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Final Report on Outcomes and Learnings



Prepared for the Community Crime Prevention Unit,
Victorian Department of Justice and Regulation, by Our Watch

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Abbreviations and acronyms

AIC	Australian Institute of Criminology
CASA	Centres Against Sexual Assault
CCPP	Community Crime Prevention Program
CCPU	Community Crime Prevention Unit
DJR	Department of Justice and Regulation
DV Vic	Domestic Violence Victoria
ECB	Evaluation capacity building
FAQs	Frequently asked questions
MAV	Municipal Association of Victoria
MCHS	Maternal and Child Health Services
PVT	Preventing Violence Together Western Region Action Plan (2010)
RVAWC	Reducing Violence against Women and their Children
VicHealth	Victorian Health Promotion Foundation

Executive summary

The Reducing Violence against Women and their Children Grants program

The Community Crime Prevention Unit (CCPU) is a business unit within the Police and Corrections Division of the Department of Justice and Regulation (DJR) in Victoria, Australia. The unit is responsible for managing the Victorian Government's Community Crime Prevention Program (CCPP). From 2012–2015, the CCPU administered a one-off grants scheme under the CCPP, targeted at community-based partnerships to help reduce violence against women and their children. This was known as the Reducing Violence against Women and their Children (RVAWC) Grants program.

The funding amount directed to the RVAWC Grants program was substantial, in the order of \$7.2 million over three years. There were two components to this allocation:

- \$4.8 million to support prevention partnerships in each of the eight regions of DJR
- \$2.4 million for a Koori Community Safety Grants component of the scheme (managed by the Koori Justice Unit, DJR, on behalf of the CCPU, with projects in four Koori communities).

The purpose of the RVAWC Grants program was:

- to support *primary prevention* partnership projects across community service organisations and local government that can deliver outcomes at the regional or subregional levels
- additionally, to support *secondary prevention* partnership activity, or initiatives that move beyond the general population to provide early interventions to individuals, groups or contexts for which there exists a higher risk of violence occurring, with outcomes again at the regional or subregional levels.

Support for *tertiary prevention*, or actions to stop reoccurrences of violence for those who have already experience it, was not in scope for funding through the RVAWC Grants program.

The aims of the RVAWC Grants program were to:

- enhance collaborative and integrated working arrangements with relevant agencies at the local level, including local government, related agencies and local networks
- help build the evidence base for primary prevention and early intervention approaches to preventing violence against women and their children.

About this report

The CCPU commissioned this report in line with its current priorities, one of which is to analyse and review crime prevention initiatives, particularly those funded through its grant programs, to inform future practice. This report focuses on the RVAWC Grants program and the projects implemented in each of the DJR regions funded through the first component of the program. The report:

- provides an accessible overview of the RVAWC-funded projects, a discussion of their consolidated implementation successes and lessons learned, and an exploration of the effectiveness of the RVAWC Grants program
- determines the contribution to the evidence base of the RVAWC Grants program and the projects it funded, to inform future programming and practice in primary prevention.

Key findings

The eight projects produced enormous benefits for their communities. They:

- met their stated objectives and (through this) took their communities several steps closer towards stopping violence against women from occurring in the first place
- established (and in some cases sustained) effective partnerships for prevention, including region-wide prevention structures and specific settings-based action groups or collaborative working arrangements
- worked closely with over 40 workplaces and achieved organisational change in the direction of improved gender equity
- reached upwards of 1,660 first-time parents through a group-work program for improved gender equality in relationships
- generated assets by way of numerous resources for primary prevention
- trained around 170 facilitators, mentors and leaders for local prevention activities, and ignited the leadership of many others in their communities.

The projects generated important insights for implementing primary prevention initiatives. Themes include:

- prevention partnerships require capacity development in themselves
- strong relationships with settings-based partners can make all the difference
- direct participation programs can be transformative and ought to be measured for this
- deep organisational transformation requires commitment and time
- communicating consistent messages is a critical success factor
- prevention projects generate many transferrable assets

The RVAWC Grants program was extremely effective in supporting or contributing to community engagement and prevention partnerships, workforce capacity development, and the evidence base for primary prevention. The grants program met its aims by:

- formulating and implementing a nuanced two-stage application process that ensured funding went to applicants with the best possible prevention partnerships and capacity for evidence-based and evidence-building practice
- taking measures to grow the workforce capabilities of the prevention sector (the funding of a Community of Practice for the RVAWC-funded projects, and the benefits this initiative delivered to participants, were particularly noteworthy)
- putting processes in place to ensure the successes and lessons learned of the RVAWC-funded projects, and the effectiveness and insights from the RVAWC Grants program, are widely shared (including commissioning and distributing this report on outcomes and learnings).

Conclusions

Together, the RVAWC Grants program and its projects have left a significant impression on the primary prevention landscape. Their legacy is in the knowledge they bring to:

- *primary prevention techniques* (e.g. direct participation programs, organisational development)
- *the prevention infrastructure* (e.g. an expert workforce, sector-specific leadership, quality assurance mechanisms)
- *the roles and responsibilities of stakeholders* (including government departments or agencies).

These are all elements contained in the recently published, evidence-informed framework for primary prevention, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch et al 2015). Thus, the most important contribution of the RVAWC Grants program and its projects lies in what they tell us about programming and practice in the context of this new shared framework for primary prevention in Australia.

This report now presents these findings and conclusions in detail.

Background and context

The Community Crime Prevention Unit

The Community Crime Prevention Unit (CCPU) is a business unit within the Police and Corrections Division of the Department of Justice and Regulation (DJR) in Victoria, Australia. Since its inception, in 2011, the CCPU has understood that effective community crime prevention requires individuals, communities, businesses and all levels of government working together, and in a coordinated fashion, on locally meaningful strategies that address the underlying causes of crime. Accordingly, the CCPU's priorities are:

- building knowledge and shared understanding across government and community about crime prevention and effective responses
- strengthening partnerships at a local, state and national level in relation to crime prevention
- supporting the implementation of effective crime prevention measures at both a local and state level
- analysing and reviewing crime prevention initiatives, particularly those funded through its grant programs, to inform future practice.

One of the main activities of the CCPU is the management of the Victorian Government's Community Crime Prevention Program (CCPP), for which the CCPU has responsibility. The program offers rounds of competitive funding to Victorian communities, community-based agencies and organisations, and local government authorities, to support them in developing and delivering effective crime prevention initiatives. More on the CCPP can be found at the Community Crime Prevention website (www.crimeprevention.vic.gov.au).

In 2012, funding under the CCPP was allocated for a one-off grants scheme targeted at supporting local community-based partnerships to help reduce violence against women and their children. This was known as the Reducing Violence against Women and their Children (RVAWC) Grants program, the outcomes and learnings of which are the subject matter of this report.

CCPU's focus on reducing violence against women and their children

The impetus for having a stream of CCPP funding to reduce violence against women and their children came directly from the Victorian community, via Regional Crime Prevention Reference Groups. These are forums convened by DJR for stakeholders with an interest in community crime prevention. Forums have representation from a wide spectrum of community-based agencies and organisations, as well as from Victoria Police, local government and state government departments.

In the early days of the forums (2011), stakeholders consistently identified the problem of violence against women and its devastating social, economic, community and public health impacts.¹ Reducing violence against women and their children was one example of how a crime issue voiced by Victorian stakeholders became a community crime prevention priority responded to by the CCPU, with funding reallocated from existing CCPP grant allocations to establish a dedicated RVAWC Grants program.

The funding amount allocated to the RVAWC Grants program was substantial at \$7.2 million over three years. There were two components to this allocation:

- \$4.8 million funding to support prevention partnerships in each of the eight regions of DJR.² Up to \$600,000 was available for one project per DJR region.
- \$2.4 million funding for a Koori Community Safety Grants component of the scheme, in recognition of the disproportionately high rates of violence that Indigenous communities experience, and to respond to the different causes and types of violence in Koori communities. This component was managed by the Koori Justice Unit, DJR, on behalf of the CCPU, to support projects in four Koori communities.

The Koori Justice Unit is currently overseeing an overarching report on the outcomes and learnings of the Koori Community Safety Grants component, allowing this report to focus on the outcomes and learnings of the first component of the RVAWC Grants program and its group of eight projects.

¹ Violence against women is defined as any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or private life. This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural/spiritual, financial, and others) that are gender based, meaning directed at women because of their gender. In Australia, male sexual assault and intimate partner violence is the most common form of violence against women. It is in the context of intimate partner violence that children can be also present, and where violence directed against their mothers or female care givers can have direct and/or indirect impacts on them. This is how the '*and their children*' part in the title of the RVAWC Grants program must be understood. For more on these terms and definitions, see Our Watch et al 2015.

² The three metropolitan regions were Eastern, North and West, and Southern. The five rural regions were Barwon South West, Gippsland, Grampians, Hume and Loddon Mallee. The rationale for the amount dedicated to this component of the RVAWC Grants program, and the decision to have a smaller number of larger grants (ie one project per DJR region) over three years, are discussed in the next section.

Purpose and aims of the RVAWC Grants program

To formulate the purpose of the RVAWC Grants program, the CCPU first needed to know where Victorian prevention initiatives were starting from and what knowledge about prevention existed within the community. The CCPU also needed to know how it, as a unit within a government justice department, could build on prevention action to date. To this end, the unit consulted widely with those in the violence against women sector, both in service provision and prevention. Conversations revealed that the evidence base for prevention had been steadily building, especially in the field of public health; and that this was occurring through a number of means in support of evidence-based practice, including:

- the consistent uptake of a leading conceptual and action framework produced by the Victorian Health Promotion Foundation (VicHealth), entitled *Preventing Violence before It Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria* (VicHealth 2007)
- funding and programming supported through policy frameworks of Victorian and Commonwealth governments
- dedicated funding streams such as VicHealth’s Respect, Responsibility and Equality program
- numerous local government and/or community-based partnerships across the state.

A common thread through all this activity was an orientation towards preventing violence against women from occurring *in the first place*. Known as primary prevention, this is when population wide (or universal) actions are taken so that violence against women does not happen from the outset. Primary prevention achieves this by first identifying and then tackling what lies at the root of the problem: the determinants or drivers of violence.³

In this sense, the public health approach to the primary prevention of violence against women matched well with one of the CCPU’s core considerations for effective community crime prevention, which (as noted above) is to address the *underlying* causes of crime.

³ The determinants of violence against women are the unequal distribution of power and resources between men and women and the adherence to rigidly defined gender roles (VicHealth 2007). Following a recent review of the literature, Our Watch, VicHealth and Australia’s National Research Organisation for Women’s Safety (ANROWS) have articulated the drivers of violence against women as:

- the condoning of violence against women
- men’s control of decision making and limits to women’s independence
- rigid gender roles and identities
- male peer relations that emphasise aggression and disrespect towards women (Our Watch et al 2015).

Thus, the purpose of the RVAWC Grants program came into clear view:

- to support *primary prevention* partnership projects across community service organisations and local government that can deliver outcomes at the regional or subregional levels
- additionally, to support *secondary prevention* partnership activity, or initiatives that move beyond the general population to provide early interventions to individuals, groups or contexts for which there exist a higher risk of violence occurring, with outcomes again at the regional or subregional levels.

Support for tertiary prevention, or actions to stop reoccurrences of violence for those who have already experience it (as victims or perpetrators), was not in scope for funding through the RVAWC Grants program.

In keeping with the priorities of the CCPU, the aims of the RVAWC Grants were articulated as follows:

- to enhance collaborative and integrated working arrangements with relevant agencies at the local level, including local government, related agencies and local networks
- to help build the evidence base for primary prevention and early intervention approaches to preventing violence against women and their children.

This pairing of public health understandings of primary prevention with community crime prevention programming was a distinctive feature of the RVAWC Grants program.

One other finding from the consultations was that evidence building in primary prevention is best supported when community-based partners have sufficient time, resources and support to develop their projects, enliven their partnerships, and gain local momentum for the work. Small amounts of funding over short periods of time result in a ‘sprinkling’ of unsustainable effort spread thinly in a few local areas, and are less conducive to evidence-building practice. This was the rationale for the RVAWC Grant program’s offering a sizeable amount of funding (up to \$600,000) for one project in each DJR region, with this funding model being another distinctive feature of the program.

Application process and funding announcements

In March 2012, following an intensive program concept and design phase involving further sector-wide consultations and relevant cross-government collaboration, the CCPU opened its application process for the RVAWC Grants program.⁴ The application process involved two interlinked stages:

- Stage 1 submission of Expressions of Interest
- Stage 2 invitation to shortlisted applicants to submit Full Applications.

Prospective partnerships had access to a set of comprehensive guidelines and frequently asked questions (FAQs), made available on the CCPU website, and were invited to attend an information session held in March 2012 in Melbourne. The session comprised presentations on the two-stage application process, and primary prevention, early intervention and best practice principles. Videos of the information session were subsequently uploaded on the CCPU website.

Applications for funding from shortlisted applicants closed in July 2012 and funding announcements were made in October 2012 (see a summary and video [here](#)). An ‘at a glance’ summary of the eight RVAWC-funded projects, their regional coverage, and the key action areas or areas of influence is provided in Table 1.



Left:
Representatives of grant recipient organisations at the funding announcements, October 2012

⁴ Sector-wide consultations and cross-government collaboration were seen as critical for building a meaningful and solid grants program that could contribute to the evidence base for primary prevention. For instance, the CCPU involved the (then) Office of Women’s Policy in early conversations about the proposed CCP funding reallocation and during the program design phase (and indeed in the application process) to ensure a coordinated and consistent approach, given the multiple Ministerial portfolios that were involved.

Project	Region	Grant recipient	Key action areas or areas of influence
Gippsland Regional Preventing Violence against Women Strategy	Gippsland	Gippsland Women's Health Service	Develop a regional preventing violence against women strategy Work with a range of settings (e.g. local government, workplaces) to coordinate region-wide prevention action
Hume Regional Preventing Violence against Women Strategy	Hume	Women's Health Goulburn North East	
United: Working Together to Prevent Violence against Women in the West	North and West metropolitan	Women's Health West	Leverage an existing regional strategy to shift organisational culture and embed violence prevention and/or gender equity within the workplaces of partners
Act@Work	Grampians	Women's Health Grampians	Influence structural and systemic organisational change to promote gender equitable/non-violent workplace cultures
Loddon Mallee Takes A Stand	Loddon Mallee	Women's Health Loddon Mallee	Influence structural and systemic organisational change to reduce the acceptance of violence-condoning attitudes and behaviours, and to strengthen positive bystander behaviour Develop a regional preventing violence against women strategy
CHALLENGE Family Violence	Southern metropolitan (subregional)	Casey City Council in partnership with Dandenong City Council and Cardinia Shire Council	Work in local government and faith-based settings to train and build the capacity of male leaders in preventing violence against women
Baby Makes 3	Eastern metropolitan	Carrington Health	Promote equal and respectful relationships between men and women during the transition to parenthood
Baby Makes 3 Plus	Barwon South West (subregional)	Warnambool City Council	Undertake professional capacity development activities with sector professionals

Table 1 – The eight RVAWC-funded projects 'at a glance'

State and national prevention contexts

The design and administration of the RVAWC Grants program, and the implementation of the eight funded projects, occurred during a period of increasing community and public awareness of the problem of violence against women and their children and growing momentum for policy, programming and action to prevent it. The following selected highlights, covering the period 2007–2015, provide a backdrop to the RVAWC Grants program and the projects that it funded.⁵

- **At the state level**, in 2007, VicHealth released *Preventing Violence before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. In addition to informing state government policy (below), VicHealth’s framework provided the organisation with an evidence base for a dedicated program of funding that prioritised primary prevention. The program, known as Respect, Responsibility and Equality, was initiated and maintained over four cumulative phases, from 2007 to 2016.⁶
- In 2009, the Victorian Government released the world’s first statewide primary prevention plan, based on VicHealth’s framework, entitled *A Right to Respect: Victoria’s plan to prevent violence against women 2010–2020*. This initiated the first whole-of-government commitment to prevention (across a number of government departments) and a number of funded projects, some of which carried through successive changes of government.
- In 2012, Victorian Government commitment to reducing violence against women and their children continued with the release of *Victoria’s Action Plan to Address Violence against Women and Children 2012–2015*. This action plan included funding for several two- or three-year statewide or subregional projects managed by the (then) Office of Women’s Policy.
- Throughout 2012–2015, Victoria’s regional women’s health services continued to prioritise the prevention of violence against women in their integrated health promotion plans and as part of core business. This period saw all women’s health services leading regional action on primary prevention with local government, primary care partnerships and community-based partners, and playing a critical role as a sector (through the Women’s Health Association of Victoria) in advocating for prevention priority setting and action at the statewide level.

⁵ For more on Australia’s timeline for preventing violence against women, see VicHealth 2015.

⁶ Funding over the four phases was \$3.7 million. In the first phase (2007–2008), 29 projects were funded to pilot innovative prevention activities across a range of settings new to the area. In the second phase (2008–2011), five projects were identified for ‘scaling up’ over a further three years. The third phase involved ‘packaging up’ the models and tools from the second phase that could be used in the broader sector; and for the fourth phase (2012–2016), VicHealth and its partners identified a geographically-bounded site in Melbourne’s east into which well-evidenced settings-based primary prevention activities were ‘saturated’ and embedded. This project was known as Generating Equality and Respect. VicHealth intends to make widely available the evaluation findings and tools arising from implementation of Generating Equality and Respect by mid 2016.

- In 2015, under the new Victorian Government, Fiona Richardson MP was appointed Minister for the Prevention of Family Violence, an Australian ministerial portfolio first. The Victorian Government also announced the terms of reference of the Victorian Royal Commission into Family Violence, which includes a focus on prevention. The Victorian Government has committed to implementing all recommendations, due for release in March 2016.
- **Nationally**, in 2013, two new organisations were established as part of initiatives under the first action plan of the *National Plan to Reduce Violence against Women and their Children 2010–2022*.⁷ The organisations were Our Watch and Australia’s National Research Organisation for Women’s Safety (ANROWS).
 - Our Watch was established to drive nationwide change in the culture, behaviours and power imbalances that lead to violence against women and their children.
 - ANROWS’ purpose is to build, translate and lead the uptake of evidence in work towards a significant and sustained reduction in violence against women and their children.
- In 2014, the second action plan of the *National Plan to Reduce Violence against Women and their Children 2010–2022* was released. Known as *Second Action Plan: Moving Ahead 2013–2016*, this second action plan builds on the first in channelling efforts towards ongoing and new priorities, and broadening communication and consultation mechanisms to engage more sectors, groups and communities. Driving whole-of-community action to prevent violence is among the national priorities listed in the second action plan.
- In 2015, Victorian Rosie Batty was announced as Australian of the Year, in recognition of her advocacy for women and children experiencing family violence following the murder in 2014 of her son, Luke, by her estranged husband.
- In 2015, Our Watch, ANROWS and VicHealth launched *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*. *Change the Story* presents up-to-date evidence and a conceptual approach for preventing violence against women and their children, and has been developed to support shared understanding and collaborative action. It contributes to *Second Action Plan: Moving Ahead 2013–2016*.

⁷ The national plan is a joint, bipartisan commitment of all Australian governments.

About this report

The CCPU has commissioned this report in line with its current priorities, one of which is to analyse and review crime prevention initiatives, particularly those funded through its grant programs, to inform future practice (see above). This report focuses on the RVAWC Grants program and the projects implemented in each of the regions of DJR funded through the first component of the grant. There are three main parts to this report.

Part 1: Overview of the projects. This is a discussion of the eight projects: their implementation focus, main activities and evaluation conclusions. The overview is not designed to be comprehensive; rather, it is provided to assist readers in navigating the rest of this report. Readers are encouraged to read the final project and evaluation reports for each project to pursue any areas of interest sparked by the overview.

Part 2: Consolidated implementation successes and lessons learned. This is a presentation of detailed findings from an analysis of reports prepared by the projects (and other project-related documents), and a distillation of the implementation successes and lessons learned. This part of the report builds *an overarching account of the outcomes and learnings of the projects as a collective, for sharing with the field of prevention practice.*

Part 3: RVAWC Grants program effectiveness and insights. This is a presentation of findings from an analysis of documents and different stakeholder views in relation to the design and administration of the RVAWC Grants program, and an exploration of the effectiveness of the grants program. This part of the report builds *a profile of core considerations for programming based on the RVAWC Grants program experience, that could be used to inform the delivery of similar programs in the future.*

Scope, methods and limitations of the study

The eight RVAWC-funded projects generated a large volume of documents through their reporting requirements to the CCPU, including high level project plans, evaluation plans or frameworks, mid-year progress reports, annual project reports (including final project reports) and evaluation reports.

The findings presented in this report are based on a content analysis of these materials, particularly the final project and evaluation reports; and this work was very tightly scoped to fetch significant implementation successes and lessons learned, rather than merely repeating the findings of individual reports. Where relevant, other project-related documents were included in the content analysis, such as grant applications and funding agreements.

To examine the RVAWC Grants program, the CCPU made available to Our Watch a range of materials including the grants program guidelines, FAQs, information session presentation slides, accompanying videos, the probity plan for the grant strategy, assessment comments/deliberations, Ministerial briefings, community of practice evaluation reports, *Evaluation of the Victorian Community Crime Prevention Program* (Hulme and Homel 2015), *Reducing Violence against Women and their Children, Victorian Grants Program: Review of progress and interim reevaluation reports* (Willis 2014), and documents relating to funding provided to the Municipal Association of Victoria for an initiative promoting local government engagement in primary prevention.

The findings presented in this report are based on a content analysis of this material, with particular focus on the overall design, application and assessment process, and administration of the grants program. The content analysis was also tightly scoped to explore whether, and to what extent, these aspects of the RVAWC Grants program:

- supported effective and increased community engagement in primary prevention
- contributed to building new, or strengthening existing, partnerships
- contributed to improving workforce capacity and capability in primary prevention
- contributed to the evidence base for primary prevention.

In addition, Our Watch consulted with the CCPU to identify key informants whose involvement in the RVAWC Grants program meant they had meaningful perspectives to offer on its effectiveness, and who were available and prepared to be involved in the study given its tight timelines. Between them, the key informants represented DJR, sector stakeholders and grant recipient organisations. Their perspectives were captured by interview (face-to-face or telephone) and included in the analysis.

Other than the tight timelines which restricted the number of key informants involved, there were no known limitations to undertaking this study of the RVAWC Grants program and the eight projects.

Part 1: Overview of the projects

Each of the RVAWC-funded projects reflected locally meaningful solutions to reducing violence against women and their children insofar as they developed prevention partnerships and focused on areas of action or influence that were specific to their regional/subregional contexts. There was no ‘one-size-fits-all’ roll out of either partnerships or actions in implementing the eight projects. For the purposes of overviewing them, the projects can nonetheless be organised into three groups based on the broad intervention types that were their main focus (see Table 1 above):

1. region-wide prevention partnerships and settings for primary prevention action
2. organisational-level change through the delivery of settings-based workplace programs
3. direct participation and individual skills development through the delivery of programs or training for community members (e.g. male leaders, first-time parents).

Developing or building upon regional prevention strategies

Three projects focused on region-wide prevention partnerships and settings for primary prevention action. These were Gippsland Regional Preventing Violence against Women Strategy, Hume Regional Preventing Violence against Women Strategy, and United: Working Together to Prevent Violence against Women in the West.

One common thread running through these projects was the leadership of regional women’s health services: Gippsland Women’s Health, Women’s Health Goulburn North East and Women’s Health West respectively. What differentiated these projects, however, was that they reflected different stages in regional strategy development. The Hume and Gippsland strategies were fairly early in the development and nurturing of their strategy partnerships, while the United project sought to leverage a strategy that already existed (and that was in fact the first regional prevention strategy for Victoria).

Gippsland Regional Preventing Violence against Women Strategy took a multi-pronged approach to prevention activity across the region, coordinated through an inclusive, flexible, cross-sector, region-wide partnership that strengthened over time in function as well as capacity for prevention. Indeed, for this project, fostering the partnership was seen as an area of action in and of itself. The logic was that a sound cross-sector partnership would generate, support and drive a range of prevention actions to prevent men’s violence against women. This is exactly what occurred, with the implementation of a number of sub-projects that sat under the strategy:

- Paving the way, which saw two local government partners supported for organisational development and culture change towards more gender equitable workplace policies and practices
- Mentors in Violence Prevention, a bystander program delivered to communities and organisations across the region
- Make the Link, the project's highly visible (and internationally recognised) social marketing campaign, which delivered consistent key messages across the region on the link between gender inequality and violence against women and lent coherence to the many activities taking place
- 50/50 Clubs, which saw a partnership with GippSport to improve the inclusivity of women and girls in local sports clubs
- Skills building program for women with intellectual disability delivered through the Purple Hearts Group.



Above: 'Make the Link' social marketing campaign

Project objectives were to ensure prevention action in settings maintained a focus on respectful relationships, increase access to bystander resources for preventing men's violence against women, and promote key messages on non-violent norms and gender equitable relationships. Based on the external evaluation of the partnership and its activities, **the evaluators concluded that the Gippsland Regional Preventing Violence against Women Strategy had, overall, been successful in meeting its objectives, especially in embedding partnerships for the next stage of prevention in the region.** Significantly, at the time of preparing this report, the Gippsland partnership was poised to endorse an Action Plan for 2016 to carry the work of the project forward.

Hume Regional Preventing Violence against Women Strategy focused on producing a strategy for the region and implementing agreed activities that emerged through the partnership process. The main objective of the Hume project was to work across local governments, workplaces and sport settings to coordinate such a strategy. This took some time: two iterations of the strategy were prepared (2013 and 2014) to reflect new organisational partners joining the work and shifting partner engagement in specific parts of the work. The final form of the strategy covers the period 2013 to 2017, beyond the funding period, so that activities of the project, many of which commenced in the latter half of implementation, can continue.

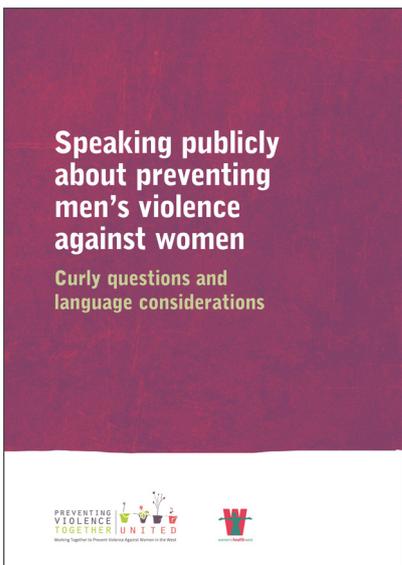
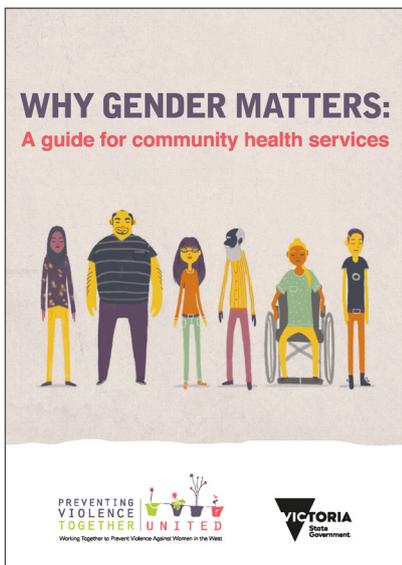
Key activities completed during the funding timeframe included:

- organisational development and culture change towards more gender equitable workplace policies and practices (with two local governments)
- a number of organisational training activities (bystander, gender equity)
- Courageous Conversations website
- Local Government Network.

Other project objectives were to generate structural and systemic organisational change for gender equitable and non-violent cultures, and build the capacity of leaders in preventing violence against women. Based on the external evaluation of partnerships development and the activities above, **the evaluators found evidence of increased capacity for prevention in the region, and that some activities established through the project are likely to continue in the future (e.g. the Local Government Network, Courageous Conversations website, and the gender equity work at a small number of organisations)**. However, the evaluators found there remains much to be done in the region given the strategy's reach has thus far been limited to activities that commenced in the second half of project implementation.

United: Working Together to Prevent Violence against Women in the West focused squarely on the 18 partner organisations/signatories of an established regional strategy, *Preventing Violence Together: Western region action plan to prevent violence against women (2010)* (or PVT), and in taking their capacity for primary prevention to the next level. The logic was that deep transformative change within PVT partner organisations would make gender equity measures a normal part of workplace business, thereby redressing gender inequality in a systemic way and embedding primary prevention across the region. To this end, the project delivered an intensive program of activities for PVT organisational partners, including:

- two gender equity organisational surveys (2013 and 2015)
- two regional forums in 2015 (one on leadership, the other on gender analysis)
- Why Gender Matters initiative for community health services (with associated resources)
- annual social marking campaigns (2013, 2014 and 2015)
- numerous forums and workshops (engaging men, gender equity in the workplace, speaking publicly about preventing men’s violence against women)
- submission to the Royal Commission into Family Violence (2015)
- an online resources hub.



Above: ‘Why Gender Matters’ and ‘Speaking Publicly about Preventing Violence against Women’ resources

Project objectives were to embed and drive cultural change across all organisations of PVT, increase awareness of how to create safe inclusive environments for women, and increase awareness of violence against women and its determinants. **Internal evaluation of the activities found consistently positive impacts on participants (their knowledge and skills) and organisations (policy development and planning related to gender equity).** Based on the external evaluation, which drew on data from the gender equity organisational surveys, **the evaluator found that the capacity development needs of PVT partners still remain high; and given that deep organisational transformation takes time, gender equity is far from embedded.** The work of the project’s capacity development agenda for PVT partners therefore needs to continue.

Influencing organisational-level change through settings-based workplace programs

Two projects focused on influencing organisational-level change through the delivery of settings-based workplace programs. These were Loddon Mallee Takes A Stand and Act@Work (formerly known as Rural Workers Take A Stand).

Once again, a common thread running through these projects was the leadership of regional women's health services: Women's Health Loddon Mallee and Grampians Women's Health respectively. What differentiated the projects, however, was the workplace programs they utilised and their approach to resourcing settings-based workplace partners for organisational change. Loddon Mallee Takes A Stand delivered an existing workplace program and engaged with multiple workplaces in the region, aiming for breadth; Act@Work developed its own promising workplace program and worked closely with a smaller number of workplaces in their region, aiming for depth.

Loddon Mallee Takes A Stand partnered with 12 workplaces to deliver Take A Stand, a program developed by Women's Health Victoria. Take A Stand has three elements for effective workplace change: lead, train and promote. The program is designed to change the attitudes and beliefs that sustain violence against women, and build skills for pro-social bystander action. Organisational leaders are asked to demonstrate commitment to change for pro-social bystanders; employees are provided with training to build skills and confidence in speaking out against attitudes or behaviours that are violence supportive (e.g. sexist remarks, gender discriminatory practices); and key messages are promoted throughout participating sites.

For Loddon Mallee Takes A Stand, the greatest investment was in the training element, with other regional activities supporting this work. Key project activities included:

- 19 Take A Stand facilitators recruited and trained
- 153 training sessions to employees of 12 participating workplace partners, reaching over 2,000 employees
- 11 workplaces involved in some form of policy development to support training (e.g. family violence leave policies, reviews of existing policies for gender equity)
- a regional conference (300 delegates)
- various capacity building forums or 'road shows'
- extensive consultations for the development of a regional action plan.

Project objectives were to strengthen the capacity of participating workplaces to promote equal and respectful relationships between women and men, and engage employees in skills development to speak up against attitudes and behaviours that sustain violence. Based on the external evaluation of the workplace training, **the evaluator concluded that the project was successful in improving the knowledge, skills and intention of training participants to act as bystanders. Increases in actual bystander behaviour in workplaces as a result of the training was more difficult to evidence.** Internal evaluation of conference impacts showed that the conference was successful in creating momentum for the regional action plan, the development of which will continue to be led by Women's Health Loddon Mallee beyond the RVAWC funding period.

Act@Work partnered closely with nine workplaces for a six to 12-month period each to deliver the Act@Work program, with four workplaces completing the program by project end. Act@Work was developed out of a review of the literature on bystander approaches for preventing violence against women. The program placed emphasis on a whole-of-organisation approach and had four elements: engagement, leadership, bystander training and communications. While bystander training was important, it was only one part of the model. Getting to the heart of organisational culture to shift it towards non-violent norms and gender equity was more critical. Time was therefore spent with each workplace partner to establish an internal action group that had the commitment and authority to drive organisational policy and communications, maintain leadership focus and legitimise the training. In some cases, this meant CEO involvement; in all cases, it meant Human Resources representation. Key project activities included:

- action planning support, including organisational needs assessments
- high quality tools and resources for the program, including an implementation guide
- six hours of bystander training per workplace (flexible delivery), reaching over 700 employees
- internal communications for workplaces
- a wider communications strategy for the project
- regional community awareness events (known as Leading Change).

Project objectives included increasing knowledge of sexism, discrimination and violence against women, increasing awareness of the impacts of these behaviours, and developing skills for individuals and organisations to take action safely and effectively. Based on the external evaluation of the workplace program, **the evaluator concluded that the project was successful in improving participant confidence and intention to act as bystanders. Working deeply with workplace partners also meant organisational impacts and evidence of actual bystander action could be observed.** Workplace staff were more aware of organisational policies related to acceptable behaviour towards women, for instance. By project end, some 15 organisations were on the wait list for the Act@Work program.

Building the skills of community members through direct participation programs

Three projects focused on building the skills of community members through direct participation programs. These were CHALLENGE Family Violence (led by Casey City Council in partnership with Dandenong City Council and Cardinia Shire Council), Baby Makes 3 (Carrington Health) and Baby Makes 3 Plus (Warrnambool City Council). Community members included male community leaders and male and female faith leaders for CHALLENGE Family Violence, and first-time parents for the two Baby Makes 3 projects.



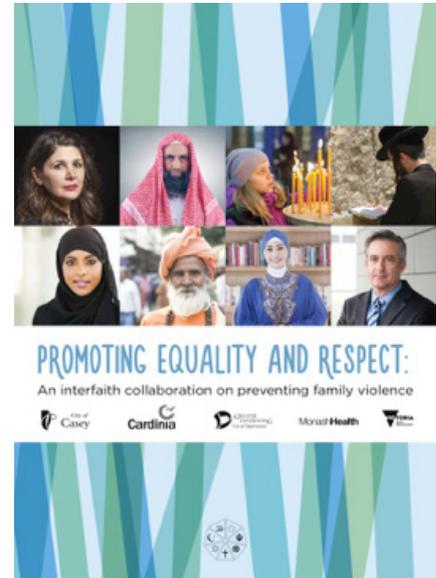
Above:
Michelle Hunt, Act@Work Program Manager, with a selection of workplace resources
(Source: ‘Women still battling for workplace equality’, *The Courier* 21 August 2015)

CHALLENGE Family Violence engaged male community leaders in two local government areas and male and female faith leaders in a third, and provided them with skills development and resources to take action on the underlying causes of family violence. Male community leaders came from different settings, sectors and population groups; and through the project they were given male-only spaces in which to support learning about non-violent social norms and non-discriminatory gender norms. As leaders, they were then expected to pro-actively challenge the attitudes and behaviours that underpin family violence within their spheres of influence. Male and female leaders of multiple faiths were recruited to the project for the same work and purpose as the male community leaders, and also to produce an interfaith family violence prevention resource kit for work in their communities. In-depth conversation and deep reflection were an essential feature of both parts of the project.

Key project activities included:

- recruitment and training of 30 male mentors
- eight roundtables for 70 male community leaders (with male mentors)
- support in the development of action plans
- a social marketing campaign
- a working group for the interfaith resource.

Project objectives included increasing participant awareness of the causes of violence against women, strengthening personal action by participants to create change in their spheres of influence, and contributing to positive change in communities and settings more broadly. Based on the external evaluation of project processes and impacts, **the evaluators concluded that significant learning and transformative change had occurred among those participating in the project – especially regarding male privilege – and that this was followed by many actions undertaken by the participants** (e.g. inclusion of women on committees or boards, presentations on prevention, White Ribbon accreditation, men ‘pulling blokes into line’ at their football club). At a process level, evaluators found that the project took effective steps to manage risks of inadvertently reproducing gender norms, by positioning male mentors and community leaders not as heroes, champions or ambassadors, but rather as *allies* working alongside the women who have been part of the ending violence against women movement for decades.



Above:
‘Promoting Equality and Respect’
interfaith resource

Baby Makes 3 engaged couples transitioning into parenthood from all seven local government areas in Melbourne's east, and supported them in skills building for respectful relationships. This was done by delivering the Baby Makes 3 program at Maternal and Child Health Services (MCHS) sites across the region. This three-session group-work program was originally developed by Carrington Health (known then as Whitehorse Community Health Service) in recognition that gender norms and expectations can exert a powerful influence on couples as they negotiate their roles as new parents. Patterns established at this life stage can become entrenched, including unequal power relations; exploring parents' roles as mums and dads therefore opens up a critical space to influence gender equitable relationships, for now and the future.

Key project activities included:

- recruitment of 23 male and female facilitators
- two-day facilitator training
- five community of practice meetings to further support facilitators
- 108 group-work sessions reaching 1,305 parents
- workforce development for MCHS staff
- conference presentation to the MCHS sector.

Project objectives included increasing the capacity of participants to build equal and respectful relationships, and increasing the capacity of MCHS professionals to promote equal and respectful relationships. Based on the external evaluation of processes and impacts, **the evaluators concluded that the Baby Makes 3 program was delivered with integrity and fidelity to the original program by a group of skilled facilitators. The program received positive ratings from participants, and their awareness of and attitudes towards gender roles moved towards a position of greater equality. Behaviour change was also evident over time**, as demonstrated by 'who does what' at home. However, delivering Baby Makes 3 as a truly universal primary prevention initiative was a challenge. The program depends on New Parent Groups for participant recruitment, and New Parent Groups themselves experience challenges in inclusive service provision (ie. not everyone eligible for MCHS use them and certain groups are consistently under-represented).

Baby Makes 3 Plus engaged couples transitioning into parenthood from five local government areas in the Barwon South West region, and supported them in skills building for respectful relationships. As with the metropolitan Baby Makes 3 project, this occurred through the delivery of the Baby Makes 3 program at MCHS sites. Baby Makes 3 Plus was the first time that the program was run in a non-metropolitan context. One of the benefits of implementing Baby Makes 3 Plus in parallel with the Eastern region project was that it enabled rural and metropolitan comparisons with regards to program delivery. Impact data from both projects were also pooled for a shared economic evaluation.

Key project activities included:

- recruitment of 27 male and female facilitators
- two-day facilitator training
- 49 group-work sessions with 359 parents completing the full program of three sessions
- training for the region's early years' professionals (e.g. Gender Equity Action to Prevent Violence against Women)
- ante-natal pilot (information session as an 'teaser' to the group-work sessions).



Above: First-time fathers (from left) Mailors Flat's Andrew Maher holding Nate, four months, Port Fairy's Ashley Price with Sophie, three months, and Warrnambool's David Harrington holding Julia, 16 weeks

(Source: 'Baby Makes 3 program helps new parents adjust' *The Standard* 12 July 2014)

Project objectives included increasing the capacity of first-time parents to build equal and respectful relationships, and increasing the capacity of health professionals and organisations to promote equal and respectful relationships in the transition to parenthood. Based on the external evaluation of processes and impacts, **the evaluator concluded that Baby Makes 3 Plus was a success in the rural context. The program received positive feedback from the majority of parents. Participants reported increased awareness of gendered expectations placed on mums and provided evidence of shifts in behaviour ('who does what' at home) – signalling a shift towards greater gender equality in their relationships.** At a process level, the evaluator found that facilitators did have skills development needs beyond the initial training phase (e.g. dealing with defensiveness, keeping dads engaged). In the rural context, long distance travel to the evening sessions was a barrier to some parents in completing the full program of three sessions.

The shared economic evaluation was unable to quantify a social return on investment for methodological reasons. The evaluation could not model forward the short-term program impacts onto longer-term outcomes (and consequent economic cost savings) as the outcomes measure it used – the Hospital Anxiety and Depression Scale – was not entirely appropriate for violence prevention interventions.

Part 2: Consolidated implementation successes and lessons learned

This report now turns to the implementation successes and lessons learned of the projects *as a collective*. These prevention breakthroughs and practice insights have potential relevance for future primary prevention practice, and are presented as themes that cut across the eight RVAWC-funded projects or are exemplified by a few of them.

The themes are:

- prevention partnerships require capacity development in themselves
- strong relationships with settings-based partners can make all the difference
- direct participation programs can be transformative and ought to be measured for this
- deep organisational transformation needs commitment and time
- communicating consistent messages is a critical success factor
- prevention projects generate many transferrable assets.

Prevention partnerships require capacity development in themselves

We often think of capacity development as an activity for individuals or organisations, but prevention partnerships need this work too.

The three projects that focused on region-wide partnerships and settings for prevention action provide a fascinating window through which to observe the nature of prevention partnerships. While the regional partnership model can be a successful way of bringing a range of different organisational partners together to work towards a common vision, to be effective such partnerships must be strong in the way they function. This is where formal terms of reference, partnership agreements, and other documents that outline the roles and responsibilities as partners can help. But effective partnerships must also develop a strong, shared understanding of primary prevention action: what it involves and doesn't. This means expertly incorporating capacity development activities into the work of the partnership itself and keeping track of the impacts.

United: Working Together to Prevent Violence against Women in the West showed us that even the most mature regional strategies need ongoing capacity development for their organisational partners, and that being signatories to a strategy does not mean the work of capacity development is done. In fact, capacity building for partnerships became a core part of the project. The project included a comprehensive set of activities delivered to strategy partners, supporting them to acquire the foundational primary prevention knowledge needed to drive transformative change in their workplaces. The United project

also reminded us that people are constantly moving through partner organisations. Staff turnover can mean primary prevention capabilities change, which is another reason to keep capacity development on the partnership radar.

New members often joined the partnership with limited expertise, and identified feeling overwhelmed about where to start, and how to acquire the primary prevention knowledge needed to undertake gender equitable workplace strategies ... Recognising and responding to the diverse level of primary prevention knowledge and experience among implementation committee members and their respective agencies, was essential to United's success (United: Working Together to Prevent Violence against Women in the West, Final Project Report, p. 31).

Hume Regional Preventing Violence against Women Strategy showed us that where regional strategies are just starting out, there is the added challenge of keeping focused on *primary* prevention as opposed to tertiary prevention (or response). Key informant interviews undertaken for the project's evaluation revealed that partnership confusion between these two types of prevention influenced organisational partner expectations of what the strategy could achieve. Newer partnerships therefore need to take extra care in making the time to ensure members stay attuned to where prevention work needs to be: upstream (before violence has even happened) and not downstream (after it has occurred).

There has been quite a bit of work and people are probably more so familiar with the response end [to] violence against women, whereas prevention is a bit of a new area for many. I guess, you know, you have to take time to be able to explore that with people ... reminding people that we are prevention, keeping upstream, etc (Hume Regional Preventing Violence against Women Strategy, Summative Evaluation Report, p. 15).

Gippsland Regional Preventing Violence against Women Strategy demonstrated a practical way to keep organisational partners focused on primary prevention. The project incorporated capacity development into the business of its key partnership structure, the steering committee. The steering committee was a flexible, inclusive structure that grew in membership over the three years of the project, in recognition that primary prevention action across the region needed diverse partnerships. With new members regularly coming on board, and membership from diverse sectors, including the response system, the steering committee agenda allowed time for capacity development activities and discussion to occur *at every meeting*. A partnership analysis undertaken as part of the evaluation, using a specially designed Partnership Development Capacity Index informed by two other well known partnership analysis tools, revealed that the steering committee effectively 'built stakeholder capacity and fostered links between projects' (Gippsland Regional Preventing Violence against Women Strategy, Final Evaluation Report, p. 11).⁸

The evaluators of the Gippsland project also mention the leadership role of Gippsland Women's Health Service in keeping the focus of the strategy where it needed to be, naming the organisation's inclusive feminist approach as an influential factor. The United project had a similar observation, noting a strong body of international research that supports feminist women's services leading violence prevention work because of their 'institutionalised primary prevention and gender equity expertise' (United: Working Together to Prevent Violence against Women in the West, Final Project Report, p. 35).

Strong relationships with settings-based partners can make all the difference

Building relationships is a continuous activity for all primary prevention projects. It is essential for developing and maintaining prevention partnerships (above) and in delivering programs or activities in settings such as workplaces and MCHS.

For Act@Work, for instance, more than half the workplaces that participated in the program did so on the strength of their connections with Women's Health Grampians at the leadership level. These established relationships were an avenue for the project team to initiate conversations about the Act@Work program and what it could bring to the workplaces concerned. The project team acknowledged that without these relationships in place, it would have been more challenging to engage workplaces as partners through initial discussions (Act@Work, Final Evaluation Report, p. 6).

Similarly, Baby Makes 3 and Baby Makes 3 Plus found that positive relationships between the project team and MCHS staff were critical factors in successful program delivery. Both projects relied on the three-week group-work program being promoted through New Parent Groups, which are part of the standard offerings of MCHS. Promotion was done by MCHS staff equipped with information about Baby Makes 3 and an understanding of the link between gender equitable relationships in the transition to parenthood and the prevention of violence against women.⁹ Promotion was also done by program facilitators or project practitioners attending New Parent Groups as guests, where appropriate. Either way, strong relationships between the project and MCHS were needed. Indeed, when the relationships were not strong, or were in fact negative, there was a correspondingly negative impact on the recruitment of parents (Baby Makes 3, Final Evaluation Report, p. 26).

⁸ The two other tools were the *Partnership Analysis Tool* (VicHealth 2011) and the *Community Capacity Index* (Bush et al 2002).

⁹ This is why the MCHS professional development component of the Baby Makes 3 model is so important.

The experiences of Loddon Mallee Takes A Stand nuances the role of relationships building in engaging settings-based partners. During the first 12 months of the project, Women's Health Loddon Mallee found the recruitment of workplaces to the program rather challenging. One of the reasons offered by prospective workplaces was the potential risk of being seen by other businesses or the community as having a violence problem. This reason given was consistent with the experiences of the original Take A Stand program, delivered by Women's Health Victoria (Durey 2011).

Around 2014, Women's Health Loddon Mallee noticed a shift in workplaces and their willingness to participate in the program. This was the year of the tragic death of Luke Batty at the hands of his father, and Rosie Batty's subsequent advocacy for women and children experiencing family violence and call to action for prevention. The community awareness generated by this high profile murder, and the courage of Rosie Batty in speaking out, played a significant role in influencing public opinion; and, as revealed through the evaluation of the Loddon Mallee project, fuelled increased interest of workplaces in the Take A Stand program (Lodden Mallee Takes A Stand, Final Project and Evaluation Report, p. 36).

While relationship building will no doubt remain an important part of prevention activity, and thus should be planned for or factored into implementation, the heightened community and public awareness of the problem of violence against women in recent years might well give projects a gentler path to engaging settings-based partners for their programs or activities.

Direct participation activities can be transformational and ought to be measured for this

Participants get a lot out of direct participation programs, as evidenced by the results contained in the final project and evaluation reports of the RVAWC-funded projects. For Baby Makes 3, for instance:

- 95% of parents found the program enjoyable
- 92% of parents found the program relevant to their situation
- 91% of parents found the program helpful
- 76% of mums and 81% of dads rated the program as very good or excellent (Baby Makes 3, Final Project Report, p. 18).

For Baby Makes 3 Plus, when asked about the main learnings from the program, participants identified key words such as ‘change’, ‘communication’, ‘equality’ and ‘relationships’ (Baby Makes 3 Plus, Final Project Report, p. 32).

For both Baby Makes 3 programs, shifts towards more equitable parenting were observed in ‘who does what’ at home. Baby Makes 3 Plus, for instance, reported an increased awareness among participants of the gendered roles of women in the home, and dads actually contributing more to household tasks and caring for children post-program compared to pre-program (Baby Makes 3 Plus, Final Evaluation Report, p. 14).

For Loddon Mallee Takes A Stand:

- 87% of participants agreed on the importance of speaking out against attitudes that perpetuate violence post-training (up from 79% pre-training) (Loddon Mallee Takes A Stand, Final Project and Evaluation Report, p. 61)
- 74% of participants indicated they were ‘very likely’ to speak out against such attitudes at work, at home or with friends post-training (up from 55% pre-training) (Loddon Mallee Takes A Stand, Final Project and Evaluation Report, p. 64).

Meanwhile, Act@Work reported 98% of its program participants post-training would be ‘likely’ or ‘very likely’ to take action on sexist or discriminatory behaviour towards women in the workplace, with family and friends (Act@Work, Final Evaluation Report, p. 7).

Feedback from participants of Mentors for Violence Prevention, rolled out as part of the Gippsland Regional Preventing Violence against Women Strategy, showed similar results. Post-training, the majority felt more prepared to deal with difficult and potentially dangerous situations involving colleagues, friends and clients, and also had increased understandings of the options available to them as pro-social bystanders (Gippsland Regional Preventing Violence against Women Strategy, Final Evaluation Report, p. 61).

One project, however, showed us that direct participation activities can achieve more than participant satisfaction and improvement in awareness, skills and behaviours. CHALLENGE Family Violence highlighted the *transformative* experiences of male mentors and community leaders involved in the roundtables. Roundtables provided a structured space for authentic conversations and deep reflection, especially regarding male privilege and how to act on it for gender equity. The evaluators observed these moments as among the most powerful of the project.

This open, raw and honest sharing and dialogue should not be taken for granted. The learning space was a combination of information transmission and reflective conversations, which allowed for transformative experiences by participants, and led to many actions (CHALLENGE Family Violence, Final Evaluation Report, p. 24).

Transformative social justice occurs when people research a deeper, richer, textured understanding of themselves, their location and power in their world and [when] they are prepared to act on these new learnings (CHALLENGE Family Violence, Final Evaluation Report, p. 23).

Transformative experiences were no doubt achieved through the direct participation activities of the other projects; for instance, when Act@Work participants recognised their potential to be pro-social workplace bystanders, or when Baby Makes 3 first-time parents saw scope within their relationships to interrupt the gendered norms and expectations placed on them as mums and dads. The CHALLENGE Family Violence project showed us that individual transformation can (and ought to) be explicitly named as a desired impact of primary prevention, and measured as a hallmark of project achievement.

Deep organisational transformation needs commitment and time

Organisational-level change was the main action area for Act@Work and Loddon Mallee Takes A Stand; while capacity development for PVT organisational partners was the focus of United: Working Together to Prevent Violence against Women in the West. Other projects that included organisational capacity development as a component of their work were Gippsland Regional Preventing Violence against Women Strategy – with the Paving the Way initiative for two local governments, and the community and organisational bystander training provided through Mentors for Violence Prevention – and Hume Regional Preventing Violence against Women Strategy.

Each of these projects showed gains having been made in the *direction* of non-violent norms and gender equity in their workplace partners; for instance, through the development of values or leadership statements, in undertaking gender equity audits or policy development, by prioritising prevention in planning documents, and through embedding organisation-wide staff training. Notwithstanding these achievements, two projects in particular highlighted just how hard it is to achieve *lasting* transformation in organisational culture.

According to the United project, transformative organisational change requires employers and employees at all levels ‘to change their mindset and adopt radically different ways of making sense of and interacting with the world around them’ (citing Anderson and Anderson 2011).

And further:

Creating a gender equitable workplace requires investigation and change in relation to pay equity, the number of women in leadership positions, flexible workplace conditions and entitlements ... It also requires all staff, and especially men who commonly hold positions of influence and power, to reflect on and work to address gender bias and stereotypes about women’s and men’s abilities, capacities and role in the workplace (United: Working Together to Prevent Violence against Women in the West, Final Project Report, p. 32).

Faced with these requirements, the United project found that their organisational partners pushed back and resisted at times. For instance, some organisations claimed that there was no gender equity problem because their workplaces were female dominated. Mid-way through implementation, the project made a strategic decision to invest time and resources in the organisational partners that could demonstrate strong commitment and energy for the change being sought (United: Working Together to Prevent Violence against Women in the West, Final Project Report, p. 33). Meanwhile, Act@Work worked steadily with its workplace partners; but also noted that the organisations with the highest level of commitment, clearest leadership and most engaged action group/ executive level input made the biggest strides (Act@Work, Final Project Report, p. 9).

Both projects measured the extent of organisational change that occurred as a result of their efforts, as part of their evaluations. The United project administered an organisational gender equity survey for PVT partners at two different points in time: 2013 and 2015. Act@Work administered a discrimination against women survey pre- and post-delivery of the workplace program.

For the United project, the 2015 survey results actually showed a decrease in respondents’ confidence that their workplace is actively engaged in promoting equity and respect. The interpretation offered by the evaluator was that the United project had raised partner awareness and expectations about gender equity and this in turn produced more critical ratings on the part of respondents to the questions on the survey. The evaluator added that achieving gender equitable organisational cultures is a long-term undertaking, recommending that ‘United partner workplaces continue to adopt and reinforce gender equity resources, strategies and approaches introduced through the United project in the long-term’ (United: Working Together to Prevent Violence against Women in the West, Impact Evaluation Report, p. 43).

For Act@Work, there were increases in the proportion of respondents who:

- recognised that their organisation has policies and practices in place to educate or inform employees about what is acceptable behaviour towards women (48% pre-program and 67% post-program)
- were very confident that they would know what to do if a woman in the organisation came to them about being treated unfairly because she was a woman (18% pre-program and 30% post-program)
- were very confident that if their organisation was made aware of a work practice that treated women unfairly, then the workplace would take action to improve the situation (34% pre-program and 45% post-program) (Act@Work, Final Evaluation Report, p. 29).

While these increases are to be applauded, the post-program figures suggest there is still a significant way to go in achieving a culture of gender equity in the workplaces concerned.

Communicating consistent messages is a critical success factor

Two projects stand out for their use of locally meaningful, highly visible and consistent messaging about primary prevention as an effective means of strengthening their core activities.

Make the Link was a social marketing campaign developed for the Gippsland Regional Preventing Violence against Women Strategy in its first year of implementation. Merchandise included posters, postcards, stickers and badges that depict or communicate the continuum of violence, from rigid gender roles and sexist jokes to violence and murder. The Make the Link website was launched in the project's final year. It asks people to notice the links and create change, and provides options for action.

The campaign was a source of key messages for all the other activities occurring in the region. These messages were communicated by them consistently. For instance, messages were utilised in the delivery of Mentors for Violence Prevention. Strategy partners also incorporated them into their own organisational development activities. Posters were displayed by primary care providers and were seen in the emergency department of a regional hospital. Indeed, as noted by the evaluators, Make the Link has become a metaphor for the strategy as a whole.

Recent international recognition of the campaign has come by way of its selection, by the New York based advocacy agency womensenews.org, as the Australian example of how countries around the world commemorate the 16 Days of Activism against Gender-based Violence global campaign.¹⁰

Meanwhile, for Act@Work, the contemporary and catchy brand, logo and merchandise all helped to give the program a high profile in the region. The evaluation found that branding and communications were vital elements of the overall model. It recommended that projects seeking to maximise their reach and impact develop a strong and recognisable brand that can be accessibly communicated to support identity and reputation.

One of the learnings from Baby Makes 3 was that its impacts could have been strengthened had the reach of its key messages been extended to complementary primary care settings attended by first-time parents, and had these messages been delivered for the duration of the project rather than being time-limited to the running of New Parent Groups (Baby Makes 3, Final Evaluation Report, p. 27).

One of the early struggles identified by Hume Regional Preventing Violence against Women Strategy was that partners felt the language used was too 'hard-line' and 'feminist' for effective community engagement (Hume Regional Preventing Violence against Women Strategy, Summative Evaluation Report, p. 25).

Both projects might have benefited from the strategic inclusion and use of social marketing and branding to support core project activities, as in the case of Gippsland Regional Preventing Violence against Women Strategy and Act@Work.

Prevention projects generate many assets

As a collective, the RVAWC-funded projects generated many assets that can be utilised to continue the work of primary prevention in regions across Victoria.

First, the project practitioners. Through the experience, skills and learnings gained in coordinating and resourcing their projects, these practitioners have ensured the continued strengthening of Victoria's primary prevention workforce.

¹⁰ The 16 Days of Activism against Gender-based Violence runs from 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day. For further information, refer to UNWomen.

Second, the grant recipient organisations. Each project further strengthened the profile of these organisations as leaders of primary prevention in their regions, and the post-RVAWC funding period will see most of them building on the achievements of the projects in one way or another.

Third, those who were skilled through the projects to train, lead or take action. These are the Baby Makes 3 facilitators, the Take A Stand facilitators, the Act@Work facilitators, the CHALLENGE Family Violence male community leaders and mentors, the CHALLENGE Family Violence faith leaders, and the Gippsland Mentors for Violence Prevention leaders, to name but a few. Without them, many of the activities of the eight projects could not have occurred. These individuals are now a vital resource for settings-based program delivery of future prevention initiatives.

Finally, the numerous tools, kits and other resources generated through project implementation. The following list, while by no means exhaustive, is a good indication of scope of transferrable primary prevention know-how produced by the projects.¹¹

- Make the Link website (and Make the Link resources) www.makethelink.org.au
- Paving the Way Implementation Kit (for local governments) forthcoming
- Courageous Conversations website www.courageousconversations.org.au
- Why Gender Matters guide and video, and Speaking Publicly about Men’s Violence against Women, both available at the PVT online hub www.pvawhub.whwest.org.au
- Indicators by which to measure organisational change towards gender equity, in United: Working Together to Prevent Violence against Women in the West, Final Project Report
- Act@Work Action Manual and associated resources, www.whg.org.au
- Promoting Equality and Respect: An interfaith collaboration on preventing family violence www.interfaithnetwork.org.au

‘It’s been one of the greatest three years of my professional life...I look at the world differently’.

– RVAWC grant recipient,
November 2015

‘Yes, it’s been worth it in our region, we’re in a different place. It’s no longer our service [Women’s Health] on its own on the prevention of violence against women’.

– RVAWC grant recipient,
November 2015

¹¹ Baby Makes 3 and Take A Stand resources are not included in the list that follows as they were generated through the implementation of projects funded previously by VicHealth.

Part 3: RVAWC Grants program effectiveness and insights

The final part of this report explores the effectiveness of the RVAWC Grants program in its design and administration. ‘Design’ includes the overarching approach and the steps taken by the CCPU to build the grants program. ‘Administration’ refers to the application process, the grants management phase, and the capacity development activities undertaken by the CCPU. To determine the effectiveness of the RVAWC Grants program, the discussion investigates the extent to which the program’s design and administration:

- supported effective and increased community engagement in primary prevention
- contributed to building new, or strengthening existing, partnerships
- contributed to improving workforce capacity and capability in primary prevention
- contributed to the evidence base for primary prevention.

Supporting community engagement and partnerships for primary prevention

In keeping with the CCPU’s understanding of effective community crime prevention and its current priorities, the RVAWC Grants program was built ‘from the ground up’ with community engagement and partnerships in mind. Indeed, the RVAWC Grants program is distinguished by the fact that it actively encouraged Victorian community-based partnerships for primary prevention to flourish.

From the outset, the CCPU’s approach to primary prevention programming was to look to Victorian communities and partnerships for local solutions to reducing violence against women and their children, rather than imposing a set of centralised initiatives upon partners to implement across the state (e.g. a single program or type of intervention). For the CCPU, it was also very important that the RVAWC Grants program was built to acknowledge and respect the significant amount of primary prevention work (and the diversity of that work) that had *already* been undertaken by community-based partnerships up to 2012:

Communities have strong understandings of their local environment. If you give them space, they’ll come up with great ideas that wouldn’t be met if you had a prescriptive approach. This was a deliberate feature of the design: to leverage unique local partnerships and capabilities that existed for specific initiatives suited to them. Sure, we had a clear framework for practice we wanted them to use [VicHealth’s *Preventing Violence before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*]; but we also wanted to operate on a regional basis by engaging local communities and partnerships and what worked best for them (key informant interviewee).

This programming approach was the reason why the CCPU's application process was formulated and implemented as two interlinked stages.

Stage 1 required community-based partners to put forward Expression of Interests for funding. Applicants were asked to propose their regional or subregional projects, and to describe what they hoped to achieve in view of:

- the need for such work in their communities (e.g. gaps and opportunities)
- the contribution to the evidence base for primary prevention.

Stage 1 allowed the CCPU, along with an Expert Advisory Panel convened for this part of the process, to get a 'first look' at the state of practice at the local level, including the extent (or not) of primary prevention knowledge held by the community-based partners who had been brought together in the Expressions of Interest.¹² Every effort was thereby made to ensure that those shortlisted for Stage 2 had both the prevention *partnerships* and the prevention *capacity* needed for evidence-based and evidence-building practice.¹³

This attention to partnerships and capacity continued into Stage 2, where shortlisted community-based partners were invited to submit Full Applications following extensive feedback provided by the CCPU. In one region, for instance, two separate partnerships had lodged their own Expressions of Interest, but their proposals shared similar objectives and key action areas. These partnerships were brought together through the Stage 2 process to form a 'consortia', thereby maximising their prevention potential in the region (pending their success as applicants, of course). A Moderation Panel convened for Stage 2 worked with the CCPU to consider the assessment of all Full Applications and the risks or challenges of the proposed projects (such as any partnerships weaknesses or a dilution of primary prevention focus).¹⁴ The Moderation Panel endorsed actions to be undertaken by CCPU, with several applicants asked to address identified issues before funding recommendations were made to the responsible Minister.

¹² Expert Advisory Panel membership included the (then) Office of Women's Policy, the (then) Department of Human Services, Victoria Police, No To Violence (a male family violence prevention association), Domestic Violence Victoria (or DV Vic, the peak body for Victorian domestic violence services) and VicHealth. The CCPU chaired the panel.

¹³ All shortlisting was done on a regional basis by Regional Assessment Teams, overseen by relevant DJR Regional Directors and with extensive input from the CCPU and the Expert Advisory Panel.

¹⁴ Moderation Panel membership comprised DV Vic, No To Violence, Centres for Sexual Assault (CASA) Forum (the peak body of the 15 Victorian centres against sexual assault), VicHealth, Victoria Police, the (then) Department of Human Services, and DJR.

The CCPU's role in fostering community engagement and partnerships for prevention continued well into the grants management phase too. The CCPU was not 'distant' from the RVAWC-funded projects but remained closely involved with them and deeply invested in their success. The unit encouraged regular dialogue with project practitioners, not for accountability purposes but to assist them in implementation challenges in real time. One of these challenges was around partnerships.

As shown in **Part 1: Overview of the projects** and **Part 2: Consolidated implementation successes and lessons learned**, partnerships can run into difficulties when new organisational partners come on board, existing partner engagements shift, relationships are not well established, or there is push back from partners to be involved for whatever reason. The CCPU understood the intricacies of partnership work, and that maintaining partnerships always takes time (no matter how ready partners describe themselves during an application process). Throughout the course of managing the RVAWC Grants program, the CCPU worked collaboratively with a number of projects to help produce better partnership outcomes for them.

Improving primary prevention workforce capacity and capability

An expert workforce is a necessary part of any prevention 'infrastructure' (Our Watch et al 2015). As shown in **Part 2: Consolidated implementation successes and lessons learned**, the funding of projects in itself strengthens a prevention workforce in that project practitioners, grant recipient organisations, and those skilled through project activities to train, lead or take action on primary prevention, all gain invaluable skills and experience through their involvement in the work. Aside from funding projects, the CCPU undertook a significant number of *additional* measures to grow the capacity and capability of the Victorian prevention workforce, and of project practitioners in particular.

First, following the funding announcements, the CCPU contracted VicHealth to deliver a two-day short course on preventing violence against women and a half-day workshop for leadership in prevention, for project practitioners and executive staff of grant recipient organisations respectively.¹⁵ These sessions were held in November 2012.

¹⁵ VicHealth's short course and leadership workshop are designed to increase the skills and capacity of people from diverse sectors to undertake successful and evidence-based primary prevention practice. Materials give participants access to contemporary research, experts in the field, models of best practice, and resources and tools to support their work in primary prevention. The short course and leadership workshop are regularly evaluated for ongoing improvement. More on the short course and leadership workshop can be found at VicHealth's website.

Second, as a core initiative of the RVAWC Grants program, the CCPU funded a Community of Practice for RVAWC-funded project practitioners. The Community of Practice consisted of quarterly meetings; each meeting focused on a specific practice theme as identified by participants and based on their learning needs. Nine meetings were held in two phases over the course of the RVAWC Grants program, convened by organisations with prevention expertise: VicHealth (for Phase 1) and Our Watch (for Phase 2). Meetings explored a range of implementation challenges including: collecting baseline data for planning and measuring success; building capacity for prevention (moving people upstream); partnerships for prevention; leadership for prevention; sustainability planning; communicating success from evaluation findings; and gender-transformative practice.

The CCPU ensured that the Community of Practice initiative was evaluated in terms of its processes and impacts.¹⁶ Findings show the initiative was successful in meeting its objectives to:

- assist practitioners to access resources to improve primary prevention practice
- make current research clear and available to strengthen project planning, implementation and monitoring
- allow practitioners to exchange skills, knowledge and problem-solving approaches with each other.

Participants also valued highly the connecting and learning opportunities afforded by the Community of Practice, and the positive difference these made to their work. As put by one project practitioner:

The presentation and facilitation of all sessions was of a high standard and reflected the extensive experience in this field that both [VicHealth and Our Watch] were able to bring. Being in a rural area, these sessions were able to go some way towards breaking down some of the isolation ... [DJR] is to be commended for including this component in the overall funding of the eight projects (Baby Makes 3 Plus, Final Project Report, p. 38).

Third, the CCPU collaborated with the Municipal Association of Victoria (MAV) in 2013 to provide a workshop for project practitioners on the role of local government in primary prevention, including strategies to engage local government partners. The CCPU undertook this collaboration in recognition of the fact that local governments were partners (if not leads) in all eight projects. In 2014, the CCPU funded MAV for two years to further its work in resourcing and supporting the local government sector for evidence-based primary prevention and gender equity work. This step

¹⁶ Building a Community of Practice for Prevention, the evaluation report for Phase 1, is available on the CCPU's [website](#).

was taken in recognition of the pivotal role of local government as partners in preventing violence against women generally, and to ‘nest’ the local government partnerships of the RVAWC-funded projects within a broader supportive environment.

Fourth, the CCPU undertook capacity development measures to ensure DJR’s *own* workforce acquired a strong foundational knowledge in primary prevention. The unit contracted VicHealth to deliver its two-day short course specifically for DJR personnel (central and regional). This session was delivered in April 2013. The CCPU also provided central and regional DJR staff with briefings, resources (e.g. the latest evidence or research), workshops and updates throughout the administration of the RVAWC-Grants program, to support their leadership capabilities in primary prevention. Indeed, DJR’s leadership in primary prevention has not been lost to stakeholders, with some recently remarking on the positive difference of having a *justice* department in such a role for Victorian primary prevention.¹⁷ Stakeholders commented that the DJR ‘brand’ has provided credibility to their work with partners, including senior managers in local government and other sectors (e.g. business, Victoria Police). It has also enabled them to attract partners who had not previously been engaged with the work because of perceptions of the problem of violence against women and its solution being a ‘women’s sector’ issue.

These capacity development investments and efforts of the CCPU are to be commended. The design and management of the RVAWC Grants program did, however, produce an important insight into the development needs of the primary prevention workforce. The capacity and capability of grant recipient organisations and project practitioners to effectively oversee evaluations ought not to be over-estimated by programmers.

As part of the CCPU’s intent to design and administer a grants program that could build the evidence base (a theme explored more fully in the next section), all projects were required to commission external evaluations with RVAWC funding specifically allocated to support them in doing so. A minimum of 10% of each organisation’s grant funds was required for their commissioned evaluation.

The CCPU provided extensive one-on-one feedback to project practitioners and grant recipient organisations on logic models and evaluation frameworks that were submitted as part of reporting requirements. During the course of project implementation, the CCPU gained a clearer picture of grant recipient organisations, and project

¹⁷ In April 2015, the Parliamentary Secretary for Justice, DJR, held a consultation with stakeholders on the value of the RVAWC Grants program, specifically in the context of Victorian Government commitment to reducing violence against women through the Royal Commission into Family Violence.

practitioners in particular, experiencing difficulties effectively managing their evaluators. For instance, one issue expressed by project practitioners was the difficulty they had encountered in obtaining process and impact data from their evaluators. This concern was raised by practitioners during the Community of Practice meetings.

While the Community of Practice was a space for the projects to share practice challenges, the learning focus was squarely on *implementation* rather than evaluation issues. Two topics traversed project implementation and evaluation: collecting baseline data for planning and measuring success, and communicating success from evaluation findings. But there is a lot more involved in managing an evaluation process and getting the most out of an evaluation than these two topics alone.

The capacity development needs of the projects with respect to evaluation – which emerged as higher than first understood by CCPU – therefore remained largely unmet throughout the management phase of the RVAWC Grants program. The CCPU's learning is that providing even more capacity development on evaluation than it did would have been beneficial:

If I was giving advice to another agency developing a similar grants program, it would be to invest in *more* resources around guidance on how to evaluate. Invest early in supporting projects on what evaluation is, why do it and how to do it (key informant interviewee).

Evaluation capacity building (ECB) is defined as the structured and purposeful action of fostering the evaluative learning of stakeholders so that effective evaluation practice can be undertaken and sustained well beyond the initiatives for which ECB was first introduced (VicHealth 2016). Strategies include focused learning on specific evaluation topics, specialist workshops, mentoring and coaching, and technical assistance, along with one-on-one feedback (as was provided by the CCPU). In Victoria, and internationally, there are well-documented examples of both government and philanthropic prevention programming with built-in and adequately resourced ECB strategies (Kwok 2013).

A well-formulated ECB program, run in parallel with the Community of Practice initiative (or perhaps integrated within it), could therefore have gone some way towards building the capabilities of grant recipient organisations and project practitioners – admittedly lower than first thought by the CCPU – to oversee the external evaluations. ECB topics could have included: selecting the 'best fit' approaches for evaluating primary prevention; writing briefs to engage the right evaluators for projects; building effective relationships with evaluators; working with evaluators on data collection, analysis and interpretation; and managing evaluation contracts (to name but a few options).

Contributing to the evidence base for primary prevention

From the outset, the CCPU's approach to programming was about contributing to the evidence base for primary prevention. As discussed above, the two-stage application process meant the CCPU could overview, identify and recommend proposals with the most promising prevention partnerships and capacity for evidence-based and evidence-building practice. The CCPU communicated widely with stakeholders during both stages of the application process – through published guidelines, FAQs, an information session and other means – to make clear its intent to assess proposals on criteria explicitly related to the evidence base. Expressions of Interest and Full Applications were subsequently assessed according to the extent to which they:

- drew on the existing evidence base (e.g. understood the underlying causes of violence against women and addressed the determinants through themes, actions and settings in accordance with VicHealth's *Preventing Violence before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*)
- outlined a clear evaluation approach to determine whether their proposed project objectives were achieved, with a budget for external evaluation
- were willing to share evaluation findings and implementation learnings to contribute to the evidence base.

The CCPU's support for evidence-based and evidence-building practice then continued throughout the management of the RVAWC Grants program. For instance, the Act@Work program commenced as Rural Workers Take A Stand. The Act@Work model emerged when Women's Health Grampians, the grant recipient organisation, realised early in implementation that Take A Stand was not the right fit for its specific regional context and settings-based partners. The CCPU encouraged the rethink of the program as Act@Work, welcoming the comparative opportunities this offered with the Loddon Mallee Takes A Stand project:

Our focus was on building the evidence base. That means having room to learn ... The RVAWC Grants program didn't hamper new findings by asking Women's Health Grampians to adhere to the one model for workplace programs. We were excited about having two sets of results for the evidence base for two different workplace programs (key informant interviewee).

The CCPU also undertook a significant number of additional measures to ensure the successes and lessons learned of the projects, and the effectiveness and insights of the RVAWC Grants program, were shared as widely as possible. The CCPU is distinguished by its consistency, contentiousness and commitment in this regard. As examples:

- In 2014, the CCPU partnered with the Australian Institute of Criminology (AIC) to deliver an international Crime Prevention and Communities conference in Melbourne. The CCPU worked closely with the AIC to shape the themes for the conference, in order to strategically position primary prevention (and hence the RVAWC Grants program and its projects) in mainstream Australian criminology discourse.
- In 2014, the CCPU was a member of the advisory committee for *Policy, People and Prevention: Ending violence against women in Victoria*, a statewide conference coordinated by VicHealth with funding from the Victorian Government. The conference was targeted to senior policy and decision makers, to build their readiness and commitment to drive concerted and cohesive public policy for preventing violence against women. For the conference, the CCPU partnered with two grant recipient organisations (Casey City Council and Women's Health Grampians) to present a workshop on the RVAWC Grants program and the projects.
- In 2014, the CCPU commissioned the AIC to prepare a report summarising the interim project evaluation reports at the mid-way point of the RVAWC Grants program.
- In late 2015, the CCPU commissioned Our Watch to prepare an interim report and this current report on the outcomes and learnings of the RVAWC Grants program and the eight projects.
- At the time of preparing this report, the CCPU was formulating a dissemination strategy for several products arising from the RVAWC Grants program, including the evaluation report for Phase 2 of the Community of Practice initiative, the final evaluation reports of the projects, the resources arising from implementation of the projects, and this report on the outcomes and learnings of the RVAWC Grants program and its projects.
- Throughout the grants management phase, the CCPU drew upon its own resources to:
 - provide regular updates and information on the RVAWC Grants program and its projects, across government departments and with Victorian prevention stakeholders
 - ensure successes and learnings of the RVAWC-funded projects were included in the Victorian Government's submission to the Royal Commission into Family Violence

- identify opportunities to promote the projects and their activities and resources, including arranging for government representatives to attend and speak at project events or resources launches, and issuing media releases
- promote project events and resources through the CCPU website, social media, and relevant regional and other networks
- facilitate, through regional offices, the engagement of local stakeholders with the RVAWC-funded projects, including providing introductions to projects and circulating project information at relevant networks (e.g. Regional Crime Prevention Reference Groups and Regional Management Forums).

In conclusion

This report has provided an overview of eight projects funded through the CCPU's RVAWC Grants program, 2012–2015: their implementation focus, main activities and evaluation conclusions. From the discussion, it is clear that the projects produced significant benefits to the communities in which their activities were implemented.

- The projects were successful in meeting their stated objectives, meaning they have each **taken their communities several steps closer towards stopping violence against women from occurring in the first place.**
- The projects **established effective partnerships for prevention**, from region-wide prevention structures, to specific settings-based action groups in workplaces, to collaborative working arrangements with MCHS and other settings-based partners (such as sports clubs). In some cases, these partnerships were deepened or embedded for sustainable prevention activity beyond their RVAWC funding.
- The projects worked closely with over 40 workplaces and **achieved organisational change in the direction of improved gender equity.** Support has ranged from intensive capacity development activities (such as forums, workshops and a conference) to bystander programs and policy development or leadership statements.
- The two Baby Makes 3 projects reached upwards of 1,660 first-time parents through delivery of over 150 group-work sessions. Many parents **demonstrated shifts in awareness, attitudes and behaviours towards a position of improved gender equality in their relationships** as a result of their participation.
- Significant assets by way of **numerous resources for primary prevention were produced** arising from implementation of the projects.
- The projects formally recruited and **trained some 170 facilitators, mentors and leaders for primary prevention** through programs such as Take A Stand, Act@Work, Baby Makes 3 and the CHALLENGE Family Violence roundtables. The projects also generated further numbers of leaders for primary prevention during the course of implementing their activities (e.g. the Mentors in Violence Prevention, Take A Stand and Act@Work programs, or Baby Makes 3 professional development activities). **The people who were 'touched' by project activities are now an invaluable resource for primary prevention located right at the heart of their communities.**

This report has distilled the implementation successes and lessons learned of the projects *as a collective*, for sharing with the field of prevention practice. The discussion showed that the projects generated a number of important insights for implementing primary prevention initiatives. These are restated here as:

- prevention partnerships require capacity development in themselves
- strong relationships with settings-based partners can make all the difference
- direct participation programs activities can be transformational and ought to be measured for this
- deep organisational transformation requires commitment and time
- communicating consistent messages is a critical success factor
- prevention projects generate many transferrable assets that can be used to continue the work of primary prevention.

This report has explored the effectiveness of RVAWC Grants program's design and administration in supporting or contributing to community engagement and prevention partnerships, workforce capacity development, and the evidence base for primary prevention. From the discussion, it is clear that **the CCPU was outstanding in its formulation and implementation of the two-stage application process**. This was a highly nuanced approach to selection that ensured funding went to applicants with the best possible prevention partnerships *and* capacity for evidence-based and evidence-building practice.

It is also clear that **the CCPU was very good in its measures to grow the workforce capabilities of the prevention sector**. The funding of a Community of Practice for the RVAWC-funded projects, and the benefits this initiative delivered to participants, were particularly noteworthy. So too, were the steps taken by the CCPU to ensure the successes and lessons learned of RVAWC-funded projects, and the effectiveness and insights of the RVAWC Grants program, are widely shared.

The aims of the RVAWC Grants program were to:

- enhance collaborative and integrated working arrangements with relevant agencies at the local level, including local government, related agencies and local networks
- help build the evidence base for primary prevention and early intervention approaches to preventing violence against women and their children.

Based on the achievements of the RVAWC Grants program and its eight projects, we can say that these two aims were successfully met.

This is one way to place value on the RVAWC Grants program; another, is to investigate its legacy, or what the program and its projects leave for future efforts in primary prevention.

The state and national prevention contexts for the RVAWC Grants program were presented earlier in this report (see [Background and context](#)). Developments during the period of the RVAWC Grants program include the establishment of Our Watch in 2013, and the publication, in 2015, of *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch et al 2015).

By way of concluding this report, the discussion will now determine the contribution of the RVAWC Grants program and its projects to the evidence base, by exploring the value of their programming and practice insights in informing selected elements of the *Change the Story* framework.¹⁸ It will be shown that the RVAWC Grants program and its projects have left a significant impression on the primary prevention landscape, and that their legacy is in the knowledge they bring to the following elements of the new shared framework for primary prevention in Australia:

- primary prevention techniques
- the infrastructure for primary prevention
- the roles and responsibilities of stakeholders.

The value of the RVAWC-funded projects lies in what they tell us about evidence-based techniques for primary prevention: specifically, direct participation programs and organisational development activities. Their value is also in what they say about the infrastructure required for prevention: in particular, sector-specific leadership.

- The direct participation programs of Take A Stand, Act@Work and Baby Makes 3, and the roundtables of CHALLENGE Family Violence, show that positive changes are possible in individual awareness, skills and behaviours related to prevailing gender norms, practices or structures. For participants of CHALLENGE Family Violence, the impacts of the roundtables were also found to be transformational. When designing initiatives that involve direct participation programs, **individual transformative change should be considered an achievable objective.**

¹⁸ The Change the Story framework comprises six elements. These are: an explanatory model of violence; key actions to prevent violence against women; approach, settings and techniques; the prevention infrastructure; stakeholder roles and responsibilities; and stages of action and expected outcomes.

- As with direct participation programs, the organisational development activities of projects such as Act@Work and United: Working Together to Prevent Violence against Women in the West, show that workplaces can make gains towards improved gender equity and non-violent norms. But deeper transformation in organisational culture is harder to achieve, even with the intensive resourcing and support that was provided by these two RVAWC-funded projects. When designing initiatives that involve organisational capacity development, **realistic organisational change objectives must be set.**
- According to *Change the Story*, women's health, domestic violence and sexual assault peak bodies and services have a particularly important sector-leadership role in primary prevention given their significant expertise in violence against women. The three RVAWC-funded projects that focused on regional prevention strategies (the Gippsland, Hume and United strategies) and the two projects that sought to influence organisational-level change through settings-based workplace programs (Lodden Mallee Takes A Stand and Act@Work) were each led by a regional women's health service. These projects demonstrate that strong feminist leadership is important for keeping partnerships where they need to be: on primary prevention. When implementing these types of initiatives, **the leadership of feminist organisations should be taken seriously and realised.**

The value of the RVAWC Grants program lies in what it tells us about evidence-based programming for a sound primary prevention infrastructure: specifically in relation to an expert workforce and quality assurance mechanisms. The value of the program is also in what it says about the roles and responsibilities of specific stakeholders, especially government departments or agencies.

- According to *Change the Story*, an expert workforce is needed to meet existing demand for primary prevention activity and to ensure the reach of primary prevention can be expanded. In designing and administering the RVAWC Grants program, the CCPU demonstrated how a Community of Practice can be integrated into programming, and the benefits that this kind of initiative brings to those involved. When conceptualising and building primary prevention programs, **communities of practice should be included as a viable way of growing workforce capabilities.**
- According to *Change the Story*, quality assurance mechanisms for prevention practice should include establishing sound criteria for program funding. In designing and administering the RVAWC Grants program, the CCPU's highly nuanced approach to selection ensured funding went to applicants with the best possible prevention partnerships and capacity for evidence-based and evidence-building practice. When conceptualising and building primary prevention programs, **staged and interlinked application processes should be seriously considered.**

- According to *Change the Story*, primary prevention has many different stakeholders, each of whom bring unique roles and responsibilities to the work along with them. In designing and administering the RVAWC Grants program, the CCPU showed the difference a government unit can make in preventing violence against women before it occurs. The CCPU allocated a substantial amount of funding to primary prevention programming for evidence-based and evidence-building practice, in a way that avoided uncoordinated, ad hoc and isolated investment.

It is perhaps this last point that is the most important legacy of the RVAWC Grants program. When designing and building government-funded primary prevention programs, **the coordinated and considered approach of the RVAWC Grants program should be considered a good-practice model.**

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