Taking a local lead
A transferable model for site-based primary prevention of violence against women

This model draws from the learnings of Generating Equality and Respect, a world-first primary prevention program bringing together a range of tried and tested prevention strategies to a single location.

Who is this guide for?

This guide has been developed as a practical resource for use by:

1. Practitioners and policymakers looking to plan and roll out site-based prevention of violence against women programs in their own organisations and community context, for example:
    - Health and wellbeing staff
    - Gender equity or violence prevention officers
    - Mental wellbeing staff
    - Strategic planners.

2. Organisations looking to fund the primary prevention of violence against women including:
    - Government agencies
    - Philanthropic and other non-government organisations.

Definitions

Gender equality – equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society; sometimes referred to as formal equality.

Gender equity – involves fairness and justice in the distribution of resources and responsibilities between men and women; sometimes referred to as substantive equality. It often requires women-specific programs and policies to end existing inequalities.[1]

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[1] World Health Organization, 2010, *Violence prevention: The evidence*, Geneva: WHO.

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Understanding the transferable elements of a site-based model of primary prevention

The Generating Equality and Respect program builds on VicHealth's significant research and investment in the development of leadership, an evidence base and practice guidance to prevent violence against women. A small, yet promising body of research indicated the value of primary prevention activities happening within everyday settings such as schools and workplaces. Reflecting this, the program piloted a model through which multiple, mutually reinforcing activities were brought together into a single location.

The implementation and evaluation of Generating Equality and Respect was structured with a view to determining which elements of the program's site-based approach were transferable and could inform future practice.

To achieve this, a model documentation project was undertaken over the life-course of the project. The methodology included three components:

1. content analysis of the program's documentation over the life of the Program
2. three workshops with the program team at the end of each year of work to allow observation and analysis of the program elements as they emerged
3. key informant interviews with staff members who were responsible for designing, implementing and evaluating the program.

The model

The model below, proposes an 'architecture' for planning and implementing site-based primary prevention within geographically-defined areas and communities.

Diagram 1: Elements for transferability of Generating Equality and Respect Program

The inner circle of the model identifies 'fixed' or core elements of the program that remained stable from inception through planning and implementation. They are considered fundamental in informing a site-based model.

• Purpose and scope
• Resourcing
• A learning partnership

The outer circle of the model identifies four transferable 'process elements'—design features or practices that should ideally operate for a site-based model to take root.

- Leadership
- Authorising Environment
- Planning and Staging
- Capacity Building

Both the core and process elements are explained in detail below. In the table on page 4, the elements are broken down into key considerations to help guide practice and planning for your organisation and are evidenced in examples from the Generating Equality and Respect experience.

Elements for success

Fixed or core elements

Purpose and scope

The core purpose of the Generating Equality and Respect program to prevent violence against women before it starts was emphasised from the start, and underpinned and informed every other element and activity undertaken throughout the program's life.

A guiding principle was that it be a 'site-based' approach which described the characteristics of where the work would be implemented and who the beneficiaries would be. The site would be geographically defined. A 'whole-of-environment' approach would be taken, with multiple layers of influence: individual/relationship, community/organisational, and societal. The model also required that only tried and tested initiatives be planned.

A learning partnership

The model envisaged a partnership that focused on a site that has three partners working closely together' to achieve the program's objectives. It had explicit and specific requirements for prospective partners' commitment and readiness to work in partnership at the Executive Committee and Program Team levels. Requirements around partnership composition, roles and responsibilities, and required outputs throughout the program life also needed to be met. Prospective partners were to have pre-existing relationships, be 'ready for a long and deep involvement with each other and the settings and population groups in the demonstration site' to achieve culture change.

Resourcing

The model positioned VicHealth as an equal learning partner, where the three partners would assume a learning accountability to each other. It also regarded the program funding as three-year seed funding to lay the foundation for a 20-year vision in the site.

Process elements

Leadership

The model envisaged leadership as having two site-focused partners who would demonstrate leadership in the proposed site through a commitment to cultural change agendas within their own organisations and by modelling promising practice.

As part of the learning partnership approach, representatives from each of the three partner organisations brought a shared responsibility and different perspectives about emerging learning, how those were reflected on and how leadership was exercised. The partnership's leadership, based on shared and equal decision-making powers, was reflected in the governance structures and in the commitments made by these partners to organisational change processes.

Authorising environment

Evidence suggests that locations selected for place-based initiatives must be ready for (or at least welcome to) those initiatives occurring. The program partners identified a need to jointly assess the readiness of potential locations for primary prevention before making their final selection. The authorising environment was also considered in terms of the organisational change activities to be undertaken by partner organisations, Monash City Council and Link Health and Community, as part of the program. As the program progressed, readiness was mainly being considered in terms of leadership commitment and capacity to prioritise the work, rather than as a specific criteria on which to base a decision whether or not to proceed in particular settings. Organisational change processes proceeded at differential rates for a range of reasons. These included existing priorities, organisational structure and governance and policy arrangements of the partners. Clear communications and messaging was found to be critical to 'cut through' organisational prioritisation and re-prioritisation pressures, structural, leadership and policy processes.

Planning and staging

A staged approach to planning, implementing and evaluating the program was recommended from the outset. The location and scale of the demonstration site would be determined jointly by the three partners and result from the same comprehensive planning process as for the development of the Prevention Plan of Action, the site's key planning mechanism.

The Prevention Plan of Action would cover all partnership development activity, program planning and implementation activity. It reflected a staged approach to primary prevention activity in the site. All program evaluation activity was in a separate evaluation framework.

Capacity building

As set out in the inception model, VicHealth provided training to build the capacity of partner organisations to evaluate the processes and impacts of programs running in the demonstration site and within their own organisations.

Training in Year 1 focused on building a shared understanding among partners of the evidence and principles underpinning primary prevention of violence against women. Program Team members undertook training to understand how to respond to/refer sexual assault and family violence disclosures early in the planning phase. There was also extensive training across the two partner organisations to build the capacity and competency of their workforces, including at a leadership level, middle management and team levels.

Key elements of transferable model

Key elements for site-based primary prevention of violence against women programs	Key considerations	Examples: the Generating Equality and Respect experience
Defining purpose and scope	Do you have: 1. A strong, overarching objective focused on primary prevention and the drivers of violence against women to inform all aspects of your program? 2. Knowledge of and access to proven programs and tools for use in the settings? 3. An understanding of the whole community environment in which you are planning the program? 4. Mature gender equality processes embedded in your own organisation? 5. A demonstration site (geographic area) that contains your proposed settings and enables you to reach enough people and communities to achieve large-scale impact?	• Prior to the project, Monash City Council and Link Health and Community demonstrated a clear focus on primary prevention in their previous work and readiness to advance prevention activity in their organisations and community. • Gender equality processes were already activated in the partner organisations. • VicHealth offered access to a suite of proven prevention programs and the resources to enable further delivery in the project area. • A scoping tool was used to identify the demonstration site for its maternal and child health service (Clayton Maternal and Child Health Centre), corporate workplace (Bosch) and youth (Partners in Prevention) settings. • Generating Equality and Respect partners determined four strategic goals focused on primary prevention activity within the site.
A learning partnership	Do you have: 1. A funder committed to a learning partnership with shared learning support and participatory evaluation? 2. Clear partnership structures, roles and responsibilities at all levels within partner organisations? 3. Articulated shared and joint design and decision-making processes? 4. Mechanisms for reviewing the partnership's high-level objectives and to support commitment to the project vision?	• A formal partnership was established between the three partners. • City of Monash was identified as a Victorian local government with strong capacity to implement a comprehensive program of primary prevention activity with the communities it served. • Link Health and Community had an existing relationship on this issue with City of Monash. • As a testing ground for primary prevention activity, the site was designed to support sustained evaluation activity to inform a) the effectiveness and impacts of its primary prevention programs, and b) the transferability of its model to other locations. • The Partnership Agreement and its processes provided additional impetus and a set of accountabilities for partners to engage with the program in the face of other organisational risks, pressures and priorities. • The VicHealth Partnerships analysis tool was used to monitor the effectiveness of the partnership, which was rated as genuinely collaborative by all three partners. • A evaluation capacity building model was used to empower staff to evaluate the processes and impacts of programs in the site and their own organisations.

Resourcing	Do you have: 1. A cross-partner Project Team that reports directly to organisations' CEOs or senior executives? 2. Specialist gender equality analysis and/or policy skills? 3. Stakeholder engagement and communication skills? 4. Financial and strategic support to invest in resources for evaluating the project? 5. Time for planning, implementing, evaluating and engaging with partners?	• The site and partnership were designed to support sustained evaluation activity to inform the effectiveness and impacts of VicHealth's primary prevention programs and the transferability of its model to other locations. • $1 million in VicHealth seed funding over three years for staffing, evaluation and program delivery. VicHealth provided substantial funding to initiate and test the model, and enable creation of resources for others to use in future. • Project Team was created with seniority in the organisations and a high level of specialist expertise. • Community engagement and communication activities commenced early to complement planning and program activity. • A comprehensive Prevention Plan of Action was developed in the first year. • An evaluation capacity building model, led by a dedicated Research Practice Leader guided strong evaluation planning and execution. • Extra research activity undertaken to identify comparable international models and collate practice insights as they emerged.
Leadership – commitment and capability	Do you have: 1. Visible commitment and meaningful engagement of leadership at multiple levels of decision-making? 2. Leaders committed to addressing complex issues and a shared vision to seed long term work? 3. Ways to inform leaders on gender equity, policy and program design features? 4. The credibility and organisational means to show leadership externally? 5. Leaders with the time and sustained focus to engage others?	• Partner CEOs jointly launched and built profile for the program from the outset. • Mayors and councillors spoke publicly at primary prevention events throughout the program. • Consistent and direct communication from project team to agency leaders and executives. • Both Monash City Council and Link Health and Community built on their strong existing community profile to show a commitment and focus on prevention of violence against women. • Male leaders actively encouraged male staff to be actively involved.
Planning and staging	Do you have: 1. Well-established, functioning response systems to violence against women? 2. The staff and means to access referral pathways to family violence and sexual assault services? 3. Commitment to a comprehensive planning process at a strategic level within the partnership? 4. The capacity to develop a communication strategy that is owned and reviewed by the partnership? 5. The capacity to sequence work across multiple settings and sectors for long term impact? 6. An executive level sustainability plan? 7. A goal of embedding prevention in systems and structures?	• A Prevention Plan of Action was developed in the first year as a key deliverable, based on wide consultation and scoping. • Settings-based plans, reviewed annually, operationalised the plan's four goals into specific pieces of work. • Partnerships and activities within the site's different settings were staggered over time. • Monash City Council developed a Gender Equity Strategy 2015–2020 as an organisational framework for furthering its primary prevention commitments beyond Generating Equality and Respect and funded a senior officer position for gender equity.

Authorising environment	Do you have: 1. An organisational environment that can sustain program momentum? 2. A set of internal messages that position the program as an organisational priority? 3. A Program Team with access to key decision makers?	• Preventing violence against women and gender equity were made priorities in City of Monash organisational plans, including the Council Plan 2013-17. • Link Health and Community developed an Organisational Statement for the Prevention of Violence against Women that was supported by 98% of staff. • Generating Equality and Respect program workers provided updates and advice directly to executives and decision makers and were able to mobilise leaders at key decision-making points.
Capacity building	Do you have: 1. Leaders who want to learn and support all staff accessing evidence-based learning? 2. A process to identify current strengths, training needs and appropriate learning delivery models? 3. A communication strategy that raises awareness and reinforces learning? 4. The means to access and leverage learning opportunities outside the organisation?	• VicHealth provided ongoing training and knowledge transfer. • Mayors and councillors attended program training provided at all staff levels. • Incoming leaders and senior executives received consistent induction and program orientation. • The program's communications campaign reached 15,000 people across Monash municipality with its message: 'Say NO to violence against women. Say YES to equality and respect'. • Monash Men's Action Group (male staff from City of Monash and Link Health and Community), made 'Monash Men Say No to Violence Against Women' and White Ribbon Day videos.

MORE INFORMATION

- VicHealth's Generating Equality and Respect Program
  https://www.vichealth.vic.gov.au/programs-and-projects/generating-equality-and-respect
- VicHealth's Partnership Analysis Tool
  www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool

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