violence against women was employed as a framework to help participants see how the underlying determinants of violence against women play out, and to help distinguish the underlying causes from contributing risk factors. Risk factors for violence against women are what Link HC clinicians see as the 'presenting problem' in their day-to-day work, for example exposure to violence as a child or use of alcohol or other drugs. Using the socio-ecological model also helped participants understand the link between the prevention of violence against women and promoting gender equality and respectful relationships, and therefore why they should take action.

The training helped people to see what actions they could take in the workplace by providing contextually relevant examples of bystander action (at individual, team, program and organisational levels). The training also provided opportunity to practice bystander behaviours. Definitions and illustration of the distinction between gender equality and gender equity (Figure 22) were particularly beneficial to participants' understanding.

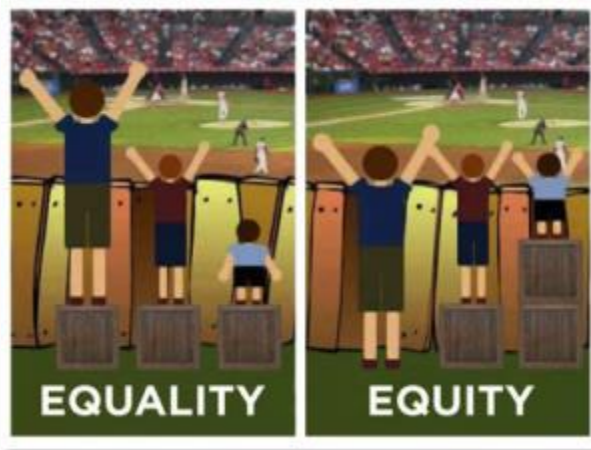


Figure 22: A depiction of equity and equality, used in Link HC's gender training program

Group activities, videos and discussions helped participants to process information they may have heard before.

A better understanding of gender norms/stereotypes; the group activities were interesting and well run, information 'stuck' better. (Participant, gender training at Link HC)

Exploring the possible health effects of gender on both males and females may have helped some participants see that gender was not 'just a women's issue', but in doing so it may have also risked reinforcing existing blindness to systemic disadvantage experienced by women.

It was good to see an increased focus in this session on the impact gender stereotypes can have on males and their physical and mental health ... how men are affected by gender bias, how embedded gender bias is from a young age. (Participant, gender training at Link HC)

Participants were invited to reflect on what they may do as a result of the training. Behavioural intention statements ranged from mindfulness to actions, in the personal or professional sphere and at the individual through to organisational levels.

Be more aware of the unconscious bias; practice using the questions to challenge sexist jokes. (Participant, gender training at Link HC)

Address gender issues in counselling sessions. (Participant, gender training at Link HC)

In terms of quality, the training was described as informative, interesting, stimulating (i.e. it generated discussion), very comprehensive, engaging and respectful of differing views.

It is important to 'do no harm' when delivering this type of training, as it can be quite confronting and challenging for participants. The gender training ensured that support and de-briefing opportunities were clearly offered and available to participants.

One other achievement of the gender training is that Link HC has committed to its development so the organisation can deliver the sessions to other Victorian community health services. The gender training is expected to be available to other community health services in 2016.

Members of the prevention of violence against women subcommittee at Link HC were identified as primary prevention champions and received additional training and resourcing by the Link HC prevention practitioner. This included:

- an orientation to primary prevention and gender equity workshop
- a workshop activity to apply a gender lens
- a presentation about gender auditing
- guest speakers from regional prevention partners.

Three members of the group participated in additional planned training sessions throughout the life of Generating Equality and Respect (see 'Embedding gender equity', p. 69, for more about the establishment and purpose of this committee.)

In 2014, the prevention of violence against women subcommittee supported the development of the gender equality checklist, and practised the use of this tool at one of their meetings. Committee members applied the draft checklist to several existing Link HC policies – quality improvement policy, site management policy and the consumer feedback and complaints management policy – and then reflected on their experience. Consensus was that applying this thinking was challenging, took time and required a certain level of capacity, both in understanding and experience, to consider gender equity. The tool was formally adopted in August 2014, and the Link HC prevention practitioner promoted her availability to support staff to apply the gender equality checklist to reviews and development of policies for which they are responsible.

In early 2015, Link HC agreed to adopt a regular four-year gender audit process commencing in 2016. The process will use the TFER gender audit tool discussed in 'Embedding gender equity' (p. 69). This provided another capacity-building opportunity for members of the prevention of violence against women subcommittee, with the prevention practitioner facilitating a workshop to undertake preliminary planning for the gender audit process. The workshop outlined the rationale, principles, scope and method of doing a gender audit at Link HC, and recommendations were developed for the implementation process.

Bosch

Planned learning activities were critical to engage staff and leaders at Bosch in understanding the prevalence and determinants of violence against women and their role in preventing violence against women and promoting gender equity.

As discussed earlier (see 'Partnerships for purpose', p. 31), Monash City Council developed an MOU with Bosch which included the activities that would occur at Bosch over the period of the partnership. A number of these were training and awareness-raising activities aimed at building the capacity of Bosch staff to prevent violence against women. There was a need to meet Bosch 'where they were at' and to align activities with their standard processes. This highlights one of the complexities in partnering with a corporate workplace to prevent violence against women.

From August 2014 to September 2015, Generating Equality and Respect reached an estimated 400 Bosch employees with a range of capacity-development strategies. It is important to note that the

Practice insight: In an organisational context, formal and opportunistic capacity development activities, which support participants to reflect on their personal and professional impacts of violence against women and gender inequality, cannot and should not be offered in isolation. Ideally, capacity-building activities need to be part of a broader preventing violence against women program within organisations.

impacts of the planned learning activities are unknown, as Bosch did not routinely evaluate their training delivery.

Soon after the MOU was finalised, brief lunchtime health seminars were held, which framed the prevention of violence against women as a men's and women's health issue. While reaching only very small numbers of staff, the sessions were considered a way of demonstrating flexibility by fitting in with the organisation's planned training and getting some 'runs on the board'.

A women's health seminar delivered by the Generating Equality and Respect program team framed violence against women as a women's health issue and was promoted as a healthy relationships and your health session. Eight female staff attended, exploring topics such as:

- prevalence, seriousness and health impacts of violence against women
- abusive and controlling behaviours
- how we can support women experiencing violence.

A men's health seminar, exploring masculinity and implications for men's and women's health, was facilitated by a male trainer with significant experience in preventing violence against women and men's behaviour change programs. While only four male staff attended, both the facilitator and a male Bosch staff member reported high levels of engagement. Topics included:

- the link between traditional masculinity, attitudes and violence against women
- health impacts of masculinity on women and men
- the role of men in preventing violence against women through promoting gender equality and respect.

The key contact felt that the sessions were useful in raising awareness, particularly through the statistics and the impact of violence in the workplace, and was keen for similar sessions in the future.

We probably could do something like that again because that was probably a year ago, you've got to get the right format for that. You can't just go, 'domestic violence. Come and listen.' That would turn people off. There was some interest in people taking cards and the impact back in the workplace. The statistics of that is quite useful as well. (Key contact, Bosch)

Integration of family violence content into Bosch's existing equal employment opportunity workplace behaviours training saw a large reach in a sustainable way. To integrate family violence content into this training the Link HC prevention practitioner met with Bosch's longstanding external trainer, providing her with printed material, suggesting training content and reflecting on the experiences and challenges the program team had faced in initiating discussions about the impact of family violence in the workplace.

Several rounds of training that incorporated the family violence content were held from late August 2014, and it is estimated that 420 employees were reached by the end of 2015. An estimated 90 per cent of training participants were men. Topics included:

- the prevalence and seriousness of violence against women
- the gendered nature of family violence
- how family violence affects people in the workplace
- the importance of women maintaining economic independence so she has increased choices if she decides to leave a violent relationship
- call to action: what can I do, attitudes matter, bystander actions.

After the first round of sessions, Bosch's trainer reflected on her experience in delivering the family violence content, describing her experience as quite different to her experience delivering the rest of the training content. She felt there was a lot of discomfort among participants and some seemed emotionally affected. As a result, the Bosch trainer opened the family violence content in subsequent training sessions with questions to participants about why family violence was being discussed as a workplace issue and why Bosch had partnered with Generating Equality and Respect.

To support participant engagement with the equal employment opportunity workplace behaviours training, the trainer routinely uses case studies and often refers to a story in the media. She utilised this approach following the first training session and found it was a good point of engagement. The trainer provided information on family violence support services at each session and observed many people taking them. In being mindful of people's safety and confidentiality in accessing the support service information, she was careful to reiterate through the session that 'family violence may not affect you but you don't know when you may need the information to help others', believing this may have made it safer for people to pick up the information. While subsequent sessions ran more smoothly than the first training session, the trainer observed that participants remained less likely to engage with this topic than with other training topics.

The discomfort experienced by the participants at Bosch regarding family violence is consistent with that of other organisations (and indeed settings) that provide training on such topics. It highlights the importance of having highly skilled trainers in delivering such content.

A small group of Bosch staff, primarily from the human resources department where the key contact is situated, also increased their understanding of gender equity in the workplace through attending external learning opportunities in 2015. They shared this new knowledge through conversations with colleagues back in the workplace.

As the partnership progressed, Generating Equality and Respect supported a number of Bosch staff to attend external training:

- The human resources manager attended a workshop titled Understanding your Benchmark Report Pay Equity, run by the Workplace Gender Equality Agency.
- Four senior staff attended a seminar on gender equality with a keynote speech from Australia's then Sex Discrimination Commissioner, Elizabeth Broderick.

The seminar sparked further conversations and reflections within Bosch's human resources department about gender equity in their organisation.

At our department meeting we talk about what's been going on and what the team need to know about. So I mentioned that my colleague and I had been to this seminar and that we were working on the topic of increasing women into management positions here ... So I put it to the rest of the group, you know, any suggestions or ideas that you have would be certainly welcome. That generated quite a bit of discussion amongst our group which was interesting because while there were a number of us on the Diversity type project, in Human Resources we have others that are not part of those conversations ... And it was like they were hearing these topics, like they were having this conversation for the first time, even though we've talked about them before ... There was one part-time person in our department that spoke about, her husband is the main breadwinner, therefore when her children are sick it's just assumed she takes that responsibility, so even though she's part-time she still has to take more time off to look after children, yet it probably would be pretty easy for him. So just the stereotypes and those concerns. So it was a good conversation in that we've now said, 'Any ideas or suggestions, please bring them to us because this is now, this is what we're working on.' (Key contact, Bosch)

The key contact reflected that, although it was a shame that the men in the human resources department did not attend that meeting, the attendance of only female staff may have supported the honest reflections and depth of discussions that were generated.

I think that made it easier for people to talk in that environment, so that was good. So we need more of those conversations, I think, about what to do and how to promote women. Because someone then raised, 'Well, women don't want management positions. They don't have aspirations or they have family responsibilities.' And we're saying, 'No, no, no, you can't generalise an entire half the population based on your assumption.' As an organisation we need to ensure that we provide the most flexible working arrangements and the culture and the trust between managers and supervisors and staff to provide the environment where people can go and do what they need to do. It's not just people with children. Elderly, different lifestyles, a whole range of different things. (Key contact, Bosch)

This discussion highlights the value in supporting engaged and influential senior staff within organisations to receive targeted capacity building activities, in that they are likely to share their learning and initiate discussions to generate organisational change with their colleagues, thus contributing to wider organisational learning and cultural change.

The unconscious knowledge and bias training for leaders, delivered at Bosch, underscores that framing activities around gender equity and its implications for an employer aims to do more than prevent violence against women – it is a critical point of engagement for workplaces. This was unanticipated at the start of the partnership and throughout the development of the MOU. The training focused on gender as a key bias. It was one of the many potential activities proposed to Bosch by Generating Equality and Respect in early 2015. The key contact was interested in the training as she felt it strongly aligned with Bosch's emphasis on leadership and their internal diversity strategy. The key contact subsequently received support from the president of Bosch to deliver the training as a component of the leadership training for up to 15 senior leaders (14 men and 1 woman) in September 2015. The training mirrored that at Monash City Council and Link HC.

The training aimed to explore the role of unconscious bias in judgements and decision making and how it leads to unintended outcomes, such as discrimination and other types of sub-optimal decision. The program introduced participants to strategies that can be used in the workplace to overcome such bias. It is envisaged that an increased capacity for gender equity will filter down throughout the whole organisation.

There's still a lot of work to be done because the other thing we'd like to do once we do the unconscious bias session ... I'd like to then roll that down to the next level management group and then further down again, so the entire organisation understands unconscious bias. That would be my big picture in a couple of years, but that's what I'd like to see. (Key contact, Bosch)

Practice insight: Generating Equality and Respect confirmed prior experiences of primary prevention programs that have delivered planned learning and capacity development activities with corporate partners in workplace settings.²⁴ This includes the need to:

- determine readiness for capacity development
- find common ground and points of connection for workforce development
- work with 'where the organisation is at' in regards to awareness raising and organisational change activities.

²⁴ See, for example, Durey (2011).

Informal learning

In recognition that learning does not only happen in a formal training session, workshop or session, the Generating Equality and Respect program regarded all interactions as potentially influential in supporting an individual's learning about the underlying determinants of violence against women and their role in prevention. By having flexibility in program planning and in the skills of the program team to engage with individuals 'where they were at' to build their capacity to promote gender equity, the program team utilised as many opportunities as possible to engage with individuals across all of the program settings in a variety of informal ways. These opportunistic moments occurred frequently during the program. The program team observed that these interactions sometimes led to some significant 'a-ha' moments for people, where they became more engaged in preventing violence against women. The impacts of these unanticipated moments of learning are more difficult to measure than planned learning opportunities.

Informal opportunities to build capacity for primary prevention occurred through many activities, including, but not limited to:

- individual and group conversations
- in regular Link HC Gender on the agenda e-bulletin
- at events
- through sharing relevant articles, videos, research and data.

The program team consciously tried to engage people's 'hearts and minds', recognising that this was critical to motivate people to take action to prevent violence against women. The discussions and information shared often had a direct link to people's roles and portfolio areas, which further built their capacity to consider how they could promote gender equity. Structures such as the Monash Men's Action Group and Link HC's prevention of violence against women subcommittee provided both formal and opportunistic learning, and importantly enabled informal learning of members through exchanges with the program team outside of these meetings.

The program team was often contacted by Monash City Council staff for advice or with queries about the prevention of violence against women, for example from community members, local media or journalism students. Being able to respond to such enquiries and requests was supported by a flexible and broad work plan. Each encounter was an opportunity for influence and education.

Informal capacity building also occurred at the governance level in both organisations. The Monash City Council Mayor, elected in November 2014, named violence against women as one of his key priority areas. The program team worked with the mayor to build his capacity in primary prevention through his speaking roles in events such as International Women's Day and his role as master of ceremonies at the screening of *The Mask You Live In* documentary. The program team observed a growth in the mayor's understanding of gender inequality as an underlying determinant of violence against women and his ability to articulate this. At the film screening, the mayor shared personal insights about how the content of the film, which explored harmful masculinity, impacted violence against women and gender inequality.

The leadership of Link HC's CEO enabled Generating Equality and Respect to engage with the Link HC board. This included the prevention practitioner attending two board meetings in 2013, where members were introduced to primary prevention, how the program differentiated from and supported existing work in secondary prevention at Link HC, and the process of change that would broaden the organisation's focus. Generating Equality and Respect was one of only two Link HC programs that were showcased at the 2014 annual general meeting, providing another opportunity to reiterate program messages to board members, as well as to staff and the community. The CEO and a senior manager at Link HC also engaged the board members in regular discussions about primary prevention, reiterating the benefits of engaging senior leaders to champion the prevention of violence against women within their spheres of influence.

Practice insight: Conversations and interactions can be approached as opportunities for learning about preventing violence against women and gender equity. Being able to take advantage of these opportunities to build the capacity of individuals needs to be supported by a skilled prevention workforce and flexible work plan.

Building the capacity of men

A Council manager established the Monash Men's Action Group during implementation of the [Inner East Local Governments Prevention of Violence against Women project](#) (prior to Generating Equality and Respect). This group brought together interested male Council staff to discuss violence against women and their role as men in primary prevention. The Generating Equality and Respect program team began engaging with the Monash Men's Action Group from early on, given they were an existing and mobilised group of men engaged with preventing violence against women.

The program team worked closely with the Monash Men's Action Group, regularly attending meetings and providing targeted formal and informal learning opportunities to strengthen their understanding of the prevalence and determinants of violence against women and their role in primary prevention. The engagement with the group was also supported by the strong relationships of the Monash City Council prevention practitioner with a number of group members through her previous role at Monash City Council. Through Council's partnership with Link HC in Generating Equality and Respect, male staff from Link HC were invited to join the group in 2013. Due to the smaller numbers of male staff at Link HC, their membership to the group was lower, but the members were senior staff. They included the CEO, the human resources manager, and a male staff member who was a very strong champion for preventing violence against women and who spoke powerfully at the 2014 White Ribbon Day event about the impacts of violence against women on his life.

In 2013, the program team provided extensive support to the Monash Men's Action Group to develop a fact sheet and a video. The program team also provided extensive support to the Monash Men's Action Group to plan and deliver a White Ribbon Day event in 2014 (see 'Communication was central', p. 45).

An ongoing tension for the program team was building the capacity of the Monash Men's Action Group to adopt evidence informed and good-practice primary prevention activities, while not contributing to cultural norms that elevate men's status over women's. The program team acknowledged the intersections of power in working with the group, including that of gender and organisational authority.

The program team felt it was important to ensure that activities or events about preventing violence against women did not cause harm. This included having family violence support service information available or a counsellor present to respond to disclosures of violence, and messages of speakers that aligned with good practice and did not reinforce any of the myths and misconceptions about violence against women. The layers of complexity associated with the topic contributed to the challenge of building the capacity of men to take effective action to prevent violence against women while being conscious of reducing the risks for women who are victims/survivors of violence.

There was a desire to allocate program resources to building male staff capacity to undertake meaningful work. It was challenging to strike a balance between supporting the men and not doing all of the 'behind the scenes' work (e.g. booking rooms, ordering catering, developing running sheets and organising and briefing speakers at White Ribbon Day events). While such tasks were sometimes necessary before male staff could publicly declare their commitment to the elimination of violence against women, such actions brought much praise for members of the Monash Men's Action Group from both women and men within Monash City Council without recognising the extensive work the program team – all of whom were women – had undertaken.

When events or initiatives are branded as 'male led' or about men's commitment and leadership, such visibility of men's actions and a lack of visibility or valuing of women's contributions can have myriad effects that can unintentionally strengthen gender inequality.

To support the sustainability of the Monash Men's Action Group beyond Generating Equality and Respect, the Monash City Council prevention practitioner developed a 'how to' guide for the group, which reinforced key messages in the planned and opportunistic capacity building provided through the program. The guide outlined:

- the severity, prevalence and frequency of violence against women
- key principles for men's involvement in preventing violence against women
- key drivers of violence against women
- common myths and misconceptions about violence against women, and the risk of reproducing those, particularly in forums where organisers are seen as content experts
- experts from whom advice could be sought
- logistical considerations for activities and events.

A senior leader at Monash City Council acknowledged the high level of support the program team had provided the Monash Men's Action Group.

We've got a very strong Men's Action Group here ... At the moment [they] still need quite a lot of support from the Generating Equality and Respect team but they will get there ... because there's a very, very strong sense of wanting to do the right thing. (Senior leader, Monash City Council)

One male staff member, who chose not to participate in the Monash Men's Action Group, felt the program did not go far enough to address the issue of men involved in preventing violence against women, and that the activities of the Monash Men's Action Group were tokenistic. This echoed some of the concerns of the program team.

I do not think the role of men in the organisation has been adequately addressed. My view is that it has been too tokenistic e.g. the 'I swear' campaign. Maybe men need to be asked. There is a lack of leadership in this area by senior male staff. (Staff member, Monash City Council)

Effectiveness of capacity building

Given the multiple mutually reinforcing capacity building, communications and organisational change activities that occurred within the Monash-based partners throughout the Generating Equality and Respect program, it is difficult to determine whether the planned or informal learning opportunities had greater influence on individuals within Monash City Council and Link HC.

Staff surveys were conducted at Link HC in 2013 and 2015 to assess knowledge of the prevalence and determinants of violence against women. Survey responses indicate that the majority of people understand the prevalence and seriousness of violence against women (Table 13). More than 90 per cent of respondents at Link HC understood that intimate partner violence poses greater health risks to women aged 15–44 years than do high blood pressure, obesity and smoking. This was a key message of Generating Equality and Respect and also a component of the Link HC organisational statement for the prevention of violence against women. However, a significantly lower proportion of staff correctly identified that 1 in 3 Australian women have experienced physical violence since the age of 15, which was also a key program message used consistently in training and events. It is possible that staff were confused about the terms ‘violence against women’, ‘physical violence’ and ‘physical assault’. Responses to staff surveys indicate that following the gender training a greater proportion of staff in early 2015 understood that violence against women is preventable (i.e. not inevitable; 80 per cent) compared to responses to the survey administered late in 2013 (63 per cent).

Table 13: Link HC staff understandings of the prevalence and seriousness of violence against women – percentages of survey respondents who correctly identified the statements

Understanding of prevalence and seriousness of violence	Percentage, 2015 survey (n=40)
1 in 3 women in Australia has experienced physical assault since the age of 15	72.5%
1 in 5 women in Australia has experienced sexual assault since the age of 15	80.0%
25% of children in Australia have seen violence against their mother or stepmother	80.0%
In Victoria intimate partner violence poses greater health risks to women aged 15–44 years than high blood pressure, obesity and smoking	92.5%

The surveys also aimed to assess staff knowledge and understanding of the key determinants of violence against women. Survey participants were asked to indicate the two key determinants of violence against women from a list of determinants and contributing factors. In the 2015 survey at Link HC, 70 per cent of survey respondents indicated that unequal distribution of power and resources between men and women and 65 per cent of respondents indicated adherence to rigidly defined gender roles were key determinants of violence against women. This question was also asked in 2013; in both years, a number of Link HC staff chose more than two from the list of possible answers. The greatest change between the two surveys was the increase of 20 percentage points in the proportion of respondents identifying adherence to rigidly defined gender roles as a determinant (Figure 23). This is likely a result of training and communications delivered throughout Generating Equality and Respect, in particular the specially designed gender training for staff delivered in 2014, which aimed to increase understandings of the determinants of violence against women.

It is worth noting that a significant proportion of staff at Link HC consider witnessing or experiencing family violence as a child to be an underlying cause of violence against women, highlighting a possible future training need. In the 2013 survey, a high proportion of respondents identified drug and alcohol use as an underlying determinant of violence against women; this was subsequently addressed and dispelled in the gender training.

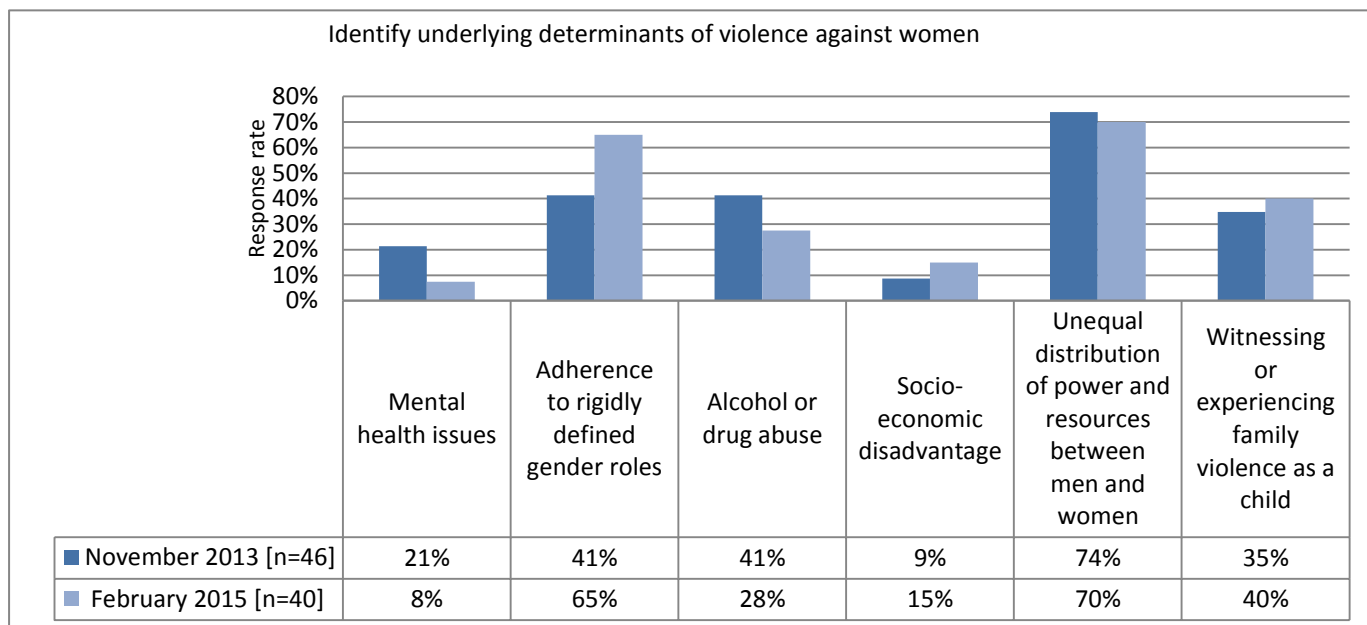


Figure 23: Link HC staff understanding of the determinants of violence against women

Engaged and supported champions

Generating Equality and Respect supported and built the capacity of champions within Monash City Council, Link HC and Bosch. Champions were individuals passionate about the prevention of violence against women and gender equality. Through capacity-building activities that promoted the examination of gender, reflections naturally led to people’s sense of self and identity, which transcends from work to social circles, home life and beyond. It is evident that a number of staff became active champions for the prevention of violence against women in both their professional and personal lives, that the work of Generating Equality and Respect had touched both their ‘hearts and minds’. Individuals within Monash City Council and Link HC often discussed the broader impacts of violence against women and gender inequality and their ability to prevent violence against women in a number of contexts including work, family and social life.

The concept of a champion was used in Generating Equality and Respect to describe someone who can bring others along in the prevention of violence against women and Generating Equality and Respect journey. Their role was distinguished from that of a leader for primary prevention.

*S/he possesses certain qualities that distinguish them from other kinds of leaders. This includes (and is not limited to) being genuinely passionate and deeply informed about preventing violence against women, generating equality and respect and the changes that we seek. Moreover, a Generating Equality and Respect champion is in a position – professionally and personally – to communicate, inspire, ignite, influence, persuade and convince others of preventing violence against women and the work of Generating Equality and Respect. S/he is a dynamic and networked advocate of our cause and that’s why we want them involved (along with other types of leaders, of course).
(Role definition by Generating Equality and Respect project team)*

This definition and champion competencies that were developed by the program guided capacity-building activities at Monash City Council, Link HC and Bosch. Generating Equality and Respect aimed to resource and support champions so that they could confidently and effectively:

- communicate about preventing violence against women and gender equality and the link between them
- actively spread ideas and information about preventing violence against women and gender equality
- initiate discussions on preventing violence against women and gender equality, e.g. at meetings
- take opportunities to seek to influence others for increased action
- question the status quo when current work practices are obstructive to primary prevention
- promote themselves as local 'go to' people on primary prevention.

At Monash City Council and Link HC, women and men from across all levels of the organisation were champions of Generating Equality and Respect and gender equality. They included members of the program's executive committee, and Link HC's prevention of violence against women subcommittee, the Monash Men's Action Group, as well as staff and leaders across both organisations. As already described (see p. 49), they participated in several capacity development and learning opportunities, both planned and opportunistic, supported the planning of primary prevention events and activities and received ongoing support from the program team.

Members of the program's executive committee were active and effective champions for the prevention of violence against women. They took action within their organisations to embed gender equity within organisational documents and strategies, challenge harmful gender stereotypes, and raise awareness of preventing violence against women internally and in their interactions with external networks and community members. They recognised that training and capacity-building opportunities available through the program, and the support from the program team, had supported them to undertake such activities.

Certainly the Generating Equality and Respect program ... heightened my capacity to speak externally on issues around preventing violence against women and children and gender equality. So whenever I had an opportunity to speak anywhere, so things like Rotary Clubs and other external speaking engagements, I would invariably either talk about the Generating Equality and Respect program and what it meant and if I wasn't asked to speak about that I'd actually find some way to weave it into the conversation, if you like. I was very proud of the work that we, and I, had done in that space, so it was something that I did actually spend a fair degree of time speaking about internally and externally.
(Senior leader, Link HC)

Two executive committee members from Link HC described actions they had taken to ensure gender equity was embedded in quality improvement processes through their roles on the quality improvement committee.

Whenever there is a policy that's up for review or development ... and I review them before the meeting, I always make sure that there's any reference to gender and if there isn't I'll always raise that up with the Quality Improvement Manager before just to make sure how is it that we can consider gender in these documents. (Senior leader, Link HC)

One Link HC senior leader described how she had tried to promote primary prevention and dispel some of the myths about violence against women with board members, through her membership of the board's strategic planning subcommittee. Building the capacity of senior leaders to be champions for the prevention of violence against women enabled them to build the capacity of other senior leaders given their strategic influence in their organisations.

[I was] talking to the Board members ... about the reasons why it [primary prevention] is a current strategic goal. [I was] talking about the underlying causes of violence against women and also challenging beliefs ... One of the misnomers that [was held] by some members of the Board was that violence against men is just as much of an issue ... So it was actually challenging those views. (Senior leader, Link HC)

It is worth noting the impact that the departure of two key organisational champions had on Generating Equality and Respect. At Link HC, this included the CEO, who retired from the organisation in early 2015 and was perceived by the program team and colleagues at Link HC to be a strong advocate and leader for prevention both internally and externally. At Monash City Council, the founder of the Monash Men's Action Group left Council in early 2014. As staff turnover is likely to occur during any multi-year program, this highlights the importance of supporting a number of champions.

As the program progressed, champions within Monash City Council increasingly began promoting ideas and information to the program team and colleagues, demonstrating their heightened

awareness of preventing violence against women, the importance of gender equality and links between the two. A male Council staff member, who had signed a petition to advocate for a large supermarket to remove a magazine targeted at men on the grounds that it objectified women, forwarded the following message to the program team after the petition was successful.

Great to see a signature can help elicit change. These publications don't help with Generating Equality and Respect! (Staff member, Monash City Council)

Within the Monash Men's Action Group, there was a heightened understanding of what constituted sexism and violence-supportive cultures and environments. A number of members stated that they now 'hear' or 'see' things related to violence against women and gender equality, and reflected on their own attitudes, behaviours and language.

You're certainly more heightened in what ... other men might have said. (Member, Monash Men's Action Group)

[Something] which was quite confronting, I think, to me was probably I think it's the stereotype side of things. And, really, the language that gets used in those stereotypes. Like, 'You throw like a girl'. But it's using that language in everyday life that I sit back and go, 'Oh, yeah. I would've used that plenty of times'. (Member, Monash Men's Action Group)

Through their membership of the group and their attendance at training, particularly the bystander training, a few members felt confident to take action and intervene in response to sexist incidents in their professional and personal lives. While for some men their interventions were well received by the individual or group, many found it very challenging when they received negative responses. This

Practice insight: Preventing violence against women programs should engage, build the capacity of and support champions to support primary prevention and gender equity across multiple settings and activities of the programs. Ideally, both male and female champions should be sought from different parts and with different roles or target setting(s).

experience may impact the likelihood of them taking bystander action in the future, particularly in their personal lives. Research from VicHealth about bystander action supports this observation (VicHealth, 2012).

A Monash Men's Action Group member described a discussion he overheard among his acquaintances at a recent sporting match.

There were two businessmen who started talking about why they didn't like employing women ... I stepped in and tried to give a balanced view ... It was about gender roles and gee that was a tough gig because these two guys had pretty strong views and I did my damndest to try and change those views over the course of the conversation. And in the end I couldn't. I wasn't getting anywhere and I had to step out. I thought, 'If this goes any further I'll get really upset with these two guys'. And they're friends and I don't want to spoil it, so I got my point across and then I had to sort of step out of that space and calm down ... They didn't want to hear it but I got the message across. Maybe some of it will stick. Maybe it won't. I don't know, but anyway we're still talking. (Member, Monash Men's Action Group)

Another member discussed the action he has taken in his leadership role at a local football club.

At the footy club – well, you know, do I say something here? Or do I just walk away? So it's really weighing up what you can do and really whether it's going to have any kind of effect, you know? (Member, Monash Men's Action Group)

Conversely, other members described situations where they had been able to take effective bystander action in personal and professional contexts.

I have also found the training and background understanding of the problem useful in my interaction with sporting colleagues. On more than one occasion I have found that I have been able to intervene when conversations or actions have been inappropriate. (Member, Monash Men's Action Group)

Another member noted his involvement in the group provided a 'way in' to talk about things he perceived as counter to gender equality. His membership provided a sense of accountability. He felt confident to address the behaviour of a male family member as he had 'made a commitment' saying:

I can't ignore your behaviour of last night. I've got to speak up and I just want you to listen to me. (Member, Monash Men's Action Group)

The difficulties in undertaking challenging conversations about gender inequality was echoed in the reflections of a champion at Link HC, who described a situation where she had a conversation with a colleague about the significant discrepancies in male and female sportspeople's remuneration.

We got to talking about the Matildas [Australian Women's football team] and why it is that the Matildas are earning \$600 a game or something and will come away with \$6,000 because they made the quarter finals. Yet the men, if they got out at the same point, would be coming home with \$60,000 each. And we had this interesting conversation, 'Oh, well, the men kick harder and faster and are more spectacular and the audience loves it a lot more', you know, 'You'd never get a huge crowd to a women's soccer game'. It was quite a difficult conversation in some ways but I think it's the sort of conversation that we're able to have more confidently now. (Member, prevention of violence against women subcommittee, Link HC)

Discussions about gender inequality and violence against women are challenging. Creating safe spaces to talk about gender equality and the prevention of violence against women was crucial and assisted in validating the importance of the work and role of local government and community health.

Link Health and Community

At Link HC, champions reported changes in practice where they have promoted gender equity across a range of areas including in their clinical work with individuals, in team discussions, with the board and internal committees, in communications, with external organisations, through their membership of external working groups, as well as with family and friends.

A member of the health promotion committee reflected on how her understanding of gender inequality and the sexualisation of women contributed to her not using some external images in Link HC's communications, even though she liked the content they provided.

One of our Twitter followers is an organisation that provides health tips, which I think is terrific ... The thing is though ... I don't re-tweet any of their tweets because the image that they're using is a woman that's scantily dressed, in these sort of fitness looking and quite sexy looking, provocative clothes and whilst I think that the sorts of things that they say in their tweets are really interesting and I'd really like to use them, I won't because of the imagery they've used. (Staff member, Link HC)

Other members described how their involvement in Generating Equality and Respect and the knowledge they had gained had impacted their work practices, particularly in their work with counselling clients, but had had much more of an impact on interactions in their personal lives. Members of the prevention of violence against women subcommittee described how they now identified violence-supportive and gender inequality messages and attitudes more readily, and were confident in their knowledge of the issues to have difficult discussions. Like members of the Monash Men's Action Group, members of the prevention of violence against women subcommittee reflected on the challenges in discussing violence against women and gender equity with friends and family.

I've tended to engage in discussions about it much more since the Generating Equality and Respect program started and my knowledge has increased, but it's been more with my peer group than internal to the organisation ... I'll tend to notice things that I wouldn't have noticed before in conversation or remarks that are passed or even advertising, yeah, so as I'm more aware I tend to bring it up without – sometimes I get really passionate about it and I try not to get preachy. (Member, prevention of violence against women subcommittee, Link HC)

Unlike members from the Monash Men's Action Group who perceived the loss of friendships as a considerable risk in taking bystander action, prevention of violence against women subcommittee members, the majority of whom are female, described a perceived risk of taking bystander action as not wanting to be perceived as too 'preachy' and cause people to disengage from discussions. This gendered difference in the perceived risk of taking bystander action highlights varying challenges and complexities for women and men to take bystander action.

What supported organisational champions?

When champions reflected on the value of the program in supporting them to be a strong advocate for the prevention of violence against women, staff at Monash City Council and Link HC described how they highly valued the information and resources provided by the program team. The men believed they could trust the information was accurate, reliable and evidence based. The program also provided access to resources and reliable information that may not have otherwise been available. This included guest speakers who reflected good-practice messaging and survivor advocates of violence, through Women's Health East's [Eastern Media Advocacy Program](#).

I think it's the research and the statistics that are there to back up what you're saying in your statements, that you're not just saying it because that's what you believe. You're saying it because it's actually statistically truthful and having those facts and figures at your fingertips is immensely helpful. (Member, prevention of violence against women subcommittee, Link HC)

The reinforcement of the message and the education that has been provided by the Generating Equality and Respect team throughout their project has enabled me and the wider male diaspora to engage, converse and challenge longstanding myths around male violence to women. (Staff member, Monash City Council)

Bosch

's key contact for the program was also a champion for gender equity and primary prevention within her organisation. She raised these issues in multiple contexts in which she has influence and ensured gender equity was considered along with other diversity issues for the workforce at Bosch.

I have been the go-to person, I guess, in that discussion [about violence against women and gender equity]. So I actively talk about it. I'm a trainer as well here, so a lot of the training that I do and another project, a big project we're working on is diversity for the organisation so it fits into lots of things that I do, so I talk about it all the time in different avenues. (Key contact, Bosch)

She felt supported and well resourced by Generating Equality and Respect through the provision of regular information, professional development opportunities, resources and advice. As her role had a broad mandate, she valued the support and resources provided by the program team.

The program manager has offered different ideas for getting involved at different levels. Some of the suggestions we weren't quite ready for. She follows up. She sends long emails with lots of suggestions ... So it's given me ideas on how to do things and resources and support ... A lot of my work is done on my own, so it's actually been quite good to have another resource available for that type of topic which I don't have for other projects which would be good, too, but it's been quite helpful in that regard. (Key contact, Bosch)

She acknowledged the role of engaging leaders to gain traction to prevent violence against women and promote gender equity within organisations and the importance of having a long-term view. As detailed in 'Embedding gender equity' (p. 69) it is evident that the key contact was successful in engaging with senior leaders at Bosch on these issues, in particular the CEO, to progress the lessons and organisational agenda. Like the other champions of the program, she reflected on the impacts of her participation in the program on her personal life, as well as professionally.

It's been fantastic working with [the program] and I'm happy and pleased to have been part of it ... I like working on this sort of thing. I find it personally rewarding and valuable in my work and my personal life as well. (Key contact, Bosch)

Impacts of direct participation activities in other settings

Monash Partners in Prevention Network

An initial survey was conducted with network members in February 2014 to identify professional development needs, the preferred frequency and content of network meetings, and the value of having online resources and email newsletters to support respectful relationships education. The most popular topics for professional development identified by the six survey respondents were:

- good practice in respectful relationships education and available resources
- the link between gender equity, respectful relationships education and violence against women
- pornography
- evaluation
- examples of other respectful relationships initiatives.

While the majority of respondents to the 2014 survey were already undertaking some form of respectful relationships education, many found it challenging due to time, resources, organisational support and curriculum needs. This was reiterated in a member survey in February 2015, in which there were 13 respondents.

It is hard due to school timetabling issues and curriculum requirements to fit it all in. (Monash Partners in Prevention Network member)

They are open to it [staff professional development] but schools can't often afford to send them to it. (Monash Partners in Prevention Network member)

In response to the identified need for resourcing to support members' work in respectful relationships education, a seeding grant scheme was made available to the network in 2014–2015. Five Monash Partners in Prevention Network members were funded through a competitive grant round to deliver respectful relationships education. The purposes of the grants, of \$2500 each, were to:

- build the capacity of grant applicants and grant recipients to undertake good-practice respectful relationships education, by adding value to existing work or supporting work to commence
- increase membership in the Monash Partners in Prevention Network, as eligibility for grant funding included membership of the network
- build partnerships between members.

Successful initiatives included:

- curriculum development focused on the media, gender, pornography, power and gender equality
- professional development sessions with teachers to support the delivery of respectful relationships curriculum
- a parent information evening
- respectful relationships messaging in an existing youth film festival.

The seeding grants initiative was launched at a forum targeted at youth practitioners titled Online Issues and Young People: S@xting, P*rnography and Video Games. The event, a partnership between Generating Equality and Respect, the Monash City Council health promotion coordinator, and Inner East Primary Care Partnership, attracted approximately 70 attendees (including some from outside the Monash municipality). In addition to three guest speakers, the Monash Partners in Prevention Network facilitator presented on good-practice respectful relationship education principles and launched the grants. Following the forum, seven additional members joined the network.

The launch of the grants program at such a well-attended event was successful in raising potential grant applicants' awareness of the grant scheme. It is unknown whether this level of promotion could have been achieved through other mechanisms. As a grant recipient who attended the forum said:

This is where I became aware of the grant. This symposium was also [the organisation's] first exposure to respectful relationship topics/issues. The Vice Principal, Wellbeing Coordinator and Junior School Coordinator attended ... (Monash Partners in Prevention Network member)

A follow-up meeting with those interested in applying for the grants provided an opportunity to build on the information presented and discuss initiatives in practice. The grant application form and selection criteria incorporated good-practice principles throughout; questions asked practitioners to articulate how their proposal was linked to good-practice principles, with examples and information provided to support this. To be eligible for the funding, applicants needed to commit to at least one staff member attending VicHealth's two-day Preventing Violence against Women short course at no cost to recipients (see 'Building capacity for primary prevention', p. 93). This and other capacity-building sessions offered through the grants were noted by grant recipients as critical in supporting them to plan and implement their initiatives.

Applicants also committed to producing a short case study of their funded initiative to support broader learning in the sector. In establishing the Monash Partners in Prevention Network, the network facilitator identified a gap in the sector regarding widely available case studies or evaluation learning from other respectful relationships education work in Victoria. Grant recipients were provided with ongoing support to implement their initiative and develop case studies, which they found particularly beneficial.

Good support. [The facilitator] provided support right through the process which helped the project to run smoothly. (Monash Partners in Prevention Network member)

Case studies showed the grant scheme provided the necessary funding to expand, develop and sustain activities for respectful relationships education in youth and school settings. This included supporting staff to develop curriculum, conduct professional development, explore current practice and create a platform for discussions with colleagues and other staff on respectful relationships education.

It has given me the skills and resources to address respectful relationship issues especially when it came to some of the difficult topics e.g. pornography. (Monash Partners in Prevention Network member)

In addition, grant recipients said the success of the grant initiatives was partly due to support from senior organisational leaders and colleagues. Grant recipients felt the funding supported them to consider more comprehensive, integrated and sustainable models of respectful relationships education in their settings and supported closer partnerships within the local sector. It provided a good foundation for future work and facilitated the application of new knowledge to other programs.

The grant has given us the incentive and resources to allow us to develop a longer term whole-of-school approach that has not always been possible. (Monash Partners in Prevention Network member)

However, all grant applicants faced barriers throughout their projects such as changes to leadership and planned professional development delivery, resistance to change and lack of leadership support, rigid school timetables and communication issues.

Grant schemes can provide the necessary platform for youth practitioners to expand, develop and sustain activities for respectful relationships education in youth and school settings. However, success of such projects requires supportive colleagues and senior leadership, flexibility in school timetabling and effective communication. To be effective, grant schemes also need corresponding professional development, information, resources and support for respectful relationships education, such as was offered by the Monash Partners in Prevention Network.

The majority of respondents to the February 2015 survey believed the network was a valuable community of practice to support their work in respectful relationships education.

Just thanks. The network has made a difference to my workplace. (Monash Partners in Prevention Network member)

Baby Makes 3

Generating Equality and Respect delivered Baby Makes 3 between November 2013 and September 2014 at the Clayton Maternal and Child Health Centre. The three-week group program for first-time parents used a standard curriculum and set sequencing and method of delivery, which was developed in the original Baby Makes 3 pilot project at Carrington Health. The program works to build the capacity of the Clayton Maternal and Child Health Centre and its staff to promote father engagement and gender equity principles in their work with families. See Appendix 11 for further information on Baby Makes 3 principles and content.

Factors inherent in access to maternal child health services and the design and assumptions of Baby Makes 3 are likely to have influenced participation in the program by diverse community groups. Generating Equality and Respect sought to make the program accessible to all new parents through a number of policies and guidelines, but their impact is not known. These included:

- development of a policy paper and guidelines for culturally and linguistically diverse access and the development of translated materials to help remove access barriers for new parents in Clayton (see 'Communication was central', p. 45)
- development of a policy paper and guidelines to recognise and increase access for same-sex or single parents.

The Baby Makes 3 program at Clayton originally utilised an opt-out model, where all first-time parents participating in the Clayton New Parent groups were automatically considered enrolled in the family nights and Baby Makes 3. However, in practice, not all parents participating in the New Parent groups attended the family nights and Baby Makes 3, and numbers were often not known in advance.

Participation numbers for Baby Makes 3 at Clayton were considerably lower than the Generating Equality and Respect program anticipated. Between November 2013 and December 2014, Generating Equality and Respect aimed to run nine Baby Makes 3 group programs including family nights, but only commenced seven between November 2013 and September 2014. Table 14 shows the attendance numbers at family nights and Baby Makes 3.

Table 14: Attendance numbers at family nights and Baby Makes 3 in Clayton, November 2013 to September 2014

Session attendance	Number
Couples attending family nights	32
Couples attending at least one session of the Baby Makes 3 program	29
Couples completing a Baby Makes 3 program	19
Single-parent attendees at family nights	2
Single-parent attendees at one or more sessions of the Baby Makes 3 program	1

An average of five couples completed the Baby Makes 3 program at Clayton. With several single parents attending or parents attending without their partner, the total number of people participating in some part of Baby Makes 3 at Clayton was 59 and the total number attending the family nights was 66. One mother-in-law accompanied one of the single parents attending a family night.

As discussed in 'Partnerships for purpose' (p. 31), two other maternal and child health centres in the Monash municipality (Jordanville and Mulgrave) simultaneously delivered Baby Makes 3 as part of a Department of Justice and Regulation funded project led by Carrington Health. These centres had higher participation numbers than Clayton, with an average of 12–13 people attending the programs. The challenges in recruiting first-time parents to attend Baby Makes 3 were not unique to Clayton and have been experienced in areas where Baby Makes 3 had been funded by the Department of Justice and Regulation (Melbourne's east and the Barwon South West region). Across Melbourne's east, the Carrington Health Baby Makes 3 program overall had a cancellation rate of 20 per cent.

Despite revisions to the program promotion and recruitment model in an attempt to increase participation numbers, only four complete Baby Makes 3 programs and three incomplete programs ran. The last two scheduled Baby Makes 3 programs were cancelled due to insufficient registrations. The executive committee decided not to proceed with the Baby Makes 3 program at Clayton in 2015.

An unintended benefit of this decision was that it enabled the program team to further contribute to Carrington Health's capacity-development activities within maternal and child health services across Melbourne's east. The aim of this work was to increase sector capacity to support maternal and child health nurses' understanding of the principles of Baby Makes 3 – primarily gender equality and father engagement and the relationship of these principles to the prevention of violence against women. Ultimately, the aim is to influence change in the day-to-day practice of maternal and child health nurses to promote gender equality and increase accessibility of the service for fathers.

Couples were invited to participate in an interview six months after they had participated in Baby Makes 3 and family nights. Feedback from the four couples interviewed showed they found the family

nights to be very enjoyable. While most interviewees had already planned to participate in Baby Makes 3, those who were undecided were encouraged to participate through the family nights.

Because other parents from New Parents group turned up it encouraged us to come to Baby Makes 3. Dad felt good about coming along. (Participant, Baby Makes 3)

For dad, having a positive experience at family night did help him to feel more at ease. (Participant, Baby Makes 3)

The overwhelming majority of participants in Baby Makes 3 at Clayton found the program enjoyable, relevant and helpful. This is consistent with the findings from the original Baby Makes 3 pilot and the concurrent Carrington Health project delivering the program in 19 sites across Melbourne’s east (Table 15).

Table 15: Participant feedback about Baby Makes 3 in Clayton and Melbourne’s east

Feedback	Percentage	
	Clayton (n=41)	Melbourne’s east (n>1000)
The program was enjoyable	100%	95%
The program was relevant to our situation	95%	92%
The program was helpful	95%	91%

The reflections of the Baby Makes 3 female facilitator echoed this.

Even when people are quiet and you think this is a bit tough, you get good reports. They are thinking, digesting and we can see that they have talked about it during the week with their partners. (Baby Makes 3 facilitator)

For many of the parents, Baby Makes 3 was a worthwhile experience of sharing and learning, with benefits for the relationship and for individuals in their experience of being a new parent (Figure 24).

Best go for it. Don’t think twice. It’s informative! (Participant, Baby Makes 3)

It really helps couples understand each other, be happy parents. (Participant, Baby Makes 3)

In the participant feedback questionnaire administered at the end of each program, 46 per cent of respondents stated a key learning from the program was skills in effective communication and listening.

Figure 24: Baby Makes 3 facilitator



Four couples were interviewed six months after their participation in the Baby Makes 3 program and asked whether they thought the communication in their relationship had improved as a result of participating in Baby Makes 3. Most couples replied that communication was 'about the same'; however, one couple reported their communication had improved and they used the communications skills learned in the program.

[We now use those skills] a little bit more, we're more aware to make the effort to communicate ... We tended to close down and not talk when we were unhappy. So now we try to keep talking. [We recognise that] the silent treatment doesn't help matters. (Couple interviewed six months after participating in Baby Makes 3)

The following comment highlights how new skills require time and practice.

It made me more aware of the need to do active listening but just talking about it now, I can say I need to improve this. I am not good at it and need to improve. (Couple interviewed six months after participating in Baby Makes 3)

In the survey administered to participants immediately before the program and at three months after the program to collect information about possible impacts of Baby Makes 3, respondents were asked eight questions about the allocation of household labour and parenting duties in their homes, for example who mainly does the nurturing, shopping or earns income.

A comparison of pre- and post-program responses showed little to no change, and in some instances an increase in the gendered division of household labour following participation in Baby Makes 3. It is important to note that it is difficult to draw conclusions about actual behavioural change given that these tests report *perceptions* of behaviour. There was also a large disparity in the sample sizes (pre-program, $n=61$; post-program, $n=10$).

This finding may show an increased awareness and value of the contribution of mums through participation in Baby Makes 3, as discussed by Flynn (2011) in his evaluation report of the Baby Makes 3 pilot. Participants who were not conscious of this gender bias prior to participating in Baby Makes 3 may have reported a fairly equal distribution of household labour pre-program; having become aware of the gendered division of household labour through their participation in Baby Makes 3, they might more accurately report a less equal allocation of labour in their home post-program. This is supported through interviews with couples six months after the program.

All of the four couples interviewed six months post-program felt Baby Makes 3 had increased their awareness of the gendered division of labour in their household; however, most couples noted that their behaviour hadn't changed as a result. Most interviewees acknowledged the mother undertook most of the domestic duties in the home and that the father needed to pull his weight more. All respondents understood the 'relationship balance' slide used in the program (Figure 25) and that the skewed division of household labour was due to traditional social norms and expectations about parenting.

Most couples stated that even if they hadn't observed any behavioural change as a result of Baby Makes 3, the increased awareness through the program has led to other positive changes in their relationship, such as appreciating what the other person does.

*Now we negotiate what needs to be done to care for our baby. We value each other's time equally.
(Couple interviewed six months after participating in Baby Makes 3)*

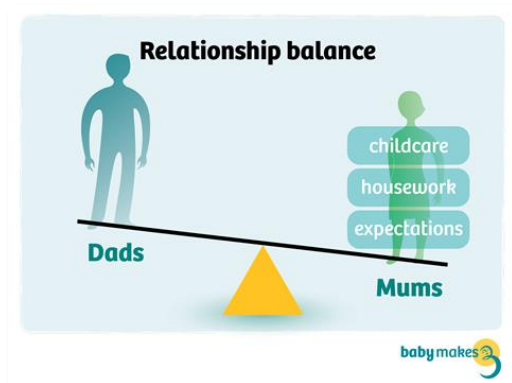


Figure 25: Baby Makes 3 – relationships balance scale

Similarly, participants were asked prior to and three months after participating in Baby Makes 3 about their attitudes to the importance of gender equality in a healthy relationship. Given the relatively small sample size of the three-month post-program survey compared to the pre-program survey, it is difficult to draw strong conclusions about whether these attitudes changed after participating in Baby Makes 3. Survey responses showed that participants were more likely to 'agree' or 'strongly agree' that gender equality is an important part of a healthy relationship three months after participation and they were also more likely to 'disagree' or 'strongly disagree' with the statement 'it is more important for a mother than a father to stay at home and care for an infant'. The percentage of respondents who felt 'neutral' or 'disagreed' that gender equality is an important part of a healthy relationship also decreased (from 19.5 per cent pre-program to 0 per cent post-program).

One key objective of Baby Makes 3 was to promote equal and respectful relationships and prevent violence against women. Generating Equality and Respect found there was an additional benefit for participants. Many felt one of the greatest benefits of Baby Makes 3 was the friendships and connections formed over the course of the program. Both men and women indicated a sense of relief in learning that they were 'not alone' and meeting other parents in a similar situation, facing similar issues.

It was great that dads could attend, establish relationships and meet like-minded people, men of same age experiencing a similar phase of life. (Couple interviewed six months after participating in Baby Makes 3)

We have lost contact with the other mums that had attended New Parents group but not the Baby Makes 3 program. (Couple interviewed six months after participating in Baby Makes 3)

Furthermore, these new support networks may positively reinforce father engagement in parenting.

*Now, we continue to meet and this is the best thing to come out of it ... Dads are engaged and support mums to meet up (e.g. the dads met together with the babies while the mums went out for a meal).
(Couple interviewed six months after participating in Baby Makes 3)*

Maternal and child health nurses

In mid-2013, before Baby Makes 3 in Clayton commenced, all of the Monash Maternal and Child Health Service nurses took part in a capacity-building session delivered by Generating Equality and Respect, which provided an overview of Baby Makes 3 and its key principles/messages. In addition to this planned training session, the Clayton Maternal and Child Health Centre nurses were provided with ongoing support from the Link HC prevention practitioner to promote the Baby Makes 3 program, father engagement and gender equity practices in their work with families.

Whenever the opportunity arose, the Link HC prevention practitioner would draw out links between Baby Makes 3 and the maternal and child health nurses' everyday practice.

I had a chat with [the maternal and child health nurse] when I dropped off the latest brochures yesterday. An opportunistic influencing opportunity ... We talked about mums and expectations, about equality and so forth. She reflected on a particular woman she is seeing at the moment as an example of expectations that women have of themselves and I was able to draw this out to discuss broader social norms for mums and dads. She is quite enthusiastic about equality. It gave me an opportunity to make the links about what is covered in the Baby Makes 3 program and the sorts of issues that she sees every day in practice. (Email excerpt from the Link HC prevention practitioner to the program manager)

Involvement in the delivery of Baby Makes 3 at Clayton had impact on the practice of two of the three maternal and child health nurses at that site, most significantly on the nurse who undertook the role of Baby Makes 3 female facilitator. She consistently promoted the family nights and Baby Makes 3 program, highlighting its benefits during the New Parent group sessions, at home visits or scheduled appointments. Her delivery of Baby Makes 3 increased her awareness of gender inequality and the relationship between this and family violence. She felt supported by the Generating Equality and Respect program team – that there was good communication and that she could talk about any issues that arose.

Being so involved with Baby Makes 3 has highlighted the equity issue much more for me. I found it helped me frame my questions differently, so when we routinely ask every client about family violence, I sometimes bring in equity in the relationship, rather than whether they are safe, feel afraid of their partner and so on. I would ask whether they felt their partner is supportive and give more practical examples than I did before, e.g. having access to money, having the car, able to go shopping and so forth. (Baby Makes 3 facilitator/maternal and child health nurse)

Another nurse based at Clayton felt that the program supported, rather than directly influenced, her existing practice with families to promote gender equity.

I don't know that the Baby Makes 3 program itself has actually changed how I practice, but it's just one of those extra little things in there that I would hope would really benefit our families ... I take that opportunity to just say little things [to new parents] like, 'You could both do this together' or 'Maybe dad could consider doing this', knowing that it's possibly not a traditional thing that dads would do, just to help them kind of think about expanding [the] range of things that they do in the family. (Maternal and child health nurse)

It would seem that there was room to improve communications between the Generating Equality and Respect program team and some of the maternal and child health nurses promoting Baby Makes 3 to New Parent groups at the Clayton, East Oakleigh and Warrawee Park centres. The nurses' levels of understanding about Baby Makes 3 and the delivery model varied significantly. This may have had impacted their ability to regularly encourage parents to attend the family nights and Baby Makes 3 after the Generating Equality and Respect program team had done the initial introduction. While all of the three nurses at Clayton said they referred new parents to the program, through the evaluation it was apparent one of the nurses had not understood the program well from the outset. As a result, she may not have been able to clearly communicate about the program to new parents at Clayton.

Interviewer: *Was the program clear to you?*

Maternal and child health nurse: *It became clearer. At the start it wasn't. I can't provide an example though.*

Interviewer: *What was unclear initially?*

Maternal and child health nurse: *I just didn't know what it was all about ... It's about getting families to work better together.*

Interviewer: *What are some of the other principles?*

Maternal and child health nurse: *That's all. But I guess it is about distributing labour in the household ... Just a look at who does what in the house, I think.*

The nurses from the expanded recruitment sites of East Oakleigh and Warrawee Park reported the language and concepts of Baby Makes 3 were presented in a clear and relevant way to parents by the Link HC prevention practitioner, and described examples of the key messages used to recruit parents to the program.

My understanding of the program is that it was implemented to offer new parents a program to follow on from New Parents group, to look at the baby being the third part of their family relationship and the impact on the couple of having a baby ... They invited parents to come and someone would present the information and give them useful tips and a forum to discuss the adjustment to parenthood. (Maternal and child health nurse)

Summary of findings

The evaluation of Generating Equality and Respect yielded numerous important findings. These findings and their relationships to program processes and impacts are summarised in Table 16.

Table 16: Generating Equality and Respect – summary of findings related to program processes and impacts

	Findings – program processes	Findings – program impacts
Partnerships for purpose	<ul style="list-style-type: none"> • The cross-organisational program team functioned extremely effectively. • The well-attended executive committee was genuinely collaborative and members were respectful of one another, especially when it came to shared decision making on important implementation issues. • The executive committee could have been more strategic in its role; it was too focused on program implementation. 	<ul style="list-style-type: none"> • Strong internal partnerships were established within the two Monash-based partners. • The depth of partnership for primary prevention between the two Monash-based partners has been strengthened through the Generating Equality and Respect program. • While a partnership was established between the program and the Clayton Maternal and Child Health Centre for the delivery of Baby Makes 3, it wasn't sustainable beyond program delivery. • Close partnerships were forged between Generating Equality and Respect and a small number of Monash Partners in Prevention Network members who received grants to deliver respectful relationship education activities. Grant recipients also forged partnerships with each other. • Important relationships were developed between Generating Equality and Respect and Bosch, with a strong foundation for primary prevention and gender equity activities established in the corporate workplace. It is likely that some kind of partnership between Bosch and the Monash-based partners for primary prevention will continue. • Mutually beneficial partnerships were established between Generating Equality and Respect and stakeholders in the Victorian prevention sector.

Findings – program processes	Findings – program impacts
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Communication was central</p> <ul style="list-style-type: none"> • A comprehensive communication strategy was developed through sound processes. The strategy was reviewed and revised on a regular basis. • The communication strategy was a living document that supported significant reach of communication activity. This strategy supported the implementation of Generating Equality and Respect’s activities, particularly where activity was most intense. • Well-formulated and targeted communication messages effectively supported settings-based engagement and activities. • There were well-formulated messages about the prevalence and determinants of violence against women, and about how violence against women can be prevented through promoting gender equity. • Female and male voices and from across all levels of the Monash-based partners were used to reinforce key messages throughout the program. • A social marketing campaign had extensive reach into the community. This and other activities, such as events, communicated the presence of the program and served to offset perceived ‘invisibility’ of some of the program’s other activities, particularly the organisational change activities at Monash City Council and Link HC. • The communication activities at Bosch drew on established campaigns like White Ribbon Day and other messaging and resources about prevention, including those developed for the Monash-based partners. 	<ul style="list-style-type: none"> • The site-based saturation approach was well communicated to and understood by stakeholders in the prevention sector. • Generating Equality and Respect was a well-recognised brand within the three organisational partners and it communicated their unified approach. • On the whole, the program’s communication was very effective, although sometimes it missed the mark.

	Findings – program processes	Findings – program impacts
Embedding gender equity	<ul style="list-style-type: none"> • Strategic and extensive consultation processes set the organisational change agendas at Monash City Council and Link HC. • Both Monash-based partners established accountability for primary prevention through their organisational change agendas. 	<ul style="list-style-type: none"> • Significant organisational change for gender equity was achieved at Monash City Council and Link HC. • The Link HC Organisational Statement for the Prevention of Violence against Women was felt to be truly reflective of the organisation’s values, and gender is now seen as relevant to people’s work. • The community health sector regards Link HC as a leader in primary prevention and gender equity. • Key plans or policies at Monash City Council include gender equity or preventing violence against women as priorities. There is a gender equity strategy and internal funding for an ongoing senior officer to implement it. • Link HC now has processes for continuing the work of gender equity as part of health promotion and quality improvement measures. There is commitment that a significant proportion of the health promotion manager’s role will be dedicated to primary prevention. Leadership sees gender equity as part of core business. • Both Monash-based organisations are partners in the regional primary prevention strategy. Link HC has thoroughly integrated its primary prevention and integrated health promotion activity with the regional strategy, including the strategy’s evaluation.

Findings – program processes

- Extensive planned and opportunistic learning that supports primary prevention occurred across all program settings. This occurred most frequently and intensively where organisational change was also occurring at Monash City Council, Link HC and Bosch.
- There were champions at all levels of Monash City Council and Link HC and a champion at Bosch who were well supported by the Generating Equality and Respect program.

Findings – program impacts

- Planned and opportunistic learning combined to contribute significantly to individuals having skills and confidence to champion primary prevention.
- Conversations about gender equity at Monash City Council reached new levels of sophistication during the development of the gender equity strategy.
- There were numerous formal training opportunities at Monash City Council and Link HC (e.g. VicHealth short course, gender equity leaders course, bystander training, unconscious bias, gender training for staff, subcommittee workshops), with positive impacts on understanding, knowledge and skills to take action for gender equity within an organisational context.
- Training and awareness-raising activities were held at Bosch, reflecting steady progress with primary prevention and gender equity in this setting.
- There were many opportunities for informal capacity development, the impacts of which cannot be underestimated but are hard to measure directly.
- Champions had a positive impact on others (professionally and personally) and on organisational change activities.
- There was an increase in the skills and confidence of youth practitioners who were member of the Monash Partners in Prevention Network to undertake good-practice respectful relationships education, especially those who were recipients of the grants scheme.
- Most couples benefited from the Baby Makes 3 group program (e.g. listening and communication skills and awareness of the gendered division of labour) and formed friendships with one another.
- Some maternal and child health nurses benefited from having Baby Makes 3 delivered at their service, but to other nurses the purpose and content of the program was unclear.

Discussion, conclusions and recommendations

The evaluation of Generating Equality and Respect's program of action was designed and undertaken by the program team for use within the primary prevention field, and with learning and improvement in mind. As such, the evaluation of Generating Equality and Respect had a two-fold purpose:

- to determine the overall success of the initiative's program of action through agreed process and impact indicators
- to contribute to the knowledge base of practitioners by sharing the program's successes, challenges and lessons learned.
- The evaluation yielded numerous findings grouped into the four themes of 'Partnerships for purpose', 'Communication was central', 'Embedding gender equity' and 'Building capacity for primary prevention' (see 'Evaluation findings', p. 31). This section seeks to place a final value on Generating Equality and Respect by answering the following questions related to the purpose of the evaluation: Do the findings show that Generating Equality and Respect was successful, with success defined by the agreed indicators?
 - If 'yes', in what ways?
 - If 'no', why not and what were the barriers encountered?
- What do the successes achieved, challenges encountered and lessons learned along the way offer to prevention practice and the field? What is the legacy of Generating Equality and Respect?

Investigation of processes

To determine whether or not the program achieved success with respect to its processes, the evaluation established a range of tangible and concrete markers of effective reach, appropriateness and quality for the different activities. The full set of process indicators can be found in Appendix 5.

The evaluation findings show that, overall, Generating Equality and Respect's program of action achieved many of the agreed markers of successful processes and in some cases exceeded them. Here are some process achievement highlights.

Partnerships for purpose

The existence of an effective partnership structure in the form of an executive committee was an indicator of a successful partnership process. Evaluation findings show that the executive committee was an effective partnership structure for the duration of the program, with consistent representation from all three organisational partners, despite personnel changes within each of the organisations. Members conducted themselves in a collaborative and respectful manner on all implementation decisions across the life of the program.

While the executive committee was strong on programmatic matters, the evaluation found there was room to improve on its role in identifying strategic opportunities for Generating Equality and Respect and primary prevention more broadly.

Communication was central

The types and extent of communication about the program were indicators of effective communication processes. Key communication messages were targeted to different settings and audiences, and the program's communication strategy provided an important framework for this. Evaluation findings show that a range of different communication activities occurred during the program, with extensive reach. For a few notable activities, the extent of communications surpassed expectations of reach. For example, the program was successful in sharing the program logic model, activities and lessons learned through articles in local media, a journal article and other publications, and through presentations at local and national conferences and forums.

The program developed and implemented a social marketing campaign with wide reach in prominent locations across the Monash municipality, including within the Monash-based partners, in 2013, 2014 and 2015. The key message of the social marketing campaign, 'Say NO to violence against women. Say YES to equality and respect', clearly articulated the link between preventing violence against women and gender equality.

Evaluation findings show that key program messages were clear and relevant to diverse audiences, including those in program settings and other primary prevention stakeholders. Experts in the primary prevention, women's health and family violence sectors informed communication activities.

Embedding gender equity

An important process indicator for embedding gender equity was the extent of consultations that occurred in the Monash-based partners as part of the development of their respective organisational change agendas. Evaluation findings show there was a strategic, considered and extensive consultation process. At Monash City Council, more than 17 Council departments as well as five councillors and advisory groups were consulted to develop the gender equity strategy. At Link HC, more than 100 staff, senior leaders, volunteers, board members and consumers were consulted in the early phases of the program.

Evaluation findings show that language and concepts used in key organisational change documents and policies, such as the Link HC Organisational Statement for the Prevention of Violence against Women, were clear and relevant to target audiences and stakeholders.

Process indicators for embedding gender equity also included the number of committees engaged in organisational change activities at Monash City Council and Link HC, with at least one new internal committee to be established in each organisation to support primary prevention and gender equity. Evaluation findings show that at Link HC a prevention of violence against women subcommittee was successfully established, with members who were champions for preventing violence against women. Generating Equality and Respect provided capacity building to build the skills and confidence of these members for primary prevention. This committee will play an important role in furthering primary prevention activities at Link HC beyond Generating Equality and Respect.

At Monash City Council, a gender equity committee was established to support the development, implementation and evaluation of a gender equity strategy. However, the success here was not as strong: the gender equity committee was later disbanded because of uncertainty about the resources available to implement the strategy and a subsequent change in the consultation approach. The establishment of an external gender equity advisory committee to provide advice to Council on gender equity has meant that the disbandment of this internal committee was not detrimental to program implementation or sustainability.

Building capacity for primary prevention

Building the capacity of individuals in each program setting to prevent violence against women was a highly considered activity that occurred in both planned and opportunistic ways throughout Generating Equality and Respect. Evaluation findings show that capacity-building activities had considerable reach and were effective in supporting individuals to increase their understanding of the prevalence and determinants of violence against women and their skills and confidence in preventing such violence. This was particularly apparent among staff working within the Monash-based partners. While the program's capacity-building activities across all settings transitioned from a focus on violence against women to a greater focus on gender equality, the program recognised it was important to continue reiterating the link between the two throughout the program.

A small number of staff within the Monash-based partners and Bosch were supported by the program team through intensive capacity building to be highly active and effective champions for preventing violence against women. These included men and women from all levels of the organisations, in particular those who were members of the program's executive committee, the Monash Men's Action Group, the Link HC prevention of violence against women subcommittee and the key contact at Bosch. Evaluation findings show these staff felt well supported by the program team through the provision of evidence-based information and resources and ongoing capacity building to support them to undertake good-practice actions to prevent violence against women. While fewer first-time parents participated in the Baby Makes 3 program at Clayton than anticipated, evaluation findings indicate the majority of those that did attend found the program to be relevant, enjoyable and helpful.

The Monash Partners in Prevention Network supported 37 youth practitioners to deliver good-practice respectful relationships education activities, a greater number than predicted. Evaluation findings show that extensive capacity building was delivered to network members, particularly the five recipients of a small grant scheme. Network members were highly satisfied with the support provided.

Investigation of impacts

To determine whether or not the program achieved success with respect to the changes it generated in individuals, teams and organisational cultures, the evaluation established a number of concrete markers of desired impacts. The full set of impact indicators can be found in Appendix 5.

The evaluation findings show that Generating Equality and Respect's program of action achieved or partly achieved many of these agreed impact indicators, as shown in Table 17.

Table 17: Generating Equality and Respect – evidence of achievement against program impact indicators

	Impact indicator	Evidence of achievement (or otherwise)
Partnerships for purpose	At least eight partnerships to implement Generating Equality and Respect are established (internal and external, with settings such as maternal and child health, corporate workplace, Council departments).	<i>Achieved.</i> Multiple formal and informal partnerships were established to support the implementation of program activities. The partnership between Monash City Council and Link HC and with Bosch will continue beyond the life of the program. The program established strong and collaborative partnerships with prevention practitioners in Melbourne’s east and more broadly across the state.
	Intention from Monash-based partners to sustain evidence-based primary prevention.	<i>Achieved.</i> There is a strong commitment from Monash City Council and Link HC to sustain primary prevention activities. This is evident through organisational policy commitments to prevent violence against women and promote gender equity, primarily the implementation of the Gender Equity Strategy (2015–2020) at Monash City Council and the gender equality checklist and gender audit process at Link HC. This is also evident by internal funding of an ongoing full-time senior officer role at Monash City Council to coordinate primary prevention and gender equity activities and allocation of 0.4 full-time equivalent of the Link HC’s health promotion manager role to primary prevention.
	Defined referral pathway with Link HC counselling services to support delivery of Baby Makes 3.	<i>Achieved.</i> Referral pathways to Link HC’s perinatal depression counselling and family counselling services was established. However, there was no evidence of any increased referrals to these services due to Baby Makes 3.
	50% of Monash Partners in Prevention Network members report increased partnerships for respectful relationships education as a result of the network.	<i>Insufficient data.</i> Due to a small number of survey respondents, it was not possible to ascertain the number of Monash Partners in Prevention Network members who increased their partnerships for respectful relationships education as a result of participating in the network.
Communication was central	At least six stakeholders can describe the rationale for adopting a site-based saturation approach for primary prevention.	<i>Achieved.</i> More than six key stakeholders including members of the program’s executive committee and other prevention practitioners with which the program established a partnership could describe the rationale for adopting a site-based saturation approach for primary prevention.
	At least two stakeholders report they intend to apply lessons from the application of a site-based saturation approach.	<i>Achieved.</i> All external prevention practitioners interviewed for the Generating Equality and Respect evaluation reported they intended to apply lessons from the application of a site-based saturation approach, specifically those relating to implementing settings-based activities.

	Impact indicator	Evidence of achievement (or otherwise)
Embedding gender equity	Three to six policies, plans or strategies at Link HC and Monash City Council incorporate gender equity/primary prevention.	<p><i>Achieved.</i> At Monash City Council and Link HC, nine policies, plans, strategies and organisational processes incorporate primary prevention and gender equity.</p> <p>At Monash City Council, primary prevention was a priority in a number of key strategic policies for the organisation, including the Council Plan 2013–2017, Monash Health and Wellbeing Partnership Plan 2013–2017, Access and Equity Framework 2013–2017 and Monash City Council Youth Plan 2013–2016. Primary prevention was incorporated in the development of a preventing family violence in the workplace policy and procedure. A Gender Equity Strategy (2015–2020) was endorsed in late 2015, which will take a strategic and whole-of-organisational approach to gender equity beyond the program period.</p> <p>At Link HC, an Organisational Statement for the Prevention of Violence against Women was developed, publicly demonstrating the commitment of the organisation to primary prevention. The gender equality checklist was developed as a tool to assist the organisation assess whether a policy, program, service or practice is gender sensitive and accountable to its access and equity commitments. The organisation will undertake a gender audit process in 2016.</p>
	All gender equity organisational documents at Monash City Council and Link HC are adopted.	<i>Achieved.</i> All policies, plans, strategies and organisational processes at Monash City Council and Link HC that incorporate primary prevention and gender equity were adopted.
	At least one organisational document at Monash City Council and Link HC has a planned process for implementation.	<i>Achieved.</i> All policies, plans, strategies and organisational processes at Monash City Council and Link HC that incorporate primary prevention and gender equity have a planned process for implementation, with EFT allocated.
	Respectful relationships education is integrated into the Monash City Council Youth Plan 2013–2016 and one Monash Youth and Family Services program.	<i>Achieved.</i> Respectful relationships education was integrated into the policies and practices of Monash Youth and Family Services. Two actions in the Monash City Council Youth Plan 2013–2016 relate specifically to promoting respectful relationships with young people – ‘Develop a positive peer relationship initiative for young people in Years 7 and 8 using a whole-school approach’ and ‘Enhance youth service providers’ capacity to deliver good-practice respectful relationships education’. A number of programs delivered by the service in secondary schools in Monash have integrated primary prevention.
	One family violence or gender equity policy under consideration by senior management at corporate workplace.	<i>Achieved.</i> Gender equity is the initial key focus of Bosch’s internal diversity council, with numerous actions being undertaken to support gender equity within the organisation. Bosch is considering a formal workplace response to support staff experiencing family violence.

	Impact indicator	Evidence of achievement (or otherwise)
Embedding gender equity	At least two strategies are attempted to integrate (fund, resource and coordinate) Baby Makes 3 into the Monash Maternal and Child Health Service by the end of the program.	<i>Achieved.</i> Included discussions with relevant senior leaders and consulting with the Monash Maternal and Child Health Service in the development of the gender equity strategy. Notwithstanding these efforts, the Monash Maternal and Child Health Service does not have capacity to deliver Baby Makes 3 without external resourcing and coordination.
Building capacity for primary prevention	75% of staff and leaders asked at Link HC and Monash City Council understand the prevalence and determinants of violence against women.	<p><i>Partly achieved.</i> Evaluation findings at Link HC showed that over 90% of staff survey respondents understood that intimate partner violence poses greater health risks to women aged 15–44 years than high blood pressure, obesity and smoking. Fewer respondents (72.5%) identified that 1 in 3 Australian women have experienced physical violence since the age of 15. In a 2015 survey of Link HC staff, 70% of respondents correctly identified that unequal distribution of power and resources between men and women was a key determinant of violence against women and 65% correctly identified that adherence to rigidly defined gender roles was a key determinant. This was also asked in a 2013 staff survey, with an increase of 20 percentage points in the proportion of respondents identifying adherence to rigidly defined gender roles as a determinant. This is likely a result of training and communication delivered throughout the Generating Equality and Respect program, in particular the specially designed gender training program for staff, which aimed to increase understanding of the determinants of violence against women.</p> <p>There was insufficient data to assess Monash City Council’s staff understanding of the prevalence and determinants of violence against women due to a low response rate to a survey that sought to measure this.</p>
Building capacity for primary prevention	75% of staff and leaders asked at Link HC and Monash City Council strongly agree that gender equity is everyone’s business.	<i>Partly achieved.</i> This was exceeded at Link HC, where a survey of 37 staff found that all respondents agreed that that gender equity is everyone’s business. There was insufficient data to assess the belief of Monash City Council staff on this statement, due to a low response rate to a survey that sought to measure this.
	At least two senior managers at corporate workplace commit to continuing to prevent violence against women and promote gender equity by the end of the program.	<i>Achieved.</i> This was successfully achieved at Bosch, with the program’s key contact, the head of the human resources department and the president of Bosch committed to promoting gender equity as a key priority in their diversity and leadership activities into the future.

Impact indicator	Evidence of achievement (or otherwise)
85% of participants of bystander training at Monash City Council report increased confidence and skills to speak out against sexism or pro-violent attitudes.	<i>Achieved.</i> At Monash City Council, two bystander training sessions were held for staff. The sessions aimed to build the capacity of participants to be active bystanders through identifying workplace behaviours and cultures that can contribute to violence against women and to speak out when they witness behaviours, attitudes or practices that are disrespectful to women. Some 89% of participants in the first training session reported increased confidence in taking bystander action to challenge sexism and gender-based discrimination in the workplace.
The maternal and child health nurses at Clayton, Warrawee Park and East Oakleigh understand the principles of Baby Makes 3.	<i>Partly achieved.</i> There was a mixed understanding of the principles of the Baby Makes 3 program among maternal and child health nurses involved in promoting the program to first-time parents. A small number of nurses demonstrated a clear understanding of the program principles, particularly one nurse who was also employed as the female Baby Makes 3 program facilitator. For other nurses, their understanding of the Baby Makes 3 program and its key principles was less than ideal. This is likely to have had a negative impact on their ability to effectively promote the program and recruit first-time parents to family nights and the Baby Makes 3 program.
Clayton Maternal and Child Health nurses report change in practice to support gender equity and father engagement (e.g. refer to Baby Makes 3, promote father engagement during home visits, reflect on own practice).	<i>Achieved.</i> Involvement in promoting the Baby Makes 3 program at Clayton impacted the practice of two of the three maternal child health nurses at that site, most significantly the nurse who undertook the role of Baby Makes 3 female facilitator. She consistently promoted the family nights and Baby Makes 3 program and highlighted its benefits during New Parent groups, at home visits and scheduled appointments. Her delivery of the program strengthened her existing practice with families in promoting gender equity and father engagement, and increased her awareness of the relationship between gender inequality and violence against women. Another nurse based at Clayton felt that the program supported, rather than directly influenced, her existing practice with families to promote gender equity.
Five champions for preventing violence against women/gender equity at Monash City Council (including one for Baby Makes 3 and one for respectful relationships education) meet agreed champion competencies.	<i>Achieved.</i> At Monash City Council multiple champions for primary prevention and gender equity met the champion competencies defined by the Generating Equality and Respect program. This included men and women from all levels of the organisations, most prominently those who were members of the program's executive committee and the Monash Men's Action Group. Champions within the Monash Men's Action Group were organisational leaders in the Monash Maternal and Child Health Service and Monash Youth and Family Services.

Impact indicator	Evidence of achievement (or otherwise)
Three champions for preventing violence against women/gender equity at Link HC meet agreed champion competencies.	<i>Achieved.</i> At Link HC, multiple champions for primary prevention and gender equity met the champion competencies defined by the Generating Equality and Respect program. This included men and women from all levels of the organisations, most prominently those who were members of the program’s executive committee, the Monash Men’s Action Group and the Link HC prevention of violence against women subcommittee.
At least one champion at Monash City Council and HC is a recognised leader and meets agreed champion competencies.	<i>Achieved.</i> A number of champions at Monash City Council and Link HC were organisational leaders. This included members of the program’s executive committee including the CEO of Link HC, members of the Monash Men’s Action Group, senior staff at Monash City Council and leaders who were members of the Link HC prevention of violence against women subcommittee.
One champion for preventing violence against women at corporate workplace and meets agreed champion competencies.	<i>Achieved.</i> The key contact at Bosch was a champion for preventing violence against women and gender equity. She actively and effectively championed these issues within the scope of her role in the human resources department, with gender equity prioritised in Bosch’s diversity activities with support from the organisation’s CEO.
Monash City Council, Link HC and corporate workplace champions facilitate the delivery of preventing violence against women/gender equity activities in their own organisations (e.g. influence others, suggest ideas and initiate discussions/meetings.)	<i>Achieved.</i> At Monash City Council, Link HC and Bosch, champions were active in promoting gender equity and primary prevention within their workplaces, including applying a gender lens to policies, programs and practices. They also initiated discussions about gender equity in their professional and personal lives.
Engagement activities have enabled champions to evolve and grow in this role.	<i>Achieved.</i> All champions believed their involvement in the program, and in particular the significant planned and opportunistic capacity building they had received over many years, had enabled them to grow in their understanding, skills and confidence to prevent violence against women.
One leader at Monash City Council, Link HC and corporate workplace agrees that champions are appropriately supported and resourced in their work.	<i>Achieved.</i> All champions felt well supported and resourced by the Generating Equality and Respect program. At Bosch, the champion felt the program strengthened her understanding of opportunities to promote gender equity and prevent violence against women within her organisation. She felt strongly supported through regular communication and meetings, the provision of resources and information and formal training.

	Impact indicator	Evidence of achievement (or otherwise)
Building capacity for primary prevention	Having completed the Baby Makes 3 program, participants are more likely to 'strongly agree', rather than 'agree' that gender equality is an important part of a healthy relationship.	<i>Not achieved.</i> While this was not achieved, there was an increase in the number of participants being more likely to 'agree' or 'strongly agree' that gender equality is an important part of a healthy relationship than disagreeing or remaining neutral. Three months after participation in the program, the percentage of respondents who felt 'neutral' or 'disagreed' that gender equality is an important part of a healthy relationship had decreased from 19.5% in the pre-test to 0%.
	Parents who have participated in the Baby Makes 3 program report increased awareness of the gendered division of household labour.	<i>Insufficient data.</i> Evaluation findings indicate this is likely. However, because of the smaller response rate for the post-program survey, it is difficult to draw a conclusion. Survey responses post-program demonstrated that parents reported a less equal distribution of household labour, compared to pre-program. This may be due to participants developing an increased understanding and awareness of the unequal gendered division of household labour from the program. Participants who were not conscious of this bias prior to participating in the program may have reported a fairly equal distribution of household labour in the pre-program survey; having become aware of the gendered division of household labour through their participation in Baby Makes 3 they might more accurately report a less equal allocation of household labour in the post-program survey. This was supported through interviews with four couples six months after participating in the program who felt that while Baby Makes 3 had increased their awareness of the gendered division of labour, and that the division of labour in their household hadn't changed as a result.
	Parents who have participated in the Baby Makes 3 program report increased communication in their relationship.	<i>Partly achieved.</i> Following participation in the Baby Makes 3 program, 46% of respondents ($n=19$) stated a key learning from the program was effective communication and listening skills. Of the four couples interviewed six months after participating in the program, three said that communication in their relationship was about the same, with one couple reporting their communication had improved and they used the communication skills learned in the program.
	80% of Monash Partners in Prevention Network members understand the determinants of violence against women.	<i>Insufficient data.</i> Due to a low response rate by network members to a survey that sought to measure this, there is insufficient data to assess whether this indicator was achieved.
	75% of Monash Partners in Prevention Network members report increased confidence to engage with young people in respectful relationships education.	<i>Insufficient data.</i> Due to a low response rate by network members to a survey that sought to measure this, there is insufficient data to assess whether this indicator was achieved.

	Impact indicator	Evidence of achievement (or otherwise)
Building capacity for primary prevention	80% of Monash Partners in Prevention Network members agree that the network is a valuable community of practice to support their work in respectful relationships education.	<i>Almost achieved.</i> Of network members who participated in a survey in early 2015 and mid 2015, 76.5% of respondents agreed that the network was a valuable community of practice to support their work in respectful relationships education.
	75% of Monash Partners in Prevention Network members are able to describe at least two of the best-practice principles from the Department of Education and Early Childhood Development's respectful relationships education guidance document.	<i>Insufficient data.</i> Due to a low response rate by network members to a survey that sought to measure this, there is insufficient data to assess whether this indicator was achieved.
	25% of Monash Partners in Prevention Network members report increased delivery of respectful relationships education with young people.	<i>Insufficient data.</i> Due to a low response rate by network members to a survey that sought to measure this, there is insufficient data to assess whether this indicator was achieved.

Unexpected impacts of Generating Equality and Respect

Exploring the unexpected impacts arising from the program, both positive and negative, is another important way to determine the achievements of Generating Equality and Respect.

At Link HC, a gender training program specifically designed by the prevention practitioner and integral to a primary prevention training and development plan for the organisation, was delivered in 2014 and 2015. The training achieved significant reach and impact as it engaged a significant proportion of employees: 108 staff, including organisational leaders, participated in three training sessions. The training supported participants to critically reflect on gender equality, violence against women and the relevance of gender to their practice and the health of individuals, families, communities and society. Staff were also supported to understand the actions that individuals can take to prevent violence against women. Participants reported strengthened understandings of harmful gender stereotypes and norms, for both men and women, that contribute to violence against women. Participants reflected on a range of actions they could take to promote gender equity and primary prevention in the personal or professional sphere and at the individual through to organisational levels. The implementation, review and write-up of the gender training is unique resource for community health services undertaking organisational change to support the primary prevention of violence against women.

Unconscious knowledge and bias training was delivered to 115 leaders at Monash City Council, Link HC and Bosch in 2015. The training explored the role of unconscious bias in judgements and decision making, with a focus on gender, and how this leads to unintended outcomes, such as discrimination and other sub-optimal decisions. The training introduced participants to strategies that can be used in the workplace to overcome biases. At Bosch, the delivery of unconscious bias training to leaders provided a significant opportunity to progress gender equity activities within the corporate workplace.

While the program envisaged that champions within Monash City Council, Link HC and Bosch would take action for primary prevention and gender equity in their workplace, the extent to which champions took bystander action in their personal lives – with family, friends and broader social circles – was not anticipated. This highlights the impact of Generating Equality and Respect in engaging the ‘hearts and minds’ of individuals and building their skills and confidence to prevent violence against women.

Generating Equality and Respect established strong and mutually beneficial partnerships with other prevention practitioners for broader influence and advocacy on primary prevention, including other local governments and community health services, relevant peak bodies, women’s health services, family violence services, and state and national organisations working to prevent violence against women. This supported Generating Equality and Respect activities to be contextualised and mutually reinforced within regional, state and national contexts. These partnerships strengthened implementation in all program settings through two-way sharing of information, advice, expertise and implementation assistance. The strength of the relationships between the Generating Equality and Respect program team and other prevention practitioners was an unexpected outcome of Generating Equality and Respect and was crucial both to the success of program activities and providing essential support for the program team.

Monash City Council’s internal funding of an ongoing officer role to coordinate primary prevention and gender equity activities after Generating Equality and Respect concludes is a significant unexpected impact, highlighting Council’s strong commitment to primary prevention. A key element of the role will be to implement and monitor the Gender Equity Strategy (2015–2020), which will support primary prevention sustainability at Monash City Council.

How successful was Generating Equality and Respect?

Considering the anticipated and unexpected impacts of Generating Equality and Respect (see p. 137), we can conclude that the program was very successful in strengthening understandings of violence against women and improving skills and confidence to take action to prevent it. This was particularly the case for individuals working within the organisations undergoing cultural change to promote gender equality and respect. Extensive capacity-building activities undertaken at Monash City Council, Link HC and Bosch were complemented by a number of new or revised policies, practices and processes, all of which promoted gender equity and organisational cultures supportive of bystander behaviour. Organisational and individual change for primary prevention was most prominent in the Monash-based partners, where the program team was embedded. The significant changes achieved at Monash City Council, Link HC and Bosch are evident by their resourcing and policy commitments to prevent violence against women and promote gender equity during the program period and into the future through continuing partnership activity.

The extent of positive changes on individuals was mixed in the other settings. There were observable changes in the understandings and attitudes of youth practitioners who were members of the Monash Partners in Prevention Network, for example. First-time parents attending the Baby Makes 3 program and maternal and child health nurses involved in that program also showed shifts in understandings and attitudes. However, it is unclear whether ongoing changes in these settings can continue without the resources provided by Generating Equality and Respect.

What is the legacy of Generating Equality and Respect?

An investigation of processes and impacts is one way to assign value to Generating Equality and Respect. Another way is to consider the contribution of the program to broader preventing violence against women practice. For this part of the discussion, the focus is on the lessons learned and practice insights arising from program implementation. These are grouped into two themes: 'generally' for primary prevention practice and 'specifically' for site-based saturation approaches to preventing violence against women.

Primary prevention practice

Generating Equality and Respect confirmed what is already known about working with corporate partners on primary prevention. This includes the need to:

- determine the readiness for capacity development
- find common ground and possible points of connection for workforce development and organisational change
- work with 'where the corporate partner is at' in regards to planned learning and awareness-raising activities.

Generating Equality and Respect reinforced how critical it is that primary prevention activities and communication uphold the mantra of 'first do no harm'. For example, communication should seek to positively transform gender relations. Practitioners should be cautious not to reproduce inequalities between women and men through program messaging. Women's voices should remain central.

Generating Equality and Respect discovered that all conversations and interactions during program implementation can be opportunities for learning about preventing violence against women and gender equity. This complemented planned learning delivered in the program.

Generating Equality and Respect confirmed the complexities encountered in engaging with men to prevent violence against women. Capacity development with men to prevent violence against women requires

careful consideration and should transform gender relations in support of gender equality. This is a long-term prospect, and there is a need to remain vigilant so that gender inequalities are not reinforced.

Generating Equality and Respect supported a number of champions at Monash City Council, Link HC and Bosch through extensive capacity building and the establishment of supporting structures. The experience of Monash City Council and Link HC in engaging and supporting champions demonstrates the importance of having many champions spread throughout any organisation. Champions should exist within various teams, different genders, departments and levels of organisational hierarchy.

Generating Equality and Respect recognised that gender equity is a quality improvement issue for community health services and an integral consideration in any policy or program development and review. It is important that primary prevention and gender equity do not remain the sole responsibility of health promotion units, in recognition that everyone has a role to play in prevention and so the work does not become marginalised. As supported by international literature, Generating Equality and Respect found the community health service to be well placed to invest effort at all points along the spectrum of prevention of violence against women (i.e. primary, secondary and tertiary) as all these points are intrinsically interconnected in the community health service context.

Generating Equality and Respect discovered it is important to maximise the strategic role of program governance structures. While the program executive committee was an effective partnership, there were areas where the partnership could have been strengthened. This included:

- a greater focus on the program's strategic direction rather than just implementation
- a greater understanding of each other's organisational contexts and priorities
- active participation of more senior leaders at Monash City Council and VicHealth
- involvement of key external stakeholders to support program delivery, strategic engagement and two-way communication with the broader prevention sector.

Generating Equality and Respect confirmed that there is significant value in local government being held accountable for primary prevention through their public commitments to gender equity and primary prevention in key organisational policies. This accountability can be reinforced by effective communication and engagement activities that engage staff and the community to be champions for primary prevention.

Generating Equality and Respect showed the importance of having highly visible communication activities, for example social marketing, events and branded resources, alongside organisational change and capacity-building work, which can often be less visible.

Generating Equality and Respect discovered that, for organisational change activities, a considered pre-assessment should be undertaken to determine readiness and opportunities for primary prevention among individuals and departments. Needs assessment should be conducted to inform training plans, so delivery to different segments of the workforce maximises reach and impact. Practitioners should give extra weighting to those departments where it is crucial to invest time and effort for sustainable organisational change, for example human resources and organisational development, even if they are less 'ready' for action than other departments.

Site-based saturation approaches to preventing violence against women

Generating Equality and Respect encountered tensions in implementing the site-based model. These related to implementing tried and tested settings-based activities within a defined site versus adapting the program model to suit opportunities and interests within the local context. A site-based model without a broad membership of community stakeholders engaged in program governance may not be responsive to change in the external environment and therefore risks losing relevance to the community in that site.

There must be a clear role for community stakeholders involved in governance and opportunities to adjust the program model based on their input and local advice.

Generating Equality and Respect discovered that investment in effective communication and engagement activities as part of a planned communication strategy is fundamental for site-based primary prevention programs.

Generating Equality and Respect realised that context is crucial for engaging a corporate workplace and building momentum for action. The program's site-based model, with two local lead partners undertaking organisational change activities, provided a supportive environment for the corporate workplace to travel alongside in its own organisational change work. The corporate workplace was thereby able to see itself as a part of a larger community initiative, while still setting its own internal pace for gender equity.

Generating Equality and Respect found that primary prevention programs must ensure the prevention of violence against women remains a constant focus of discussions and does not get lost in communication and messaging about gender equity.

Conclusions

The value and contribution of Generating Equality and Respect to the field of primary prevention has been significant. The program showed that community health services can play a vital role in being both a partner and a setting for primary prevention, and reinforced international research that community health services are well placed to prevent violence against women at the primary, secondary and tertiary prevention levels.

The program added to the existing evidence base about the unique and critical role for local government as both a setting and a partner for primary prevention, and the importance of public commitment to this issue to ensure local government is accountable to these commitments.

The program contributed to the evidence base regarding collaborating with a corporate workplace. Momentum for gender equity activities at Bosch highlights the critical importance of engaging with companies 'where they are at' and identifying possible synergies.

The program identified the vital importance of having evidence-based, targeted and unified communication messages that 'first do not harm' and underpin all primary prevention activities. Developing clear and consistent key messages on preventing violence against women through promoting gender equality and respect was vital for all aspects of program implementation.

Generating Equality and Respect was designed and funded as a starting point for a longer-term vision of a site in which ongoing primary prevention activities could be sustained over time. This was done in recognition that primary prevention is long-term work. The idea of seeding a site along with its settings-based activities, so that both would continue well beyond the period of their initial funding, was a core concept of the initiative.

The many achievements of Generating Equality and Respect, and the commitment by Monash City Council and Link HC to continue their commitment and leadership in primary prevention beyond the program's life – both internally, in partnership, and across the Monash community – highlight that the program has been instrumental in establishing an environment where gender equality and respect among individuals, organisations and communities could be generated for many years to come. The program has established very strong foundations in the Monash municipality to achieve the vision of an equal and respectful community where women are free from violence.

Recommendations

Local government as a setting and partner for primary prevention

1. That local government should be held accountable for primary prevention through their public commitment in strategic Council documents. Building accountability can be supported by effective communication activities that engage staff and the community to be champions for primary prevention.

Community health as a setting and partner for primary prevention

2. That gender equity must be viewed as a quality improvement issue for community health services and should therefore be an integral consideration in any policy or program development and review. Furthermore, that primary prevention and gender equity must not solely remain the responsibility of health promotion units, in recognition that everyone has a role to play in prevention and so the work does not become marginalised. Community health services are well placed to invest effort at all points along the spectrum of the prevention of violence against women (i.e. primary, secondary and tertiary) as all these points are intrinsically interconnected in the community health service context.

Planning for organisational change with primary prevention partners

3. That a considered pre-assessment should be undertaken in organisational change activities to determine the readiness of departments for primary prevention and where effort should be invested for the best outcomes. A needs assessment should be conducted to inform training plans, so effective delivery to different segments of the workforce maximises reach and impact. Practitioners should give extra weighting to departments where it is crucial to invest time and effort for sustainable organisational change (e.g. human resources, organisational development), even if they are less 'ready' for action than other departments.

Effective program governance

4. That to maximise their effectiveness, program governance groups should ensure there is:
 - a focus on the program's strategic direction in addition to implementation
 - an understanding of organisational partners' contexts and priorities
 - active participation of senior leaders
 - involvement of external members to support program delivery, strategic engagement and two-way communication with the broader prevention sector
 - membership of key community stakeholders (if appropriate).

Communication and engagement for primary prevention

5. That highly visible communication activities, such as social marketing, events and branded resources, should exist alongside organisational change and capacity-building work, the progress of which can often be less 'visible' to stakeholders.
6. That primary prevention programs must uphold the mantra of 'first do no harm'. It is essential that communication, program messages and program activities seek to positively transform gender relations and do not unintentionally reproduce gender inequalities. It is also vital that the prevention of violence against women remains the constant focus of primary prevention activities and that, although some prevention activities might have a stronger and more explicit focus on gender equity, the ultimate aim of preventing violence against women is not lost in communication about gender equity.

Capacity-development activities for primary prevention

7. That formal and opportunistic capacity-development activities which support participants to reflect on the personal and professional impacts of violence against women and gender inequality cannot and should not be offered in isolation. Ideally, capacity-building activities would be run as part of a broader preventing violence against women program.
8. That all conversations and interactions must be recognised as opportunities for learning about preventing violence against women and gender equity. Furthermore, that being able to take advantage of these opportunities to build the capacity of individuals to prevent violence against women is supported by a skilled prevention workforce and a flexible work plan.
9. That capacity development with men to prevent violence against women requires careful consideration and should not be undertaken unless it aims to transform gender relations in support of gender equality. There is a need to remain vigilant in working with men for primary prevention, so as not to reinforce existing gender inequalities that privilege men over women.

Engaging and supporting primary prevention champions

10. That preventing violence against women programs should engage, build the capacity of and support champions to advocate for primary prevention and gender equity across multiple settings and activities of the programs. Ideally, both male and female champions should be sought from different parts of organisations and communities and with different roles in the target setting(s).

Working with corporate partners

11. That primary prevention programs that seek to deliver capacity development and organisational change activities with male-dominated corporate workplaces determine readiness for capacity development, find common ground and points of connection for workforce development, and work with 'where the organisation is at' in regards to awareness-raising and organisational change activities.
12. That primary prevention partners who employ a site-based model and seek to develop a partnership with a corporate workplace as an element of this should also undertake their *own* organisational change activities to promote gender equality and respect. This ensures there is congruence between what the partners are promoting externally and their own practices. This can also act as an important point of engagement with corporate workplaces, whereby corporate workplaces can view themselves as a part of a larger community initiative for preventing violence against women while still setting their own pace for an internal journey for gender equity. Activities undertaken and policies developed within implementing partners for primary prevention must also be shared with corporate workplaces to support their work in this area and vice-versa.

Site-based saturation approaches to preventing violence against women

13. That primary prevention partners who wish to employ a site-based model must understand there will be tensions between implementing activities determined at the outset versus adapting the program model to suit opportunities within the local context. There is a need to establish appropriate strategies to mitigate these tensions to support innovative prevention activities that are grounded in evidence.
14. That investment in effective communication and engagement activities as part of a planned communication strategy should be viewed as fundamental for site-based primary prevention programs.

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Appendix 1:

Generating Equality and Respect Executive Committee Partnership Agreement and Terms of Reference

Respect, Responsibility and Equality Demonstration Site

Partnership Agreement – VicHealth, Monash City Council and MonashLink Community Health Service

Introduction

The Respect, Responsibility and Equality Demonstration Site (Demonstration Site)²⁵ marks a new direction in Victoria for preventing violence against women before it occurs. The Demonstration Site serves as a testing ground for consolidating, saturating and sustaining known and effective primary prevention practice in a single location. The purpose of the Demonstration Site is to:

- implement a range of tried and tested primary prevention programs in one site
- embed the site along with its prevention programs
- build a 'site-based' model for primary prevention.

With the vision of an equitable and respectful Clayton community where women are free from violence, the program goals are:

1. Gender equitable communities and organisations

Build communities, cultures and organisations that are gender equitable and value and support non-violent norms.

2. Respectful and equal relationships

Foster respectful and equal relationships between men and women.

3. Partnerships and collaboration

Realise sustainable primary prevention through strong collaboration with established and new partners.

4. Learning and evidence

Pilot an innovative model for the primary prevention of violence against women that is transferrable and informs practice.

²⁵ Please note, as of 10 April 2013 the program title changed to Generating Equality and Respect.

This Partnership Agreement sets out the agreements between three parties that have been brought together to ensure the purpose of the Demonstration Site is achieved. The document includes:

- the statement of the partnership
- the date of this Partnership Agreement
- the parties involved
- partnership goal and objectives
- partnership principles and obligations
- the roles and responsibilities of each partner
- the roles and responsibilities of all partners
- protocols and procedures of the partnership
- signatories to this Partnership Agreement.

Statement of partnership

Violence against women, including intimate partner violence, is today widely recognised as a global problem. It is one of the least visible but most common forms of violence, and one of the most insidious violations of human rights. It has serious impacts on the health and wellbeing of those affected and results in significant economic costs to communities and nations.

In 2013 the World Health Organisation found that close to one-third of all women who have been in a relationship have experienced violence at the hands of their partner. In Australia, one in three women aged above 15 experience physical assault and one in five experience sexual assault in their lifetime.

It is widely agreed that the most significant determinants of violence against women are:

- the unequal distribution of power and resources between men and women, and institutional, cultural and individual support for (or weak sanctions against) gender inequality
- an adherence to rigidly defined gender roles expressed institutionally, culturally, organisationally and individually.

VicHealth considers partnerships an important mechanism for building and sustaining capacity to promote health and prevent illness, and for bringing together diverse skills and resources for more effective health promotion outcomes. Monash Council and MonashLink Community Health Service have a history of a strong and strategic working relationship, which can be leveraged for the purposes of working together on the issue of preventing violence against women. The partners recognise that violence against women is prevalent in our society but that it is preventable. Everyone is responsible for an equal and respectful society and to prevent violence against women.

All partners demonstrate their commitment to an equal and respectful society through their business.

Date of this agreement

This Partnership Agreement is for the period from July 2012 to December 2015.

The parties

The Demonstration Site brings together three parties in a unique partnership. The three parties are a funder (VicHealth), a funds holder (Monash City Council) and an established partner of the funds holder (MonashLink Community Health Service).

The Victorian Health Promotion Foundation (VicHealth)

VicHealth works in partnership with organisations, communities and individuals to make health a central part of the daily lives of Victorians. VicHealth is a leader and innovator in the field of preventing violence against women before it occurs, and over the last decade has overseen a considerable program of research and funding activity in this field.

As a partner of the Demonstration Site, VicHealth provides funding of \$1 million over three years. VicHealth is also active in the Demonstration Site through the involvement of core staff members from its Preventing Violence Against Women program. Together they support and resource the work of the site through their expertise, knowledge and experience of tried and tested primary prevention practice, partnerships development, workforce development, program planning and evaluation capacity building.

Monash City Council

As a partner of the Demonstration Site, Monash City Council is the funds holder contracted by VicHealth. Monash City Council has extensive knowledge of, relationships with, and reach to local partnerships, settings and population groups for the implementation of tried and tested primary prevention activity across the Demonstration Site. Monash City Council has a strong commitment in the prevention of violence against women, being the lead council for the Inner East Primary Care Partnership (IEPCP) Preventing Violence Against Women Project. Additionally, Monash City Council convened a roundtable discussion to prepare a submission to the State Government: 'Addressing Violence against Women and Children' Action Plan (March 2012). Monash City Council hosted the roundtable but emphasised the strengths and benefits of a partnership approach to preventing violence against women. Consequently, key stakeholders included representatives from Inner East Local Governments, MonashLink Community Health Service (MonashLink), IEPCP, Women's Health East, Eastern Domestic Violence Service, Wavecare Counselling Service, Local Police, Office of Women's Policy and Monash Oakleigh Legal Service. These initiatives demonstrate that Monash City Council has built a solid foundation for the Demonstration Site due to the leadership commitment from councillors and officers to embed preventing violence against women as a core policy and program issue.

Monash City Council and MonashLink have a strong and mutually respectful relationship that will support them to continue to implement cultural change internally and in the wider community. The collective values and culture of both Monash City Council and MonashLink embrace the following principles: community empowerment and engagement through place-based initiatives, working in partnership with people in their communities to improve wellbeing, facilitating safe and healthy communities through capacity building, supporting initiatives to prevent violence against women through collaborative partnerships, and celebrating and accepting diversity. These principles will guide the development of a demonstration site to prevent violence against women.

MonashLink Community Health Service

MonashLink is a not-for-profit community health service providing comprehensive health and community services to communities within the City of Monash and surrounding areas.

MonashLink has a longstanding commitment to addressing violence against women. MonashLink offers individual and family counselling, as well as group programs, to anyone wishing to address issues related to family violence.

MonashLink is committed to the primary prevention of violence against women, evident in its partnerships with Monash City Council as part of the Women's Leadership Strategy and the Inner East Primary Care Partnership Prevention of Violence against Women Project, as well as the organisational capacity-building initiative, the ReCLAIM research project. This project aims to improve the capacity of MonashLink to promote and model non-violent and equitable relationships, support staff members affected by violence and engage in violence prevention initiatives in the local community.

As a partner of the Demonstration Site, and as an established partner of Monash City Council, MonashLink brings strong capacity to complement and extend Monash City Council's knowledge of, relationships with, and reach to local partnerships, settings and population groups for the implementation of tried and tested primary prevention activity across the Demonstration Site.

Partnership goal and objectives

The partnership between VicHealth, Monash City Council and MonashLink exists to ensure that the purpose of the Demonstration Site is achieved.

To meet this stated goal, the partnership objectives are to:

- adhere to the concepts outlined in 'Partnership principles and obligations' (below)
- commit equally to working together to achieve the purpose of the Demonstration Site, working towards the deliverables within the agreed timelines
- contribute resources to the Demonstration Site so its purpose can be achieved (the contribution of resources by each partner is in keeping with their roles and responsibilities, below)
- work from a shared understandings of the underlying causes of violence against women and tried and tested approaches to primary prevention
- achieve a unified vision of primary prevention for the Demonstration Site, one that strikes at the underlying causes of the problem at multiple levels of influence (individual/relationship, community/organisational and societal)
- oversee the development, implementation and evaluation of a Prevention Plan of Action containing the tried and tested primary prevention activity, as outlined in the Funding Agreement, of the Demonstration Site
- ensure that the Demonstration Site and its programs are embedded so that primary prevention activities continue well beyond the three-year period of funding that establishes them
- contribute to external research activity on the Demonstration Site

- at all times, communicate with integrity about the project and its impacts to key stakeholders
- maintain and facilitate strong internal communication within each partner
- facilitate strategic and ongoing senior leadership commitments to preventing violence against women beyond the remit of the Demonstration Site.

Partnership principles and obligations

The three partners adhere to the concepts of partnering by observing the following partnership principles and obligations.

- respect each other's strengths, especially the expertise, knowledge, experience and resources that we each bring to the partnership
- value the uniqueness of what we each bring to the partnership and value what the partnership, in turn, brings to each partner
- act towards each other with honesty and trust
- communicate with each other openly, effectively and regularly, through the project team and the Executive Committee
- work in a constructive manner by valuing our different points of view and managing disagreements in a respectful and timely way, utilising the dispute resolution process detailed in this agreement
- understand that each of us has responsibilities to our own organisations and organisational stakeholders and recognise that we partner within these contexts
- learn from what is happening and be a learning partnership
- acknowledge and celebrate successes
- commit to ongoing monitoring and review of the partnership, including through the VicHealth Partnerships Analysis Tool.

Roles and responsibilities of each partner

VicHealth

- as funder, provides \$1 million over three years
- provides additional support and resources by way of staff from the Preventing Violence Against Women program, mainly a Senior Project Officer and Research Practice Leader, who collectively provide expertise, knowledge and experience in tried and tested primary prevention practice, partnerships development, workforce development, program planning, evaluation capacity building and the emerging evidence base
- leads and resources the evaluation capacity activities undertaken by Monash City Council and MonashLink

- manages the Funding Agreement
- brokers the activities of an external researcher(s) tasked with identifying and documenting the 'site-based' model emerging from the Demonstration Site and examining the overall effectiveness of the approach.

Monash City Council

- as funds holder, is contracted by VicHealth through a funding agreement to meet key deliverables of the Demonstration Site and fulfil all requirements of that contract
- employs a Program Manager with access to the organisation's executive
- employs a Prevention Practitioner
- shows leadership within the Demonstration Site by undertaking its own cultural change process (supported by executive and management levels) to address the underlying causes of violence against women
- supports MonashLink in demonstrating leadership in its organisation-wide cultural change process to address the underlying causes of violence against women (as needed)
- manages subcontracting arrangements with MonashLink.

MonashLink Community Health Service

- through subcontracting arrangements with Monash City Council, employs a Prevention Practitioner
- shows leadership within the Demonstration Site by undertaking its own cultural change process (supported by executive and management levels) to address the underlying causes of violence against women
- is supported by Monash City Council in demonstrating leadership in its organisation-wide cultural change process to address the underlying causes of violence against women (as needed).

Roles and responsibilities of all partners

In addition to their individual roles and responsibilities, the three partners together:

- participate in capacity-building activities to maintain shared understandings of the causes of violence against women and achieve a unified vision of primary prevention for the Demonstration Site
- consult and involve all partners in internal, cross-partnership and public discussions/meetings on the Demonstration Site
- determine the location and scale of the Demonstration Site
- oversee the development, implementation and evaluation of a Prevention Plan of Action, including meaningful leadership engagement activities
- develop a communications strategy for the Demonstration Site

- oversee expansion and/or transition planning
- oversee sustainability planning.

Protocols and procedures

Partnership structure

The work of the partnership occurs across a range of levels with the main two being the cross-organisational team and the Executive Committee.

The program team facilitates operational and day to day work, and includes the Program Manager, the Prevention Practitioners and the Senior Project Officer (VicHealth).²⁶

The Executive Committee has representation from all three partners and oversees the strategic directions of Generating Equality and Respect. The Terms of Reference of the Executive Committee are attached to this Partnership Agreement.

Communication and information sharing

The partners acknowledge that the work of the partnership will occur in various ways. Communication between partners will occur via email, file-sharing software, telephone, face to face (informal and formal) and, where necessary, extraordinary meetings of the Executive Committee. In the interests of ensuring consistency and collaboration, a communication strategy will be developed and attached to this document.

The partners acknowledge that they may share research and data, including confidential and/or potentially sensitive information, for example community attitudes of City of Monash and organisational attitudes data. All partners recognise the primary purpose of data collection is to strengthen planning and implementation of Demonstration Site activities. Unless otherwise stated by the owner of the data, research of this type is for internal use only, predominately for the planning of the Demonstration Site. At times, at the agreement of the partners, this may extend to wider organisational planning.

Decision making

Decisions will be made about project objectives and deliverables. In keeping with the principles highlighted in the Partnership goal and objectives section, the partners will make decisions on a consensus basis, acknowledging the specific expertise that each partner brings to partnership.

The project team will have the autonomy to make day-to-day decisions as guided by project plans, with more significant decisions to be presented to the Executive Committee.

Dispute resolution

The partners are committed to working in a constructive manner by valuing our different points of view and managing disagreements in a respectful way. Where differences arise that cannot be resolved in such a manner or through clarification via the Funding Agreement, the following steps will be followed:

- an extraordinary meeting of the Executive Committee will be convened, with all members present, to explore mutually agreeable solutions

²⁶ Note that the Senior Project Officer plays a dual role as a team member and the contract manager.

- where differences remain unresolved after an extraordinary meeting, an independent mediator, endorsed by all partners, will be invited to oversee dispute resolution. The mediator will facilitate a joint mediation session, with all partners present, to reach a mutually agreeable solution
- if differences cannot be resolved during the joint mediation session, the mediator may hold private discussions with each partner to find common objectives that can assist in further negotiations. If common objectives are found, another joint mediation session will be held
- when a dispute is resolved, the agreed solution will be final.

Monitoring and review

The partners are committed to the ongoing monitoring and review of the partnership, and to annually utilising suitable audit tools, such as the VicHealth Partnerships Analysis Tool, to improve ways of working together. In particular, the annual audit exercise is used to assess whether or not the partnership is meeting its stated objectives.

This Partnership Agreement, alongside the Executive Committee Terms of Reference, will be revised annually to incorporate recommendations for improving ways of working together arising from the annual audit exercise. In the final year this will be done in August, to ensure sufficient time, if necessary and decided, for the continuation of the executive committee post program end.

External relationships

The partnership acknowledges that it has relationships with broader stakeholders and local partners because of their links to (and expertise and experience in working with) the settings and population groups.

The partnership acknowledges that many of these relationships can currently be managed bilaterally; however it will continue to examine the need for an external stakeholder group throughout the life of the project.

Signatories

VicHealth	Signed:
Date:	Name:
Monash City Council	Signed:
Date:	Name:
MonashLink Community Health Service	Signed:
Date:	Name:

Attachments: Generating Equality and Respect Program

Executive Committee Terms of Reference

Date prepared: 30 November 2012

Date reviewed: November 2014

Review approved: Executive Committee 10 December 2014

Next review date: August 2015

Generating Equality and Respect Program – Executive Committee

Terms of Reference

Purpose

The Executive Committee demonstrates leadership in the primary prevention of violence against women for the Generating Equality and Respect Program,²⁷ ensuring the partnership between Monash City Council, MonashLink Community Health and VicHealth flourishes.

The development of a shared vision for the project, as well as sharing knowledge, building relationships, and establishing all the necessary structures and processes for approving, planning and decision making over the life of the project, rest with this group.

The purpose of the Executive Committee regular meetings are to provide high level guidance and advice to the project team, to maintain and nurture the partnership across the three organisations and to keep abreast of program activity with regular updates.

Membership

Executive Committee membership comprises representatives from the project’s partner organisations, as follows:

Monash City Council	
Director Community Development and Services	
Manager Community Planning and Development	
Program Manager	
MonashLink Community Health Service	
Chief Executive Officer	
Health Promotion Coordinator	
VicHealth	
Program Manager – Mental Wellbeing	
Senior Project Officer	
Research Practice Leader	

Prevention practitioners will attend meetings of the Executive Committee to observe and provide updates or reports; however, they will not be formal members of the Executive Committee.

Roles and responsibilities

Each member is responsible for raising issues and discussion items during meetings of the Executive Committee in line with the purpose of the Executive Committee. Each member is responsible for participating in meetings of the Executive Committee and following up agreed actions.

²⁷ This program is also referred to as Respect, Responsibility and Equality Phase IV: Demonstration Site, in particular prior to April 2013 and by VicHealth.

Attendance at meetings

Each partner organisation must be represented by at least one member at each meeting of the Executive Committee.

Chairing arrangements

Meetings of the Executive Committee will be chaired by a representative of the partner organisations on a rotating basis, commencing with VicHealth at the first meeting of the Executive Committee and followed by Monash City Council and then MonashLink.

Meeting frequency

Meetings of the Executive Committee will occur on the second Wednesday of every second month (excluding the month of January) from 2:30 to 4.30 pm.

Venue and hosting arrangements

Venue and hosting arrangements for Executive Committee meetings will be on a rotating basis in keeping with the chairing cycle above.

Agenda and notes

Meeting notes will be prepared by the host of each meeting and circulated two weeks following that meeting. A standard agenda will be prepared by the upcoming host of each meeting of the Executive Committee and circulated one week prior to that meeting.

Date agreed: December 2014

Review date: August 2015

Appendix 2: Key questions for guiding site selection

	Target settings and populations			
	Large corporate workplace	Maternal and Child Health Centre	Faith-based organisation	Practitioners working with young people
Demographics	<ul style="list-style-type: none"> • What is the industry/sector? • No. employees (senior management / others) • Gender/CALD/age profile • What is the physical location / number of sites / workers at each site? 	<ul style="list-style-type: none"> • How many centres in the site? • What is the physical location / number of sites / workers at each site? • Staffing numbers • Mix of home visits vs. centre visits • Gender mix • Immigrant and refugee / CALD profile of clients? 	<ul style="list-style-type: none"> • What faith-based organisations exist? • What denominations are they? • Location of Catholic/Anglican orgs? • Ratio male:female faith leaders • CALD profile of community 	<ul style="list-style-type: none"> • Facilities/agencies that work with young people • Location of schools / youth services • Community services that target young people (d&a services, mental health services, sexual health services) • No. workers within the site • CALD profile of community • Profile of PIP practitioners (statewide network) from City of Monash
Leadership support and commitment	<ul style="list-style-type: none"> • What is the management/organisational structure/hierarchy (e.g. various site managers)? • Is there any evidence of leadership commitment to community/wellbeing issues / women's leadership? • Is there a commitment to 	<ul style="list-style-type: none"> • Are there leaders who will champion the program / role model commitment to the program? • Support for staff involvement/education? • Are there strong/open lines of communication between management and staff? 	<ul style="list-style-type: none"> • Are there female/male faith leaders who will champion the program / role model commitment to the program? • Do these male leaders exhibit values around gender equality? • Are there organisational 	<ul style="list-style-type: none"> • Are there leaders involved in efforts regarding respectful relationships ed/PVAW with young people? • Are there any principals who are driving RRE in their school / championing it locally?

	<p>policy development (e.g. bullying/diversity/OH&S)?</p> <ul style="list-style-type: none"> • Is the org likely to lend its credibility to the RRE program (via media, key staff at events)? 	<ul style="list-style-type: none"> • Is there a history of celebrating staff/organisational achievements? • Is there commitment for involvement across all staff (e.g. admin, immunisation nurses, management)? • Openness to external female facilitators (option to explore facilitators from partner agencies e.g. women's and community health sector. BM3 doesn't have to be delivered by MCH nurses)? 	<p>structures / governance which would support implementation / policy developmentt?</p> <ul style="list-style-type: none"> • Are there strong/open lines of communication between management and staff? • Is there any evidence of leadership commitment to community/wellbeing issues / women's issues? • Are there policies relevant to the issue? 	<ul style="list-style-type: none"> • Do any of the schools have policies conducive to RRE (RRE policy, bullying policy, H&W policy)? • Are there leaders in youth-specific services/settings that are involved in RRE?
<p>Culture</p>	<ul style="list-style-type: none"> • Is there a company-wide commitment to occupational health and safety / employee H&W? • Is it a male-dominated culture? • Does the RRE program fit with / complement the organisations goals/ethos/values? • Does the communication and language style align with the program? • Is there a history of innovation / getting involved in community projects / social responsibility / gender diversity? • Known history of high staff turnover? 	<ul style="list-style-type: none"> • Is there a strong philosophy and culture that supports father engagement in the maternal and child health service? • Previous success in engaging fathers in new parent groups / parenting programs? • Evidence of favourable attitudes about primary prevention work? • Is there a culture of reflection on current practice and new models of service provision? • Known history of high staff turnover? 	<ul style="list-style-type: none"> • Is there previous awareness of PVAW and primary prevention by faith leaders? • Is there a history of innovation / getting involved in community projects / social responsibility / gender diversity? • Culture of progressive activity with the community? • Known history of high staff turnover? • Is there broad reach into the local community? 	<ul style="list-style-type: none"> • Is there evidence of practitioner concern about the issue? • Are there any schools which have demonstrated an ethos of respectful relationships / commitment to health promotion / H&W and a whole-school approach?

Workforce development	<ul style="list-style-type: none"> • Is there a commitment to staff professional development / training? • Are there internal communication methods for promotion of the program (newsletters, intranet)? 	<ul style="list-style-type: none"> • Is there a commitment to staff professional development to support program goals? • Do the staff who are likely to work on the program have sufficient confidence/interest/skills on relevant topics (gender equality, healthy relationships, working with fathers, group facilitation, responding to disclosures)? • Are there communication methods for promotion of the program to staff (newsletters, intranet, meetings, forums?) • How do you see this rolling out? Staged approach? How many nurses need to be trained? 	<ul style="list-style-type: none"> • Are there existing PD programs which the mentoring program can be incorporated into? • Is there openness to learning about PVAW? 	<ul style="list-style-type: none"> • Is there a commitment to staff professional development / training by schools / agencies? • Is there openness to learning about RRE/PVAW?
Champions to guide action	<ul style="list-style-type: none"> • Are there 'known' champions within the org for H&W activity / OH&S? • Is there a HR/PR department to support implementation? 	<ul style="list-style-type: none"> • Are there known champions for parenting programs? • Are there enthusiastic MCH nurses? • Are there staff who would make excellent BM3 facilitators? • What is the capacity to support evaluation (e.g. data collection)? 	<ul style="list-style-type: none"> • Are there known champions for social/gender/health issues? • Is there evidence the faith communities can drive this work themselves via internal champions? 	<ul style="list-style-type: none"> • Are there champions within schools/agencies that are championing respectful relationships ed locally?
Internal resources (human,	<ul style="list-style-type: none"> • Capacity of staff • Staff work hours and physical location are conducive to the 	<ul style="list-style-type: none"> • Capacity of staff? Flexibility in staffing/scheduling to allow attendance at training? 	<ul style="list-style-type: none"> • Capacity of faith leaders – other demands and priorities? 	<ul style="list-style-type: none"> • Do practitioners/teachers have the time to

admin, physical)	<p>program?</p> <ul style="list-style-type: none"> Physical space available for sessions/education? Is there an employee assistance Program? 	<ul style="list-style-type: none"> Time limitations / workloads Staff interest/availability to be facilitators of an evening? Financial capacity to support (overtime rates vs TIL etc.) what are these costs? Physical space available for sessions / access to other venues (community halls, libraries, children’s centres)? How are parenting programs promoted currently? Any HR/OH&S requirements for external facilitators working on site? Does this differ depending on if facilitators are currently employees of LG or not? 		<p>dedicate to respectful relationships ed / PVAW?</p>
Partnerships	<ul style="list-style-type: none"> Is there a pre-existing relationship with council? Any evidence of capacity to initiate and sustain involvement? Commitment to community partnerships? Does the workplace work with local organisations, have external reach into the community? 	<ul style="list-style-type: none"> Internal collaboration is viewed highly? Are there strong partnerships with counselling services that can provide relationship counselling? Are there partnerships locally with community health, welfare, maternity services? Any other existing potentially valuable partnerships/networks? 	<ul style="list-style-type: none"> Are there committees in existence that can support implementation (e.g. social responsibilities committee)? Are there partnerships with others locally around shared values of community development / social inclusion / wellbeing / women’s issues? 	<ul style="list-style-type: none"> Are there pre-existing networks for practitioners working with young people? (e.g. DEECD / youth work / student wellbeing) Where does MCC and ML have existing relationships with youth practitioners / agencies / schools?
Major activities and programs	<ul style="list-style-type: none"> What major projects are happening at this time within the organisation? Are there any identified 	<ul style="list-style-type: none"> Previous experiences with PVAW / gender equity work? What current parenting groups exist? How often are they run? 	<ul style="list-style-type: none"> Are there any identified, programs, and/or activities this organisation would like to become involved in 	<ul style="list-style-type: none"> What initiatives are currently being implemented in respectful relationships

	<p>programs and/or activities this organisation would like to become involved in over the next few years that would benefit the community?</p>	<p>What are the participation levels?</p> <ul style="list-style-type: none"> • What topics/content is covered? • Are fathers' nights currently in existence? • Any prior parenting programs / new parent groups. What went well, what didn't? • How do you see BM3 fitting with your existing New Parents Program (e.g. an extension vs replace some of the existing program. Continue to be a mix of daytime and evening sessions or all evening?) 	<p>over the next few years that would benefit the community?</p>	<p>ed?</p> <ul style="list-style-type: none"> • Is any youth-focused primary prevention work underway or planned? • Are activities currently very disparate?
Environment/ context	<ul style="list-style-type: none"> • Will working on this program enhance the credibility, status or respect with which the organisations constituents view the company? • Is there stability in the company – i.e. no major financial issues which might overshadow the program? • Language and literacy barriers/issues? 	<ul style="list-style-type: none"> • Are there current competing priorities that may impinge on commitment to the program? • Is there a history of working with different immigrant/refugee/CALD groups? • If working with immigrant and refugee families and communities, what relationships might exist with ethno-specific and multicultural services and organisations? 	<ul style="list-style-type: none"> • What major projects are happening currently? • Are there current competing priorities that may impinge on commitment to the program? 	<ul style="list-style-type: none"> • Staffing cuts in the area – deletion of roles, e.g. student wellbeing? • Priority assigned to H&W/RRE by schools? • Is there a history of working with different CALD groups? • Major projects within schools / youth services currently?
Data sources	<ul style="list-style-type: none"> • Organisational websites • Monash City Council Economic Development department • Worksafe/Workhealth 	<ul style="list-style-type: none"> • Manager, Children and Families Services • Coordinator Maternal and Child Health 	<ul style="list-style-type: none"> • MonashLink staff • Monash Interfaith Network • Monash City Council 	<ul style="list-style-type: none"> • DEECD student wellbeing • Principals Network • Monash Youth and Family Services

	<ul style="list-style-type: none"> • Chamber of commerce • VECCL/unions/university contacts 	<ul style="list-style-type: none"> • Whitehorse Community Health Service 	Community Planning and Development department	<ul style="list-style-type: none"> • SFYS • DVRCV – PiP Coordinator • MonashLink staff
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Appendix 3: Generating Equality and Respect evaluation framework

Preamble

Generating Equality and Respect is a world first, three-year program led by a strong and collaborative partnership between Monash City Council, Link Health and Community and VicHealth. Generating Equality and Respect will establish a ‘demonstration site’ in the suburb of Clayton, where tried and tested primary prevention programs will be implemented with a range of groups and organisations to prevent violence against women.

The aim of the evaluation

- To determine the effectiveness and impacts of program activities occurring in the Demonstration Site
- To contribute to an understanding of the overall effectiveness and transferability of a ‘site-based’ model for primary prevention in Victoria

Purpose

- To determine the overall success of the program through agreed indicators
- To contribute to the knowledge base of practitioners by sharing successes and challenges

Evaluation methods

The evaluation will use a combination of quantitative and qualitative methods to capture data on the program outputs (processes), and short-term and medium-term expected impacts which are outlined in the program logic model (appendix 1).

GOAL 1: Build communities, cultures and organisations that are gender equitable and value and support non-violent norms			
Outputs	Indicators	Methods of data collection	Who/when
Engagement with teams at Monash City Council (Council), Link Health and	Reach <ul style="list-style-type: none"> • At least five teams at Council engaged via consultation process • At least 75% of staff engaged at Link Health and Community via consultation process • At least four teams engaged in gender analysis (develop 	<ul style="list-style-type: none"> • Documentation (e.g. emails, consultation notes) • HR records • Minutes • Training attendance 	<ul style="list-style-type: none"> • LW/NR – Oct 2013 • BU – Oct 2013 • LW – ongoing • NR – Oct 2013 / Mar 2014

Community (Link HC) and corporate workplace for gender equity and primary prevention integration into policies, plans and strategies	<p>gender sensitive actions) at Council</p> <ul style="list-style-type: none"> • At least two meetings held with corporate workplace • At least three maternal and child health staff are engaged (consulted, involved, informed) in delivering Baby Makes 3 • 90% of MYFS youth practitioners are members of Monash PiP Network • One internal gender equity committee established at Council and at Link HC • Link HC Health Promotion and Development Committee are engaged (consulted, involved, informed) in primary prevention 	<ul style="list-style-type: none"> • Monash PiP membership register • TOR, minutes, council reports • Minutes, focus group, reflective journal 	<ul style="list-style-type: none"> • NR/BU/JT – ongoing • LW – program end • LW/BU/NR – Sept 2013 / program end • BU – ongoing
	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> • All consultation sessions are tailored appropriately and provide information about prevalence and determinants of violence against women • Gender analysis with teams at Council uses agreed tools and processes • Language and concepts are presented in a clear and relevant way to audience • Input is sought from family violence, health and women’s health sector for relevant communication/program activities or resources • Staff and teams report being engaged (consulted, involved, informed) in primary prevention and gender equity • Staff and leaders from at least five teams at council are members of gender equity committee and at least 25% are male • There is management representation on gender equity and prevention of violence against women working groups at Council and Link Health and Community 	<ul style="list-style-type: none"> • Documentation (Presentation slides and handouts), participant observation, reflective journal • Documentation (Gender analysis documents, notes, reports) • Participant observation and feedback (reflective journal), focus groups • Documentation (emails), reflective journal, interviews with key stakeholders • Link HC staff survey, focus group, reflective journal • TOR, meeting minutes 	<ul style="list-style-type: none"> • LW/BU/NR – Oct 2013 • LW/BU/NR – ongoing • LW/BU/NR/WLK – ongoing • BU/WLK – Nov 2013 / program end • LW – March 2014 • BU/LW – Sept 2013 / Sept 2014
	<p>Impact</p>	<ul style="list-style-type: none"> • Copies of policies, plans and strategies. Gender analysis of docs 	<ul style="list-style-type: none"> • BU/JT/LW – program end

	<ul style="list-style-type: none"> • 3–6 policies, plans or strategies at Link HC and Council incorporate gender equity / primary prevention • Respectful relationships education is integrated into Council’s youth plan, and one Monash Youth and Family Service program • One family violence or gender equity policy is under consideration by senior management at corporate workplace • At least two strategies are attempted to integrate (fund, resource and coordinate) Baby Makes 3 into maternal and child health services by the end of the program 	<ul style="list-style-type: none"> • Policy document • Youth plan, program curriculum, case study • Documentation (emails, meeting notes), draft policy document, interview 	<ul style="list-style-type: none"> • JT/LW – program end • JT/BU – July 2013 / program end • JT/BU – program end
<p>Training and awareness raising activities provided:</p> <ul style="list-style-type: none"> • Monash City Council and Link HC • youth practitioners • corporate workplace 	<p>Reach</p> <ul style="list-style-type: none"> • At least one awareness raising / communication activity per month for Council and Link Health and Community staff • One social marketing campaign implemented at Council and Link HC • At least two formal and two informal professional development or information sessions per year for Council and Link HC staff • 25% of Monash Partners in Prevention (PiP) members attend one statewide PiP forum • At least three communication activities about Baby Makes 3 delivered at Council and Link HC • Men’s and women’s health seminars at corporate workplace focus on family violence and respectful relationships • Family violence content is integrated into the Equal Opportunity, Bullying and Harassment training (new staff and refresher) at corporate workplace • White Ribbon Day activities held in 2014 and 2015 at Council and Link HC • At least three professional development or information sessions about Baby Makes 3, gender equity or primary prevention delivered for maternal and child health staff 	<ul style="list-style-type: none"> • Documentation (emails, e-news articles, attendance sheets, media releases, photos, website content, progress reports) meeting minutes, reflective journal • Documentation (photos, e-bulletin articles, newsletter articles) website stats • Attendance sheets • Documentation (e-bulletin articles, event speeches, attendance sheets, emails, media releases) • Documentation (attendance sheets, emails, photos), reflective journal • Documentation (attendance sheets, emails, photos), reflective journals, progress report 	<ul style="list-style-type: none"> • BU/LW/NR – ongoing • NR/BU – Dec 2013 • NR/BU/JT – Dec 2013 / Dec 2014 / June 2015 • LW – program end • BU/JT – program end • JT – Dec 2014 – program end • BU – Dec 2014 – May 2015 • BU/NR – May 2013 /ongoing

	<ul style="list-style-type: none"> • Baby Makes 3 facilitators participate in two community of practice meetings • At least five resources on Baby Makes 3 or PVAW distributed to maternal and child health team 		
	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> • All training and awareness raising activities provide information about prevalence and determinants of violence against women • 90% of respondents report training and communication activities to be relevant, informative and beneficial • Language and concepts presented in a clear and relevant way to audience • Input is sought from family violence sector for relevant training and awareness raising activities or resources 	<ul style="list-style-type: none"> • Reflective journal, presentation slides, notes and handouts • Post-training questionnaires, focus groups • Participant observation and feedback (reflective journal), focus groups • Documentation (emails), reflective journal, interviews with key stakeholders 	<ul style="list-style-type: none"> • BU/LW/NR – May 2013 – ongoing • BU/LW/NR/WLK May 2013 – ongoing
	<p>Impact</p> <ul style="list-style-type: none"> • 75% of staff and leaders asked at Link Health and Community and Council understand: <ul style="list-style-type: none"> ▪ the prevalence and determinants of violence against women and strongly agree that: <ul style="list-style-type: none"> ▪ gender equity is everyone’s business • 85% of Council’s Gender Equity Committee members understand the prevalence and determinants of violence against women and have the skills to undertake gender analysis as part of their work • At least two senior managers at corporate workplace commit to continuing PVAW/GE by the end of the program • 85% of participants of bystander training report increased confidence and skills to speak out against sexism or pro-violent attitudes • The maternal and child health nurses at Clayton, Warrawee Park and East Oakleigh understand the principles of Baby 	<ul style="list-style-type: none"> • Link HC Staff survey / Focus groups at MCC (one for highly engaged teams; one for less engaged) – pre-focus group questionnaire to measure K/A/S • Focus group • Interview • Post-training questionnaire 	<ul style="list-style-type: none"> • BU/JT/LW – program end • LW – program end • JT/BU – program end • BU – program end

	<p>Makes 3</p> <ul style="list-style-type: none"> • Clayton maternal and child health nurses report change in practice to support gender equity and other engagement (e.g. referrals to Baby Makes 3, promote father engagement during home visits, reflections on own practice) 		
Staff champion engagement activities at Link Health and Community, Monash City Council and corporate workplace	<p>Reach</p> <ul style="list-style-type: none"> • Two VicHealth PVAW training courses delivered to engage organisational champions at council and Link Health and Community • Two information sessions or communication activities provided to engage and educate organisational champions at council and Link HC • At least two meetings held with corporate workplace key contact • One structure established to support organisational champions at council and Link HC • Information on gender equity and PVAW provided at every council gender equity committee meeting • One VicHealth Leaders Course delivered for council and Link HC leaders 	<ul style="list-style-type: none"> • Documentation (attendance sheets, post-training questionnaire, photos) • Documentation (attendance sheets, e-news articles, emails, progress report) • Documentation (emails, meeting notes) • TOR, meeting minutes, council reports • Documentation (meeting minutes, emails) resource folders • Documentation (attendance sheets, post-training questionnaire, photos) 	<ul style="list-style-type: none"> • NR/BU /JT- Feb 2013 / Dec 2014 • NR/LW/BU/JT – ongoing • JT/BU – ongoing • LW/BU – ongoing • LW – ongoing • JT/ BU – program end
	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> • Agreed champion competencies guide capacity building activities at Council, Link Health and Community and corporate workplace • Language and concepts presented in a clear and relevant way to audience 	<ul style="list-style-type: none"> • Interviews, focus group with GE/HPD/PVAW committees and Men’s Action Group, reflective journal • Focus group with GE/HPD/PVAW committees, reflective journal, focus group with Men’s Action Group 	<ul style="list-style-type: none"> • NR/WLK/LW/BU/JT – ongoing • NR/WLK/LW/BU/JT – ongoing
	<p>Impact</p> <ul style="list-style-type: none"> • Five champions for PVAW / gender equity at Council (including one for Baby Makes 3 and one for respectful relationships education) meet competencies • Three champions for PVAW / gender equity at Link HC meet 	<ul style="list-style-type: none"> • Focus group with GE committees, reflective journal, focus group with Men’s Action Team, survey • Focus group with HPD committee/PVAW sub-committee 	<ul style="list-style-type: none"> • NR/ LW/BU – program end • JT/LW/BU – program end • JT/LW/BU/WLK –

	<p>competencies</p> <ul style="list-style-type: none"> • At least one champion at council and Link HC is a recognised leader and meets competencies • One champion for PVAW at corporate workplace meets competencies • Council, Link HC and corporate workplace champions facilitate the delivery of PVAW / gender equity activities in their own organisations (e.g. influence others, suggest ideas and initiate discussions/meetings) • Engagement activities have enabled champions to evolve and grow in this role • One leader at Council, Link HC and corporate workplace agree that champions are appropriately supported and resourced in their work 	<p>and Men’s Action Team, reflective journal, interview</p> <ul style="list-style-type: none"> • Focus group with HPD committee and PVAW sub-committees, reflective journal, interviews • Interviews, with champions, focus group with HPD and PVAW committees and Men’s Action Group, reflective journal • Interviews, focus group with GE/HPD and PVAW committees and Men’s Action Group, reflective journal 	<p>program end</p> <ul style="list-style-type: none"> • JT/BU – program end
<p>Gender equity organisational documents at Monash City Council, Link Health and Community and corporate workplace (e.g. policy/statement/strategy)</p>	<p>Reach</p> <ul style="list-style-type: none"> • At least two gender equity organisational documents at Council • At least one gender equity organisational document at Link Health and Community • Two events or communication activities provided at Council and Link HC to promote organisational documents 	<ul style="list-style-type: none"> • Documents, meeting minutes, council reports • Documentation (e-bulletin articles, photos, media release/articles, emails) 	<ul style="list-style-type: none"> • JT/LW program end • BU – program end • JT/BU – program end
	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> • All organisational documents which include a gender analysis are based on good practice principles • A gender analysis is applied to the review or development of Council policies • Link Health and Community employs quality processes to develop organisational documents • Council organisational documents endorsed • Staff and leaders report being engaged (consulted, involved, informed) in development of organisational documents 	<ul style="list-style-type: none"> • Document review • Meeting minutes • Documentation (emails, meeting notes), meeting minutes • Council reports/-minutes • Staff survey, focus group, interviews with leaders, reflective journal 	<ul style="list-style-type: none"> • LW/BU -June 2014 / program end • LW – program end • BU – program end • JT – program end • BU/JT/LW – program end

	<p>Impact</p> <ul style="list-style-type: none"> All gender equity organisational documents at council and Link Health and Community are adopted At least one organisational document at Council and Link Health and Community has a planned process for implementation 	<ul style="list-style-type: none"> Council minutes, policy register Action plans, interviews with leader 	<ul style="list-style-type: none"> JT/LW/BU – program end JT/LW/BU–program end
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GOAL 2: Foster respectful and equal relationships between men and women			
Key activities	Indicators	Methods of data collection	Who/when
Baby Makes 3 group programs staffed and delivered in Clayton	<p>Reach</p> <ul style="list-style-type: none"> Nine Baby Makes 3 group programs delivered at Clayton Maternal and Child Health Centre All group programs attended by an average of seven couples One male and one female facilitator employed for Clayton 	<ul style="list-style-type: none"> Documentation (attendance sheets, post-training evaluation forms, photos) HR records, photos 	<ul style="list-style-type: none"> BU – program end BU – ongoing NR/BU – Sept 2013
	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> All sessions delivered by trained facilitators as per program model and curriculum All programs promoted as per agreed protocol Engagement of CALD parents as per agreed protocol All group programs evaluated using existing methods At least 96% of Baby Makes 3 participants found the program to be enjoyable, relevant and helpful 	<ul style="list-style-type: none"> Documentation (training attendance sheets, meeting minutes, emails), Pre and post group questionnaires, facilitator feedback forms Documentation (meeting minutes, emails, promotional material), reflective journal Documentation (training attendance sheets, meeting minutes/notes, emails, translated CALD materials), post group questionnaires Pre and post group questionnaires Facilitator feedback forms 	<ul style="list-style-type: none"> BU – ongoing BU – program end
	<p>Impact</p> <ul style="list-style-type: none"> Having completed the Baby Makes 3 program, participants are 	<ul style="list-style-type: none"> Pre and post group questionnaires Follow-up focus group / 	<ul style="list-style-type: none"> BU – ongoing BU – program end

	<p>more likely to ‘strongly agree’, rather than ‘agree’ that gender equality is an important part of a healthy relationship</p> <ul style="list-style-type: none"> • Parents who have participated in the Baby Makes 3 program report increased awareness of the gendered division of household labour • Parents who have participated in the Baby Makes 3 program report increased communication in their relationship 	questionnaire	
Partners in Prevention Network established with membership across Monash	<p>Reach</p> <ul style="list-style-type: none"> • Meetings held with at least five different youth sector agencies to guide development of Monash PiP • At least 25 youth practitioners join Monash and statewide PiPs • At least eight different agencies represented on Monash PiP • 25% of Monash PiP members attend at least one statewide PiP forum • At least three case studies of youth practitioners work in respectful relationships education developed • At least three professional development sessions provided for Monash PiP network • At least 10 information and communication activities provided for Monash PiP members 	<ul style="list-style-type: none"> • Documentation (emails/ meeting notes), reflective journal • Monash PiP membership register • Attendance sheets • Written case studies / e-news articles / forum presentations • Documentation (attendance sheets, evaluation forms, photos) • Documentation (emails, e-news articles, attendance sheets, progress reports) 	<ul style="list-style-type: none"> • LW/NR – Dec 2013 • LW – program end
	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> • Stakeholders report being engaged (consulted, involved, informed) in the development and delivery of Monash PiP • All professional development activities provide information about prevalence and determinants of violence against women, and relevance to young people • 90% of Monash PiP members are satisfied with professional development activities and support provided 	<ul style="list-style-type: none"> • Reflective journal, surveys • Documentation (workshop agendas, presentations slides/notes, handouts) • Questionnaire • PD feedback sheets • Annual online survey 	<ul style="list-style-type: none"> • NR/LW – May 2013 – ongoing • LW – ongoing • LW – ongoing / (survey) January 2014 / January 2015 / June 2015
	<p>Impact</p> <ul style="list-style-type: none"> • 80% of Monash PiP members understand the determinants of violence against women 	<ul style="list-style-type: none"> • Annual online survey 	<ul style="list-style-type: none"> • LW – January 2014 / January 2015/June 2015

	<ul style="list-style-type: none"> • 75% Monash PiP members report increased confidence to engage with young people in respectful relationships education • 80% of Monash PiP members agree that Monash PiP is a valuable community of practice to support their work in respectful relationships education • 75% of Monash PiP members are able to describe at least two of the best practice principles from DEECD's Respectful Relationships Education guidance document • 25% of Monash PiP members report increased delivery of respectful relationships education with young people • 50% Monash PiP members report increased partnerships for respectful relationships education as a result of Monash PiP 		
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GOAL 3: Realise sustainable primary prevention through strong collaboration with established and new partners			
Key activities	Indicators	Methods of data collection	Who/when
Partnerships developed for primary prevention	<p>Reach</p> <ul style="list-style-type: none"> • Council and Link Health and Community are members of at least two PVAW regional committees and attend 90% of meetings • Council and Link HC are members of at least two PVAW statewide networks and attend 90% of meetings • At least two MoU / partnership agreements are developed with organisations for primary prevention • Meetings held at least four times per year with Carrington Health for delivery of Baby Makes 3 • Meetings held with at least 10 different external partners for primary prevention • Generating Equality and Respect Executive Committee meets as per terms of reference • Program team meetings held at least monthly between project partners (Link Health and Community, Council and VicHealth) 	<ul style="list-style-type: none"> • Terms of reference, meeting minutes • MoU / partnership agreement documents • Documentation (meeting notes, emails, progress report) • Meeting minutes 	<ul style="list-style-type: none"> • JT/BU – ongoing • JT/LW/BU – ongoing • JT – program end • BU – ongoing

	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> Stakeholders report being engaged (consulted, involved, informed) throughout the program Executive Committee includes membership from relevant partner agencies Executive Committee is an effective partnership structure 	<ul style="list-style-type: none"> Interviews with key stakeholders, reflective journal, surveys TOR, partnership agreement VH Partnership tool analysis, minutes, interviews 	<ul style="list-style-type: none"> JT/LW/BU – ongoing / program end NR/CG – annual review (Nov) CG/WLK/JT – ongoing
	<p>Impact</p> <ul style="list-style-type: none"> Defined referral pathway with Link HC counselling services to support delivery of Baby Makes 3 At least eight partnerships to implement Generating Equality and Respect are established (internal and external, with settings such as Maternal and Child Health Centre, corporate workplace, Council departments) Intention from Monash based partners to sustain evidence-based primary prevention 	<ul style="list-style-type: none"> Documentation (meeting notes, emails), interviews with key staff Interviews with key stakeholders, reflective journal Interviews, documentation (emails, meeting minutes) 	<ul style="list-style-type: none"> BU program end JT/BU/LW – program end JT – program end

GOAL 4: Pilot an innovative model for the primary prevention of violence against women that is transferrable and informs practice			
Key activities	Indicators	Methods of data collection	Actions (and when)
Learning shared on site-based model	<p>Reach</p> <ul style="list-style-type: none"> At least 300 people subscribed to e-newsletter by program end Articles about Generating Equality and Respect published in at least five external partner publications annually At least five articles in local media on Generating Equality and Respect At least seven presentations delivered to various networks/forums/conferences One program launch delivered At least three case studies developed from program activities 	<ul style="list-style-type: none"> E-newsletter membership list Publications (newsletters, websites, e-bulletins) Media articles Documentation (presentation slides/notes), reflective journal Media release, photos, e-bulletins Written case studies, e-news articles, presentations 	<ul style="list-style-type: none"> JT – program end NR/JT – ongoing NR/JT – program end NR – May 2013 JT/LW – program end

	<p>Appropriateness and quality</p> <ul style="list-style-type: none"> • All presentations and articles are tailored appropriately and provide information about prevalence and determinants of violence against women and, where appropriate, rationale about site-based approach • Input is sought from family violence and women’s health sector for relevant communication activities or resources • Language and concepts presented in a clear and relevant way to audience • Evaluation framework executed as planned • There are sound systems and processes in place to support the implementation of the evaluation framework 	<ul style="list-style-type: none"> • Documentation (presentation slides and handouts), participant observation, reflective journal • Documentation (emails, phone conversation notes), reflective journal • Participant observation and feedback, reflective journal • Documentation (presentations, progress report, emails), project/evaluation report • Documentation of evaluation workshops/ECB activities. • Program documentation (evaluation tools, protocol documents, health promotion activity records, meeting notes, emails) 	<ul style="list-style-type: none"> • NR/JT/LW/BU – ongoing • JT – program end • WLK and team – program end
	<p>Impact</p> <ul style="list-style-type: none"> • At least six stakeholders can describe the rationale for adopting a site-based saturation approach for primary prevention • At least two stakeholders report they intend to apply learnings from the application of a site-based saturation approach 	<ul style="list-style-type: none"> • Stakeholder interviews 	<ul style="list-style-type: none"> • JT – program end

Appendix 4: Understanding violence against women fact sheet

Understanding Violence Against Women



In Victoria, intimate partner violence is **the leading contributor to death, disability and illness for women aged 15-44 years**¹.



Violence against women includes...

economic, psychological, emotional, physical and sexual abuse².

Intimate partner violence is often used to describe violence against a current or previous partner³.

Family violence and domestic violence are broader terms that refer to violence between family members as well as violence between intimate partners⁴.

How common is violence against women?

Rates of violence against men and women since the age of 15:



Information has been sourced from the Australian Bureau of Statistics, Our Watch and the Australia's National Research Organisation for Women's Safety

Women of all ages, cultures, backgrounds and economic situations in Australia can experience violence. **Every week in Australia a woman is murdered by her partner or ex-partner⁷.**



Violence against women and their children cost the Australian economy \$14.7 billion in 2013. Without appropriate action, the cost of violence against women and their children to the Australian economy in 2021-22 is estimated to be \$15.6 billion⁶.

Who commits violence against women?




Research shows that most violence against women is perpetrated by a man who is known to them, such as a current or former intimate partner, an acquaintance or a relative². In comparison, men were more likely to be assaulted by a stranger (70% of assaults¹¹) and in the majority of cases by a male perpetrator. Intimate partner violence is most often confined to the home, 'unseen' by others and the community, and can include multiple forms of assault, abuse and threats that can escalate in severity over time⁶.

What causes violence against women?


Violence against women exists due to:

- ▲ **Inequalities between men and women across all levels of society** (e.g relationships, workplaces, media, sport)
- ▲ **Rigid expectations and attitudes (stereotypes)** about what it means to be a 'man' or a 'woman'¹⁸



... Alcohol, other drugs and mental health issues are not the underlying causes of violence against women, but contribute to the frequency or severity of violence⁹. The use of violence against women is a choice that men make. Men always have a choice⁹.

Whilst most men do not use violence against women, all men can play a part in preventing it. There are many men working in partnership with women to make a difference.



What can men do to prevent violence against women?

- ✓ **Men**, we can declare that violence against women is never acceptable⁹.
- ✓ **Men**, we need to take action. She could be your sister, your mother, your daughter, your partner, a friend or colleague⁹.
- ✓ **Men** need to work alongside women in ending violence against women.
- ✓ **Men**, we need to be having the private conversations, with our mates, our sons, our families. Women and girls need respect and need to be treated as equals. We also need to be having the public conversations, using our influence where we can⁹.
- ✓ **Men** need to help other men understand that violence against women is fuelled by attitudes and beliefs that women are worth less than men, or are the property of men¹⁰.

If you are in need of urgent police assistance call '000'.
 For further support or assistance contact the Women's Domestic Violence Crisis Service on **9322 3555 / 1800 015 188** or the Eastern Domestic Violence Service, **9259 4200**, 9am-5pm, Monday-Friday.

This fact sheet was developed by the City of Monash and MonashLink's 'Men's Action group' in partnership with the Generating Equality and Respect program team as part of White Ribbon activities for 2013. White Ribbon is the world's largest movement of men and boys to end violence against women and girls, promote gender equity, healthy relationships and a new vision of masculinity. <http://www.whiteribbon.org.au/>
 The full reference list can be supplied upon request by contacting mail@monash.vic.gov.au

For more information on the **Generating Equality and Respect Program**, please visit www.monash.vic.gov.au/community/equality-respect.htm or contact the Program Manager, City of Monash:
E mail@monash.vic.gov.au
T 9518 3269



Appendix 5: Baby Makes 3 – summary of program principles and content

Baby Makes 3 is a primary prevention program to prevent violence against women. Its goal is to promote equal and respectful relationships between men and women during the transition to parenthood.

How does it prevent violence?

Internationally recognised research from VicHealth identifies the key drivers of violence against women to be power imbalances between men and women and adherence to rigid gender roles.

Baby Makes 3 specifically addresses these two themes and helps couples to build and maintain relationships that are equal and respectful. By assisting couples build healthier, and more equal, relationships, Baby Makes 3 helps to prevent violence from occurring in the first place.

What topics are covered in the Baby Makes 3 group program?

- Transition to parenthood
- Societal expectations of mothers and fathers
- Division of household labour and childcare
- Healthy relationships
- Meaningful equality
- Sex and intimacy
- Dealing with conflict
- Communication



Appendix 6: Generating Equality and Respect program plan of action

Preamble

Generating Equality and Respect is a world first, three-year program led by a strong and collaborative partnership between City of Monash, Link Health and Community and VicHealth. Generating Equality and Respect will establish a 'demonstration site' in the suburb of Clayton, where tried and tested primary prevention programs will be implemented with a range of groups and organisations to prevent violence against women.

Funded by VicHealth, Generating Equality and Respect seeks to:

- implement a range of tried and tested primary prevention program activities
- embed the Demonstration Site along with its program activities so they continue to operate beyond the three-year funding period
- support sustained research and evaluation activity that tests for:
 - the effectiveness and impacts of program activities occurring in the Demonstration Site
 - the overall effectiveness and transferability of a 'site-based' model for primary prevention in Victoria.

Vision

An equal and respectful Clayton community where women are free from violence

Themes for action²⁸

Promoting equal and respectful relationships between men and women

Priority populations

- Monash City Council and Link Health and Community workforce
- Monash City Councillors / Link Health and Community Board
- First time parents in Clayton
- Youth practitioners across Monash
- Male-dominated workforce in Clayton
- Christian faith leaders in Clayton

Priority settings

- Local government

²⁸ See VicHealth Framework (VicHealth 2007)

- Community health
- Maternal and child health
- Youth sector
- Corporate workplace
- Faith organisations

Key messages

- Generating Equality and Respect in the Monash community.
- Say NO to violence against women. Say YES to equality and respect.
- Together we create safer, more respectful communities.
- One community, many programs.
- Men are partners in prevention.
- 1 in 3 Australian women experience violence.
- Violence against women is never acceptable.

Goals

1. Gender equitable communities and organisations

Build communities, cultures and organisations that are gender equitable and value and support non-violent norms.

2. Respectful and equal relationships

Foster respectful and equal relationships between men and women.

3. Partnerships and collaboration

Realise sustainable primary prevention through strong collaboration with established and new partners.

4. Learning and evidence

Pilot an innovative model for the primary prevention of violence against women that is transferrable and informs practice.

Appendix 7: Examples of Gender Equality Checklist applied to policy review at Link Health and Community

Segment of research policy and procedure	With gender lens
A research committee with representation across the organisation will be responsible for ensuring this policy and procedure is adhered to, and will be responsible for coordinating and overseeing research activities.	A research committee with representation across the organisation will be responsible for ensuring this policy and procedure is adhered to, and will be responsible for coordinating and overseeing research activities. A gender balance for committee membership will be encouraged.
All research involving this organisation’s consumers and staff must have an appropriate ethics approval before the research commences.	All research involving this organisation’s consumers and staff must have an appropriate ethics approval before the research commences. In addition, this organisation will ensure research is gender sensitive and does not reinforce harmful gender stereotypes or gender inequity.
The research committee will assess each request on its merits paying regard to how the research fits with the agreed organisational priorities, its impact on organisational resources, and any ethical issues.	The research committee will assess each request on its merits paying regard to how the research fits with the agreed organisational priorities, its impact on organisational resources, and any ethical or equity issues.
Segment of Health Promotion Policy and Procedure	With gender lens
The Health Promotion Committee and the Health Promotion Coordinator will oversee the development, implementation and evaluation of the organisation’s Integrated Health Promotion Plan. The Committee will include representation across the organisation and the community according to its Terms of Reference.	The Health Promotion and the Health Promotion Coordinator will oversee the development, implementation and evaluation of the organisation’s Integrated Health Promotion Plan. The Committee will include representation across the organisation and the community according to its Terms of Reference. A gender balance for committee membership will be encouraged.
A comprehensive needs assessment, together with organisational, community and stakeholder consultation, will inform the selection of health priorities and the development of an organisational health promotion implementation and evaluation plan every four years. This four-year plan will direct the operational plan for each of the four years.	A comprehensive needs assessment, utilising sex-disaggregated data wherever possible and inclusive of organisational, community and stakeholder consultation, will inform the selection of health priorities and the development of an organisational health promotion implementation and evaluation plan every four years.
The Evaluation Plan will include both process and impact measures.	The Evaluation Plan will include both process and impact measures, including relevant equity indicators (based on gender, socioeconomic status, culture, ethnicity or age, for example).

Segment of Service Access and Equity Policy and Procedure	With gender lens
<p>The organisation will ensure services are accessible to everyone, but particularly anyone facing health inequalities due to social or economic disadvantage. Services will be provided free of any form of discrimination on the basis of a person’s beliefs, ability, sexual orientation and/or gender, age, country of birth, language, culture, race or religion. Of particular concern to our organisation are specific groups of people, including but not limited to:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander peoples • people from culturally and linguistically diverse backgrounds • people who are refugees • financially disadvantaged people • people who are homeless or at risk of homelessness • gay, lesbian, bisexual, transgender or intersex people and • people with a disability. 	<p>The organisation will ensure its services and programs are planned, coordinated, integrated and delivered seamlessly and sensitively to ensure equitable access for all people, but particularly anyone facing health inequalities due to social or economic disadvantage. Services and programs will be culturally responsive and provided free of any form of discrimination on the basis of a person’s beliefs, ability, sexual orientation and/or gender, age, country of birth, language, culture, race, civil or criminal history, or religion. People of particular concern to our organisation include:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people • women and children experiencing violence • people from immigrant and refugee communities, including asylum seekers • financially disadvantaged people • people who are homeless or at risk of homelessness • gay, lesbian, bisexual, transgender or intersex people and • people with a disability.
<p>Staff shall where necessary receive ongoing diversity training so that they develop knowledge and skills to work effectively from a diversity framework.</p>	<p>Staff will receive ongoing gender equality and diversity training to foster the knowledge and skills to work effectively within these frameworks.</p>
<p>To identify people from diverse backgrounds and assist with access and equity, staff will ensure they collect all relevant data.</p>	<p>To identify people from diverse backgrounds and assist with access and equity, staff will ensure they collect all relevant data. Whenever possible, sex-disaggregated data will be collected to inform planning, monitoring and evaluation of projects, programs and services in order to support the organisation’s gender sensitivity and equity goals.</p>

Appendix 8: What is Respectful Relationships Education?

Fact sheet

What is Respectful Relationships Education?



Respectful relationships education (RRE) is work undertaken in schools (primary or secondary), the wider education context or other youth settings. It aims to address the root causes of violence against women: gender inequality and rigid gender roles.

Respectful relationships education encompasses a range of topics. It explores power and control, respect, gender, sex, love, consent and the broader social structures which enforce, legitimise and normalise a whole range of expectations and views around these topics. Respectful relationships education examines the way these ideas are informed and created in young people and reconstructs them with a positive influence.

Respectful relationships education mirrors the themes which work to prevent violence against women before it occurs. However, respectful relationships education focuses on students and teachers in a school, education or youth setting.

Respectful relationships education aims to:

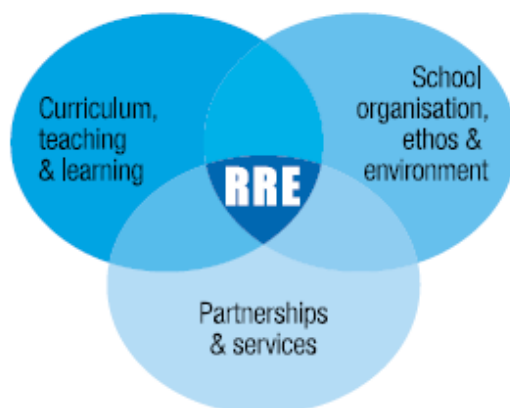
- Promote gender equality between women and men and girls and boys
- Promote equal and respectful relationships between women and men and girls and boys

The Department of Education and Early Childhood (DEECD) identifies a whole-school approach as a fundamental element of Respectful Relationships Education. There are a number of good practice principles which should be embedded within the whole-school approach.

Whole-school approach

Respectful relationships education must be considered as part of a whole-school approach.

Such an approach brings together school leaders, staff, teachers, students, families and the broader community. It is a process of continuous improvement, rather than one-off projects. A whole-school approach to respectful relationships education includes coordinated action across the following themes:



School organisation, ethos and environment

Good practice in respectful relationships education involves looking internally at the broader school policy and practice - the school ethos, culture and environment.

- Are there school policies in place which clearly articulate a commitment to respect and gender equity?
- Are teachers modelling respectful relationships between each other to ensure their behaviours are supporting and reinforcing messages taught in the curriculum?
- Is there a culture which supports teachers to adopt roles which challenge gender stereotypes and validate that gender is something that doesn't have to be rigid and can be shifted?

Curriculum, teaching and learning

The concepts of gender and power should be explored when working with young people and building the capacity of teachers to deliver effective respectful relationships education in the curriculum. Such concepts can be explored with students through inquiry-based learning. This technique involves students in the learning process through focusing on questions and utilising critical thinking. Ideas can be considered at the individual and relationship level, but must be linked to the broader social norms, expectations and attitudes which impact the individual and relationship level.

continued over page.

¹ IHPE 2000. *Achieving Health Promoting Schools: Guidelines for promoting health in schools*, Paris, International Union for Health Promotion and Education

Questions such as the following could be explored:

- **What attitudes, behaviours and expectations exist regarding what it means to be male or female?**
- **Can these ideas disadvantage males or females?**
For example, what social expectations are there around females and their role in the home? Does this impact their ability to pursue a career, to access money, and so on?

It is important to place these kinds of individual and relationship ideas in a broader social context. This supports discussions about the social structural inequalities between women and men, girls and boys. These ideas can be explored through questions such as:

- **On a societal level, what are some expectations or assumptions made regarding male and female roles?**
- **How does that impact ideas around gender expectations and power?**
- **How are some of these societal pressures played out in our broader institutions: in government, schools, business and the mass media?**
Where does the power lie?

Partnerships and services

Research demonstrates that partnerships have the ability to increase student learning and wellbeing, and provide students with additional opportunities and access to services. Families are also key partners and can be encouraged to become active participants in their child's learning about respectful relationships education.

- **Are support services (such as those that respond to family violence and sexual assault) consulted with and informed of respectful relationships education programs so appropriate responses can be made if students come forward with disclosures?**
- **Are families engaged in discussions about respectful relationships education through forums, school newsletters, information flyers or parent information days?**

Five criteria for good practice in respectful relationships education in schools

- 1 **A whole-school approach** – a concerted approach across the entire school to effect cultural change. It includes integrating violence prevention into curriculum, school policy, processes and practice; and specialised training for teachers and support staff, and involves the whole school, including parents and the community.
- 2 **A program framework and logic** – clearly articulating and incorporating a theoretical framework that addresses the links between gender, power and violence, and having a theory of change that demonstrates how the program will achieve its intended outcomes.
- 3 **Effective curriculum delivery** – that is informed by feminist theory and includes consideration of the content of curriculum, the teaching methods, the staff involved, and the structure and duration of the program. Content should avoid focusing on minimising personal risks, instead addressing systematic constraints.
- 4 **Inclusive, relevant, and culturally sensitive practice** – integrated into all stages of program design, implementation and evaluation.
- 5 **Evaluation** – a comprehensive short, medium and long-term evaluation of the program that examines the impact on attitudes, skills and behaviours, and processes of change.

DEECD, (2009) *Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*, Melbourne.

What not to do in respectful relationships education

- **Take action only after violence has occurred.**
- Focus only on strategies of support and welfare.
- **Ignore the wider contexts in which violence occurs and is sustained, including formal and informal school cultures, policies and processes.**
- Focus only on the production and dissemination of a resource.

- **Make programs unsustainable: neglect policy and institutional support, ignore teacher capacity, and do not establish partnerships with stakeholders.**
- Use one-off sessions, isolated from other curriculums.
- **Lecture students without interaction or participation.**
- Evaluate only students' satisfaction with the program and not its impact.

DEECD, (2009) *Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*, Melbourne.

<http://www.education.vic.gov.au/Documents/school/teachers/health/respectfulrel.pdf>

For more information on the **Generating Equality and Respect Program**, please visit www.monash.vic.gov.au/community/equality-respect.htm or contact Laura Wood, City of Monash:
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Appendix 9: The Conscious Competence Learning Model

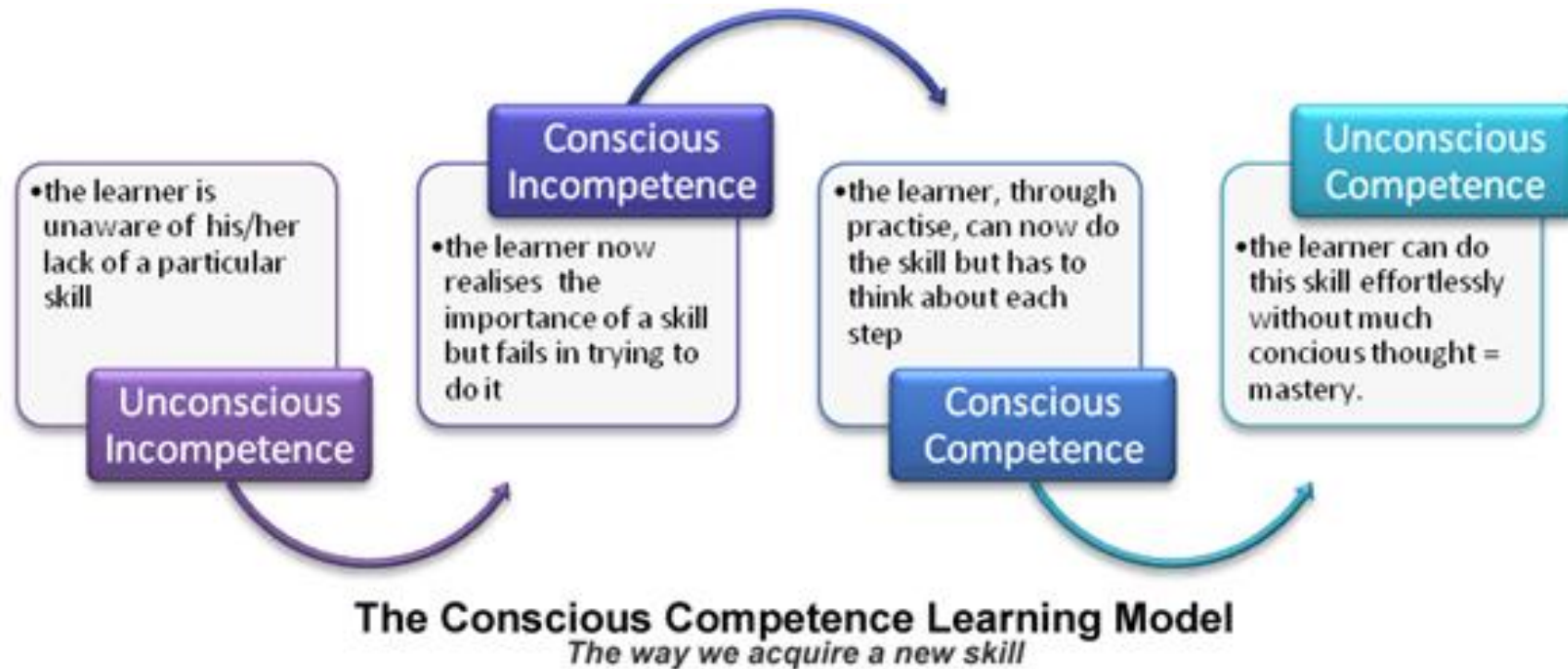
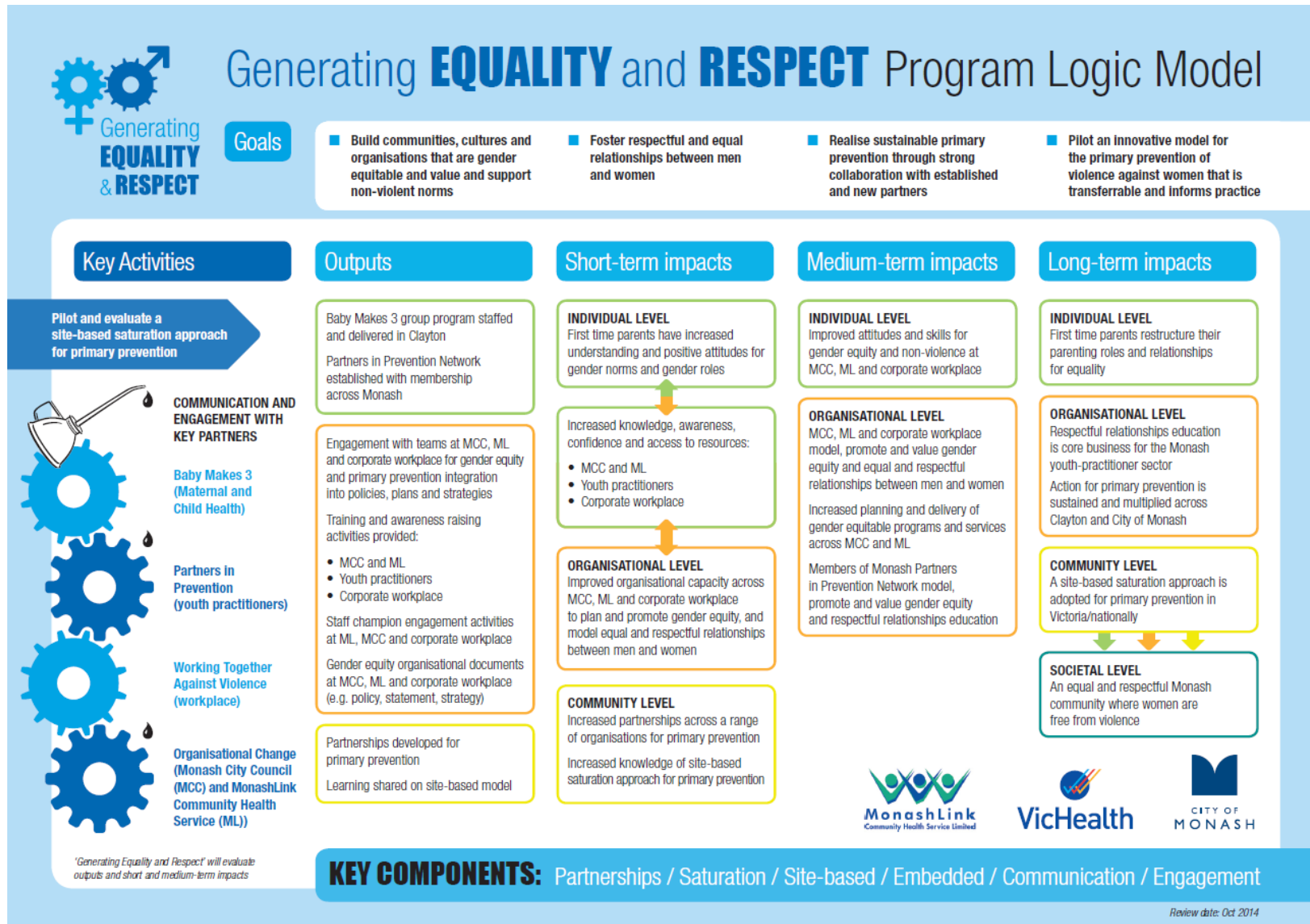


Diagram created by Dr. Ramesh Mehay, Program Director (Bradford GP Training Scheme), 2010

Appendix 10: Generating Equality and Respect Program Logic Model



Appendix 11: Snapshot of communications reach of Generating Equality and Respect

Communication method	Communications reach
Generating Equality and Respect e-news	Seven editions of the program e-news sent to 268 subscribers
VicHealth, Link Health and Community and Council newsletters and e-bulletins	<ul style="list-style-type: none"> • <i>Community Health Connect</i> – six articles relating to Generating Equality and Respect activities were featured in the <i>Community Health Connect</i> newsletter between 2013 and 2015. The newsletter is distributed via its various sites and programs to Link Health and Community consumers and staff. • Monthly <i>Gender on the Agenda</i> e-bulletins for Link Health and Community staff ran from March 2014 featuring a broad range of topics related to gender, gender equity and men’s and women’s health. A typical bulletin would feature interesting video clips, reports with sex-disaggregated data, workplace-related information and a program update. • Multiple articles in the <i>Monash City Council Bulletin</i> about the Generating Equality and Respect Program, distributed to all Monash residents.
Other organisations newsletters and e-bulletins	<ul style="list-style-type: none"> • Eastern Metropolitan Regional Family Violence Partnership e-news, October 2014 • Municipal Association of Victoria <i>CiVIC</i> magazine, ‘Monash steps in When Baby Makes 3’, August 2014 • Inner East Primary Care Partnership e-news, 2014 • <i>Local Government Manager</i> magazine, ‘Tackling the epidemic’, August/September 2013 • Municipal Association of Victoria <i>CiVIC</i> magazine – ‘Saturating Clayton with PVAW activities’, June 2013
Social marketing	<ul style="list-style-type: none"> • Social marketing campaign 2013 and 2014 – ‘Say NO to violence against women, say YES to equality and respect’. • Prominent signage included a large banner on the Euneva Building in Glen Waverley, outside The Glen Shopping Centre, bus shelters, Clayton Community Centre, flags in the Clayton shopping strip, large banner in Monash City Council Civic Centre. • ‘On hold’ message at Monash City Council.
Link Health and Community, Monash City Council and VicHealth websites	<ul style="list-style-type: none"> • Generating Equality and Respect websites were developed by each partner organisation. • In November 2014, the Link Health and Community homepage featured a series of graphics and messages during the 16 Days of Activism. The Preventing Violence Against Women sub-committee developed messages which challenged gender stereotypes. The website also featured key messages from the Women’s Health East Eastern Metropolitan Media Advocacy program.
Social media	Messages on Monash City Council and Link Health and

	Community's Facebook and Twitter accounts during the 16 Days of Activism and White Ribbon Day in 2013 and 2014.
Articles in local media	<ul style="list-style-type: none"> • <i>Waverley Leader</i>, 'Baby Makes 3 sessions at Clayton, Jordanville and Mulgrave ease the learning curve for first time parents', March 2014 • <i>Monash Weekly</i>, 'Forward step on domestic violence', May 2013 • <i>Oakleigh Monash Leader</i>, 'Program to help put an end to violence against women', August 2013 • <i>Monash Leader</i>, 'Program aims to end abuse', May 2013 • <i>Waverley Leader</i>, 'Monash first for project', April 2013
Program resources	See the Generating Equality and Respect Evaluation Report for a description of the resources created by the program.
Presentations at conferences and forums	<ul style="list-style-type: none"> • Inaugural Asia-Pacific Conference on Gendered Violence and Violations, 2015 • People, Policy and Prevention: Ending violence against women in Victoria, 2015 • Victorian Healthcare Association Conference, 2015 • Together for Equality and Respect forums – 2013 and 2015 • VicHealth Bystander forum, 2014 • Crime Prevention and Communities: Building Better Local Solutions, 2014 • Monash Interfaith Network, 2014 • VicHealth Walk the Talk forum, 2014 • Online Issues and Young Peoples Symposium, 2014 • Violence Prevention – It's Everybody's Business Conference, 2014 • Local Government Preventing Violence Against Women: Promising Practice, Inspiring Action, 2013
Translated program resources	Baby Makes 3 plain English information for parents translated into four languages.
Organisational Statement	Link Health and Community developed an Organisational Statement that aims to inform the broader community about the organisation's values and actions to prevent violence against women. A communications plan for the Statement was implemented throughout 2014. The statement was used in all gender equality capacity development activities, including the gender training for staff, was integrated into the orientation program for new staff and was used by the Prevention Practitioner in email correspondence and e-news (see Embedding gender equity, page 68, for more details).



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