

TOGETHER FOR EQUALITY & RESPECT

The background of the entire page is a grayscale photograph of many hands of different skin tones stacked together in a supportive gesture. Overlaid on this are several semi-transparent leaf-like shapes in shades of orange, yellow, and pink. One orange leaf is positioned behind the ampersand in the main title. A cluster of yellow and pink leaves is located in the bottom right corner, partially overlapping the lower text area.

**EVALUATION
2013 - 2017**

'RESULTS AT A GLANCE'

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TFER Partners acknowledge the Wurundjeri people as the traditional owners and custodians of the land on which we work.

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FORWORD

We are very pleased to present you with the Together For Equality & Respect Evaluation 2013 – 2017 'Results at a Glance' report.

This report brings together evaluation data from Together For Equality & Respect (TFER) Partners across the Eastern Metropolitan Region of Melbourne and is a testament to the maturity and strength of collaboration of the TFER Partnership. It displays an extraordinary commitment to the prevention of violence against women and to building the evidence base in this field.

As we commence work on the TFER Strategy 2017 – 2021, it is clear that organisations across this region have reaffirmed their commitment to the TFER vision statement – “a society where women live free from men’s violence – where every girl and boy grows up to be equally valued, heard and respected, and with equal access to opportunities”.

We would like to thank all the Partners for their unwavering commitment to gender equality and to the prevention of violence against women, and congratulate everyone for the considerable achievements over the last four years. This evaluation report will help us to celebrate those achievements, and will also inform our work together over the next four years.

Yours sincerely,



JACKY CLOSE

Chair
TFER Leadership Group



KRISTINE OLARIS

CEO
Women's Health East

INTRODUCTION

Together For Equality & Respect (TFER) is a partnership with a shared commitment to coordinate and integrate efforts to prevent men's violence against women across the Eastern Metropolitan Region (EMR).

TFER was informed by an overarching strategy document, *Together For Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013 - 2017* (Women's Health East, 2013), which provides a framework for action. Implementation was directed by the action plan *Together For Equality & Respect: Action Plan 2013-2017* (Women's Health East, 2014) and evaluation was directed by the evaluation plan: *Together For Equality & Respect, Regional Evaluation Framework* (Evaluation Working Group, 2016).

The TFER Regional Evaluation Framework was finalised in July 2016 following a process of engagement and consultation with TFER Partners. It was designed to sit alongside the Action Plan for implementing the TFER Strategy. In the same way that the Action Plan articulated shared partner commitments for collective and co-ordinated actions for achieving the TFER vision, the Evaluation Framework outlines shared commitments to evaluating the work of the partnership.

This report is a summary of the evaluation of TFER 2013 – 2017, its purpose to:

- Analyse the effectiveness of a multi-sectorial regional approach to the primary prevention of violence against women under the leadership of Women's Health East (WHE)
 - Describe the extent of change that occurred, and key outcomes and impacts, at a regional level
 - Celebrate achievements and identify areas for future improvement with recommendations for the evaluation of TFER 2017-2021.
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WHAT DID WE DO?

Evaluation of TFER was informed by the **Together For Equality & Respect, Regional Evaluation Framework** and led by a small team of TFER partners called the Evaluation Working Group (EWG).

The EWG included members from Women's Health East (WHE), EACH, Outer East Primary Care Partnership and the Inner East Primary Care Partnership.

EVALUATION DESIGN

The Evaluation Framework was designed to reflect the principles of Developmental Evaluation. Developmental Evaluation is a dynamic approach to evaluation which supports program development informed by evaluation findings, with a focus on innovation and adaptability within complex environments (Patton, 2012).

The framework used mixed methods design informed by socio-ecological frameworks, intervention mapping techniques, system thinking, and participatory evaluation approaches (Patton, 2008, Patton, 2012, Evaluation Working Group, 2016). In this participatory evaluation approach, the evaluators are also implementers.

METHODS

The evaluation design received ethics approval from Deakin University Human Research Ethics Committee in 2015.

Three types of data were utilised over the course of 2013-2017 to inform this report:

Data supplied by TFER Partners to the EWG on their own activities actions, such as reports, internal audit data, and relevant documentation	Data collated by WHE i.e. forum attendance records, TFER Leadership and EWG meeting minutes, shared activity data i.e. 16 Days Activism Against Gender Based Violence, and previous TFER partnership reports	Data collected by the EWG: <ul style="list-style-type: none">▪ 11 Focus Groups▪ 45 Semi-structured interviews▪ 23 Surveys▪ 44 Informal interviews
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Following data collection, the EWG collated and analysed data by organisation, against the shared measures outlined in the Evaluation Framework. Additional outcomes, challenges and enablers were noted for each organisation.

The EWG then collated the organisation data by the six shared TFER objectives described in the Action Plan, and noted any emergent themes. This analysis formed the basis for the findings outlined within this report, and is described in further detail in the full TFER Evaluation Report.

OUR WATCH FRAMEWORK

The TFER Evaluation Framework (2016) proudly aligns with the national guide to prevention monitoring - *Counting on Change* from Our Watch (Our Watch 2017). *Counting on Change* (pg. 35) describes the necessary first steps towards the long term goal of elimination of violence against women as the development of **strong prevention infrastructure** and **quality prevention programs**.

A major achievement of TFER to date has been the development of a **strong prevention infrastructure** across the EMR, as demonstrated significantly by this evaluation. Substantial effort has been invested throughout the life of the TFER Strategy 2013 - 2017 to ensure this infrastructure is robust and valued, so it can effectively support the next iteration of the Strategy.

Several of the TFER indicators match with those identified by Our Watch as key for **quality prevention programs**. Given that the prevention infrastructure in the EMR is now matured and well-developed, the continued development of quality prevention programs will be a large focus in the TFER Strategy 2017 - 2021.

Consistent with the
Our Watch model
for change, the
TFER evaluation
also shows:

- an overall increase in the capacity of the TFER Partner workforce
- creating organisational change to support the TFER Partner Workforce to implement Prevention of Violence Against Women (PVAW) and Gender Equality (GE) initiatives in the community
- development of shared measures
- establishment of a strong network across the east between TFER Partners and the community to facilitate collaborative action

TFER'S COLLECTIVE IMPACT

Collective impact is a process formalised by Kania and Kramer (2011) that is recognised as an effective way to address complex social problems (Smart 2017). The work of the TFER Partnership has reflected a Collective Impact approach throughout implementation of the Strategy and Action Plan. Figure 1 demonstrates the key elements of Collective Impact demonstrated by TFER:

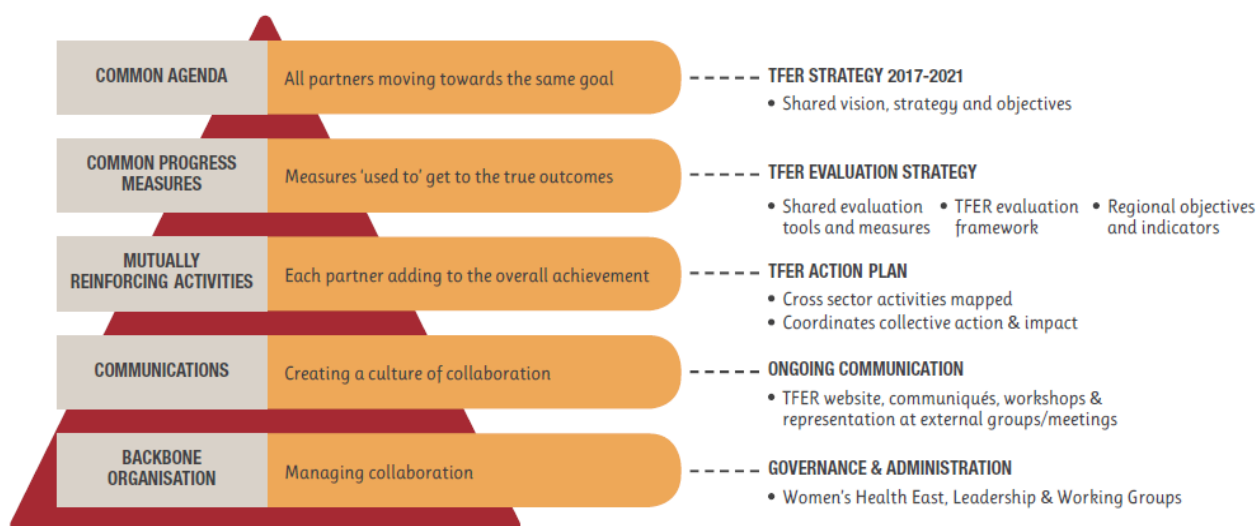


Figure 1: TFER: A demonstration of Collective Impact

Outcomes of mutually reinforced activities by the TFER Partnership:

ACROSS THE REGION

The TFER Partnership reached approximately 390,000 individuals (this number may however represent certain individuals multiple times due to the nature of mutually reinforcing activities).

TFER partners worked on initiatives to build community support for gender equity. More than half of TFER partners are working initiatives that engage with diverse population groups.

Increased capacity of the EMR workforce, to understand, communicate and prevent men's violence against women

Increased coordination and collaboration of prevention work between partners

Shared vision and actions by organisations resulting in mutually reinforcing activities

Amplification of partner organisation's PVAW outcomes

Establishment of a strong and respected TFER structure of governance

WITHIN TFER PARTNER ORGANISATIONS

Increased opportunities for gender-based work within organisations

Safe spaces within organisational culture for discussion of gender equity

Ongoing commitment to gender equity

Increased resourcing for gender equity work

WHAT DID WE LEARN?

When considering the key enablers and challenges identified during the evaluation process, a number of learnings were consistently identified across all TFER activities and objectives.

KEY ELEMENTS OF SUCCESS

1. Being part of the TFER
Partnership has supported organisations to progress PVAW work through:
 - access to shared resources
 - sharing of information
 - partners come together to brainstorm ideas
 - coordinated planning
 - a culture of collaboration
 - central advocacy
2. Dedicated **resourcing** of specifically funded projects or positions supported PVAW/GE work to remain a priority
3. Organisations and communities with **leadership** who value PVAW/GE enabled engagement in the TFER Partnership and PVAW/GE work of the organisation
4. Having **champions** other than leaders who understand PVAW/GE work to advocate at various levels within organisations and the community also supported PVAW/GE work

KEY CHALLENGES

1. **Staff turnover** disrupted continuity and was seen to put sustainability at risk. Relationships, which are key to strong partnerships, and communication are jeopardised when staff change roles or leave organisations.
2. Just as **resourcing** is an enabler, it also presented as a challenge in cases where:
 - there were limited resources or a lack of dedicated resources for PVAW/GE
 - the capacity to prioritise PVAW/GE and implement plans was challenged due to competing priorities for resources
 - a general lack of resources to collect data related to outcome measurements of collective impact across the region i.e. community attitudes survey
3. A key component of collective impact is **shared measures**. In reality the ability to effectively evaluate collective impact of the TFER partnership was limited by the capacity of TFER Partner organisations collect and share data. In order for TFER to analyse effective collective impact measurement the following three levels of resourcing are required:
 - Authorising organisational environments for reporting on shared measures
 - Support and tools which collect data in a uniform way
 - Resourcing for a regional level group of practitioners to collect, collate, analyse and report on data

WHAT DID WE ACHIEVE?

The TFER Strategy 2013 – 2017 is guided by four Strategic Directions that aim to promote and support integration and coordination:

- Lead & Achieve Change
- Contribute To The Evidence Base
- Invest In Workforce Development
- Strengthen Partnerships

During the process of developing the TFER Action Plan, six regional objectives were developed and aligned with the four Strategic Directions. This evaluation will now discuss the key learning's, enablers, challenges and recommendations for each objective.

LEAD & ACHIEVE CHANGE

1

At the completion of the strategy there will be an increase in the number of organisations in the EMR that have established systems that promote gender equality

2

At the completion of the strategy there will be greater diversity (cultural, age, geographic) of population groups engaged in GE and/or PVAW initiatives

3

At the completion of the strategy there will be an increase in the proportion of people in the EMR who have high support for gender equality and gender equity

CONTRIBUTE TO THE EVIDENCE BASE

4

At the conclusion of the strategy, the evidence base for primary prevention of violence against women will include contribution of findings from TFER

INVEST IN WORKFORCE DEVELOPMENT

5

At the completion of the strategy, the TFER Partner workforce will have greater capacity to support, lead and participate in gender equity initiatives

STRENGTHEN PARTNERSHIPS

6

From 2013-2017 implementation of the TFER Action Plan enhances the partnerships created and outcomes achieved towards the primary prevention of violence against women across the EMR






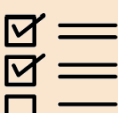


LEAD & ACHIEVE CHANGE

OBJECTIVE 1

At the completion of the strategy there will be an increase in the number of organisations in the EMR that have established systems that promote gender equality

WHAT DID WE ACHIEVE?

Of the 30 TFER Partner Organisations involved in Objective 1...

	80%	had people in senior positions that had demonstrated a commitment to LEADERSHIP on gender issues
	80%	had a DESIGNATED RESPONSIBILITY for promoting gender equity internally in their organisation
	70%	had a WRITTEN COMMITMENT to gender equity in the workplace
	50%	had a WRITTEN POLICY that affirmed a commitment to gender equity
	40%	had specific BUDGETING for internal workforce development in gender equity
	40%	had completed an internal GENDER EQUITY AUDIT
	30%	used SEX DISAGGREGATED DATA for planning projects, programs and services
	20%	had a GENDER EQUITY PROCEDURE to accompany their gender equity policy

... at the completion of the Strategy.

ENABLERS

- Organisational commitment was most commonly mentioned by 85% of TFER Partners. This included leadership commitment, dedicated staffing, champions and organisational culture
- The support of the TFER Partnership and resources
- The regional and state context helped to gain support within organisations to begin, or continue, gender equity work
- Dedicated resources within organisations, such as staffing and budget
- Some form of gender equity training or capacity building, particularly for human resources personnel

CHALLENGES

- 60% of TFER Partners noted that competing program priorities, and inadequate funding far outweighed other challenges to internal gender equity and PVAW work. When resources became limited prioritisation of work became highly competitive. In these cases when the links between community wellbeing, and workplace change to support gender equity were not clearly articulated then resource commitment to internal promotion of gender equity fell.
- A lack of interest or resistance from some staff, and management of staff expectations was also mentioned by TFER Partners. This is a reflection of the importance of strong leadership and GE champion support in managing internal organisational cultures.
- Change in leadership was particularly noted by some organisations who had experienced new leaders, due to less commitment to gender equity, or slowing progress of GE work by re-prioritisation

RECOMMENDATIONS

1. TFER Partner Organisations should support training in recognising unconscious gender bias for human resources personnel, as organisations who did this noted as a key leverage point for organisational change
2. TFER Partner Organisations should foster and support gender equity champions
3. The TFER Partnership should support momentum and sustainable gender equity action within TFER organisations as they continue on their journey through organisational change, as difficulty maintaining momentum following starting organisational work such as a Gender Audit was common
4. The TFER Partnership should support Local Government to continue work in partnership through sharing resources, tools and information specifically for council environments
5. TFER Partner Organisations should build their capacity to promote women's leadership and support for women through structural change in the workplace

LEAD & ACHIEVE CHANGE

OBJECTIVE 2

At the completion of the strategy there will be greater diversity (cultural, age, geographic) of population groups engaged in GE and/or PVAW initiatives

WHAT DID WE ACHIEVE?

**MORE THAN HALF
OF PARTNERS ARE
WORKING WITH
DIVERSE COMMUNITIES**

Sixteen (53%) of TFER partner organisations identified some form of engagement with diverse communities

Six organisations provided reach information and diversity of engagement in some of these PVAW initiatives

**350
COMMUNITY MEMBERS
REACHED**

A total of 350 community members from diverse backgrounds are reported as having been involved in PVAW initiatives

Whilst cultural diversity or 'cultural groups' can be broadly defined to include a wide range of population groups, the initiatives presented were predominantly focused on working with people from cultural and linguistically diverse communities.

These communities included Chinese, Indian, Iranian, Burmese and immigrant and refugee communities in general. Other groups engaged with PVAW initiatives included Aboriginal people, young people and people with disabilities.

**137 INSTANCES
OF PARTICIPATION
IN CAPACITY
BUILDING EVENTS**

Other reach data provided was for participation of workers in events designed to build capacity for working with diverse communities. 137 instances of worker participation in these initiatives across the EMR were reported.

These instances cannot be assumed to be individual workers as one worker may have attended multiple events.

A key outcome of this focus has been the number of programs which were conducted with a focus on diverse engagement for PVAW/GE. These include:

Research with Chinese and Indian communities to explore constructs of gender in their cultural context and the implications of this for PVAW work
Partnerships developed to tailor Baby Makes 3 program for Aboriginal and CALD communities
PLEDGE community PVAW event at Mullum Mullum Indigenous Gathering Place
“Stop Tip Toeing Around” community services forum addressing prevention and response to family violence in immigrant and refugee communities
Creating Confidence TFER & Regional Family Violence Partnership (RFVP) forum addressing prevention and response to violence against women in Culturally and Linguistically Diverse (CALD) communities
Family violence information session with Iranian men
White Ribbon Day event organised by Council and Interfaith Network, with follow up discussion at the Interfaith Network meeting
White Ribbon Day event focussing on preventing violence against women with disabilities
One Million Stars project engaged with older people through a retirement village setting and with early childhood settings
Financial literacy and leadership program with Burmese women
iMatter program which focusses on young people
GE sessions for families at a pre-school with 80% Burmese families
Community sessions on PVAW run by Council and Multicultural Settlement Services
Enabling women – Leadership program for women with disabilities in the Inner East
Support for young women and girls to build leadership skills

ENABLERS

- Previous work engaging CALD communities enabled PVAW work with CALD communities
- Leadership and ownership within community for the project/program/issue
- Engagement of community leaders was an enabling mechanism for PVAW work
- Engaging men, through leadership of women
- Working in partnership for sustainable change
- Bilingual/cultural workers
- Provision of child care to facilitate women’s involvement

CHALLENGES

- Under funding of community groups and culturally specific organisations challenges engagement of these communities
- Lack of TFER Workforce confidence to progress work in diverse communities
- The time taken to establish relationships with diverse population groups
- Limited evidence base for work with diverse population groups

LEAD & ACHIEVE CHANGE

OBJECTIVE 3

At the completion of the strategy there will be an increase in the proportion of people in the EMR who have high support for gender equality and gender equity

WHAT DID WE ACHIEVE?

373,937

**PEOPLE IN THE EMR WERE REACHED
BY TFER PARTNERS ACTIVITIES
AIMING TO INCREASE SUPPORT
FOR GENDER EQUALITY**

Of these people, **5,300** individuals attended events, and took part on activities which implies an added depth of engagement.

These activities and events included social marketing, information forums, community events, community workshops, E-Bulletins and newsletters.

87%

of partners are implementing initiatives that aim to influence community attitudes

65%

of partners reported using centrally developed messages to increase support for GE

66%

of activities reported by partners were targeted at TFER Partner workforce

33%

of activities were specifically targeted at the EMR community

ENABLERS

- Centrally developed messages which organisations can utilise and disseminate were a key enabler to TFER Partners
- A large lead time prior to campaign and event dates enabled TFER Partners to become involved in central campaigns
- External resourcing opportunities
- Existence of other GE work within the organisation enabled participation in social marketing opportunities when they arose

CHALLENGES

- Social media based communications were a challenge to engage with for some TFER Partners due to lack of confidence and knowledge in using these platforms, lack of authority by organisation to utilise these platforms, or lack of relationship with communications departments responsible for these platforms
- Challenge in shifting public messaging towards primary prevention messaging such as gender equality

RECOMMENDATIONS FOR OBJECTIVE 2 & 3

1. The TFER Partnership should provide data collection tools for better addressing gaps in data collection relating to community attitudes
2. Advocate for specific funding to support work with diverse communities
3. Identify opportunities for tailoring initiatives to build equitable reach
4. Ensure communications mechanisms are not implemented in isolation, and support multi-faceted implementation of campaigns
5. Triangulate meaning across objectives where possible for greater impact (i.e. posters in maternal child health clinics paired with capacity building of staff working in vicinity, to have conversations with clients)
6. When implementing activities and events TFER Partners should include the community in the design and implementation of activities

SUMMARY OF OBJECTIVES 2 AND 3:

To prevent violence against women we need social change (Our Watch et al., 2015) that occurs across multiple and interacting spheres of influence (VicHealth, 2007). Shifts in attitudes, as experienced by TFER workers, have been identified as a measure of progress in PVAW (VicHealth, 2014). The TFER Action plan included initiatives that were designed to increase support for gender equality and gender equity within the EMR, there were complemented by the intent to promote diverse community engagement PVAW initiatives.

There was limited information that enabled conclusions regarding changes to community attitudes towards gender equality and gender equity. The original evaluation design included a regional attitudinal survey based on the National Community Attitudes towards Violence Against Women (NCAS), which was to have provided this information. However this was not possible within the resources available, nor was it possible to raise these resources during the timeline of the Action Plan.

Given the wider context within which TFER was operating, with the Victorian Royal Commission into Family Violence, adoption of Safe and Strong: A Victorian Gender Equality Strategy, Rosie Batty Australian of the Year 2015, claiming any changes to community attitudes as a result of TFER initiatives alone was also going to be a challenge. Thus the evaluation design ultimately used methods that provided information more directly from programs to generate an overall picture.

Engagement with communities can be more directly measured. At this stage the data suggests that an overwhelming majority 87% of partners are implementing initiatives that aim to influence community attitudes. In addition more than half 53% are working with diverse communities; building foundations for sustained work in line with the evidence for good practice.

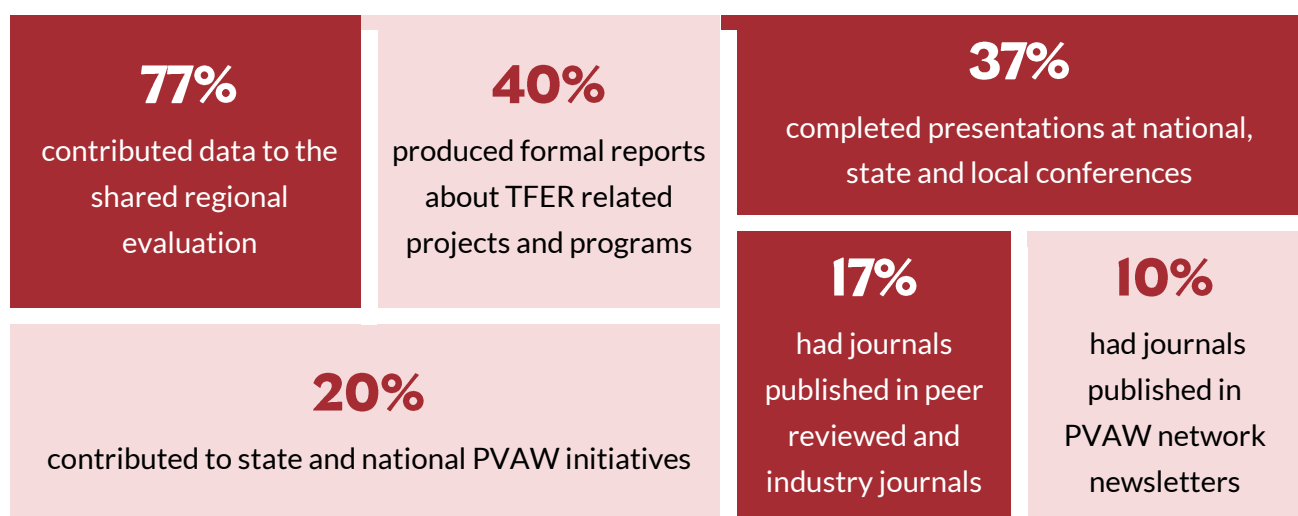
CONTRIBUTE TO THE EVIDENCE BASE

OBJECTIVE 4

At the conclusion of the strategy, the evidence base for primary prevention of violence against women will include contribution of findings from TFER

WHAT DID WE ACHIEVE?

Of the 30 TFER Partner Organisations involved in Objective 4:



ENABLERS

- Organisations characterised by having: extra resourcing for work in PVAW; staff expertise in evaluation; and/or an obligation to work in PVAW through their funding bodies
- Organisations with 'gender equality champions' in leadership positions are more likely to be supportive of the TFER evaluation and of resourcing gender equality work in general
- Consistency of staffing at the backbone organisation WHE meant that knowledge and relationships were held and maintained throughout the life of the TFER Partnership 2013-2017
- Having ethics approval for the TFER evaluation and the knowledge that all data would be de-identified may have also enabled organisations, particularly those with stringent communications protocols such as local government, to share internal reports, interviews, and other information with the EWG
- Commitment to the EWG was strong and outlasted formal employment for some notable past-members who continued to add their expertise and historic knowledge to the collection and analysis of data after they had left the region
- Consistency and ease of collecting data via surveys produced by the EWG

CHALLENGES

- Staff turnover across the four years of the TFER Partnership 2013-2017 meant that information held by personnel was sometimes lost. Relationships and communications can also be jeopardised when staff change roles or organisations
- Busy workloads and limited resources may result in TFER evaluation losing priority over competing priorities
- Permissions to share information with the EWG could be difficult to obtain from organisational leadership by staff working on PVAW projects under The TFER Partnership 2013-2017
- Limited resources for evaluation limit capacity for sharing and gathering information, including the limited resources of the EWG itself

RECOMMENDATIONS

1. Senior leadership at TFER partner organisations give authority to report as part of practice and allocate resourcing and time to make it happen
2. The EWG consider ways to capture that data not currently scrutinized in this evaluation, i.e.:
 - the ways in which informal knowledge is shared between partners to build regional capacity for PVAW work and to understand the value of this collaboration for the evidence base
 - accessing information already reported through other means e.g. reports to funding bodies
3. Procedures be developed to ensure the EWG collect information from partner organisations regularly so that knowledge and resources are not lost
4. The EWG consider ways to support the dissemination of findings and evidence to the academic, health & social service, and broader communities within and beyond the EMR
5. The EWG and TFER partnership supports TFER partners to build capacity in evaluation skills
6. EWG develop strategies to improve shared understanding of measures and their relevance to PVAW/GE generally

EVALUATING SHARED MEASURES

This evaluation demonstrates that regional evaluation across shared indicators is possible. Although contribution of evaluation data has not been uniform, TFER Partners from across sectors have contributed to Partner surveys, focus groups, individual interviews, and have submitted reports and project findings to the TFER EWG. Access to the information arising from these methods in turn enables analysis and reporting, and subsequently can be used to contribute to the evidence base.

The EWG recognises that more needs to be done to support partners to collect and contribute data, and to ensure indicators enable collection of data that is relevant and useful for Partners in their local work. Whilst some presentations and reports communicating findings from TFER have already occurred, communication of the findings of this report to a wide audience, thereby contributing to the evidence base, is a high priority.

INVEST IN WORKFORCE DEVELOPMENT

OBJECTIVE 5

At the completion of the strategy, the TFER Partner workforce will have greater capacity to support, lead and participate in gender equity initiatives

The reach of TFER Partner Organisations formal workplace training:

MORE THAN
3,000
STAFF

AN AVERAGE OF
50% OF THE
WORKFORCE

MANAGEMENT-SPECIFIC
TRAINING IN **25% OF**
ORGANISATIONS



Also...

100%

of TFER Partner organisations had representatives who attended **INFORMAL TRAINING OPPORTUNITIES** such as Community of Practice

Following training, survey responses revealed statistically significant ($p < 0.05$) number of participants...

- ✓ believed that gender was now relevant to their work
- ✓ changed their belief that violence against women is inevitable in Australian society
- ✓ reported that they no longer believed that a woman has to have children to be fulfilled
- ✓ reported believing that a university education is just as important for girls and boys
- ✓ showed a positive change the belief that gender equity is everyone's business
- ✓ had a significant change in acknowledgment that discrimination against women in the workplace, is a problem in Australia

WHAT DID WE ACHIEVE?

- Increase in positive knowledge and attitudes related to the primary prevention of violence against women
- Individual transformative change reflected changes in behaviour and practice both within professional and personal roles
- Strengthened organisational culture supportive of gender equity as a result of workforce development
- Increase in workforce capacity supportive of staff participation and leadership in gender equity initiatives
- Increase in capacity of the broader TFER partner workforce of the prevention of violence against women and primary prevention

ENABLERS

- Formal gender equity training organisation wide enabled a stronger positive organisational culture
- Transparent leadership commitment and support for gender equity
- Training at executive, board and senior leadership level
- Resourcing and prioritisation of internal and external gender equity work, including formal training, enabled strong and sustained organisational change
- Organisational systems work complimented workforce development
- Integration of workforce development enabled long term sustainability i.e. integrating information from training into ongoing leadership training modules

CHALLENGES

- Sustainable change hindered by a lack of integration into an organisations workforce development
- Training is not a one size fits all approach, and workforces are diverse, yet resources are limited
- The nature of the highly complex skills required for long term sustainable change such as applying gender lens across systems, service roles and service delivery was a challenge to provide in one off training sessions.

RECOMMENDATIONS

1. TFER Partner organisations should increase opportunities for staff and volunteers to build their gender equity and PVAW knowledge base
2. TFER Partner organisations should provide reinforcing workforce development activities
3. TFER Partner organisations should provide ongoing formal gender equity training
4. TFER Partner organisations should integrate formal training within the broader organisational system
5. TFER Partner organisations should facilitate staff to champion gender equity in work and outside of work
6. The TFER Partnership should adjust evaluation processes to better capture change across organisations within areas identified within the full report

SUMMARY

TFER was reported as being an enabler for internally prioritising PVAW/GE and many TFER partner organisations have embarked on their own processes of organisational change, developing systems that promote equal and respectful relationships and prioritise the prevention of violence against women.

Leadership and commitment to gender equality is common within TFER partner organisations and systems are being established to embed organisational change. These are important foundations for building and sustaining change.

Contributing to organisational change, 17 organisations undertook some form of workforce development relevant to primary prevention of violence against women, as recorded in the TFER Action plan. These initiatives were spread across a continuum of intensity from informal, to highly integrated, resourced and targeted capacity building programs.

These workforce development initiatives had several impacts. The first was the increase in general positive knowledge and attitudes consistent with gender equitable culture across all organisations as a result of workforce development. The second was of individual transformative change, with such change including impacts on behaviour and practice. This ranged from clarity of understanding of equity “the light bulb moment” to a deeper more profound reflection of GE and advocacy in the community. For some people the insights gained within the workplace not only reflected in their work but also in regards to settings outside of work as in the third quote below. A third impact theme across organisations was the shared suggestion that workforce

development contributed to a strengthened organisational culture supportive of gender equity. These impacts differed across the contributing organisations and depended to some extent on whether organisations had implemented gender equity focused formal training.

These outcomes are consistent with the approach to primary prevention which identifies that there is an inter-relationship of norms, structures and practices across multiple and interacting spheres of influence within all our lives (VicHealth, 2007). Workers who build a positive understanding of gender equitable culture increases as a result of workforce development initiatives have the potential to have influence not only within the workforce but in their other spheres of influence. A worker who also is a basketball coach realises they can challenge rigid gender stereotypes and build gender equity within the basketball club as well as within their TFER Partner organisation.

Likewise TFER workers also engage with social media and other arenas that can reinforce or challenge existing social norms. The EWG coined the term “two way ripple” to describe this outcome. The understanding of the ripple effect has been described elsewhere (Beyond Blue Deakin University et al, 2018, Humanity Healing, 2015) to describe the influence of one person spreading out across multiple spheres and beyond the people they directly meet. It is based on the understanding that we are all connected in our own unique way across multiple and interacting social spheres. The “two way ripple” and acknowledges that we can both have influence **and** be influenced.

STRENGTHEN PARTNERSHIPS

OBJECTIVE 6

From 2013-2017 implementation of the TFER Action Plan enhances the partnerships created and outcomes achieved towards the primary prevention of violence against women across the EMR

WHAT DID WE ACHIEVE?

100%

All TFER Partners attended a TFER forum, event or opportunity to build their capacity in PVAW & GE



The number of organisations and sector representation in the TFER Leadership Group, and the partnership in general, continually increased



More than 90% of partners demonstrated moderate or greater engagement with the TFER Partnership through a clear commitment to the TFER vision and strategy, and evidence of collaboration on shared, mutually reinforcing activities

30%

30% of partners showed a high or very high level of engagement with the TFER Partnership through additional evidence of alignment with TFER through:

- organisational strategies and plans
- collaborative contribution to working groups
- willingness to share resources beyond own boundaries of service provision to benefit the entire partnership



Membership in TFER amplified PVAW work through access to resources, capacity building opportunities, networking and strategic direction



Designation of a 'Backbone' organisation to take a lead role in many aspects, including communication to TFER Partners and driving the TFER Partnership

ENABLERS

- External contexts kept PVAW on the agenda for a number of organisations which enabled engagement of TFER Partners with the TFER partnership
- Having a backbone organisation contributing resources and driving the TFER Partnership
- Goodwill and trust between organisations and individuals enabled the sharing of resources across the TFER Partnership
- The initial sign up process and ongoing consultations with partners allowed TFER Partners to take ownership of the TFER Partnership

CHALLENGES

- Communication of TFER to new and existing TFER partners was a challenge, both through lack of resourcing/time by TFER leaders, and at points of staff turnover
- Capacity and understanding by TFER Partners of core principles of TFER
- The language used in TFER communications was seen to be jargonistic and alienating for some TFER Partners, challenging their engagement with the broader TFER Partnership

RECOMMENDATIONS

1. Focus on engagement of community led, and grass roots, organisations to foster positive relationships with community groups, and add expertise to the partnership
2. Identify and advocate for funding opportunities for shared TFER activities to moderate risk of competitive funding environment
3. Develop and communicate structure, expectations, and opportunities of TFER to current and new partners

SUMMARY

As is demonstrated by the findings presented within this report the commitment from TFER Partners throughout 2013-2017 has been unwavering and has continued to grow and develop despite the uncertainties of the changing external environment. Violence against women (VAW) has been firmly established as public health issue and TFER Partners have been instrumental in keeping PVAW as a key priority in the EMR.

The number of TFER partners has increased between 2013 and 2017, and there has been a corresponding increase in the sectors represented. Half of the partners have a moderate engagement with TFER, with the overwhelming majority of the remainder having high or very high engagement.

The existence of TFER has overwhelmingly amplified PVAW outcomes achieved by TFER Partners. Access to Partner forums, evaluation support, the Strategy document, networks and resources as well as advocacy have all been instrumental for enabling work within individual organisations.

The role of TFER in raising the profile of and providing direct support for partner PVAW/Gender Equity work have also made a significant contribution to the work of TFER Partner organisations.

WHAT'S NEXT?

The below recommendations have been compiled, from across objectives to highlight common recommendations. These have been separately presented for the broader TFER Partnership and TFER Partner Organisations.

FOR THE TFER PARTNERSHIP

- Continue to build capacity across the region. This was seen as important both for the staff who are already undertaking PVAW/GE work and for new staff joining TFER Partner organisations and for staff of new TFER Partners.
- Continue to foster links between TFER Partners and to build partnerships in general and strengthen collaboration for specific areas of focus.
- Strengthen communications – between TFER Governance groups (Leadership Group and EWG) and TFER Partners not represented on these groups
- Support and resource leaders to advocate for PVAW/GE
- Advocate for specific funding for PVAW/GE initiatives

FOR TFER PARTNER ORGANISATIONS

- Continue to share data, information and learning's through the TFER Partnership, and extend this where it is limited
- Engage and support staff with specific PVAW/GE skills
- Provide leadership training for women
- Develop a stronger focus on evaluation

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APPENDIX I: EVALUATION WORKING GROUP (EWG)

MEMBERSHIP 2013-2017

MEMBERSHIP 2014

- Kristine Olaris – Women's Health East
- Sue Rosenhain – Women's Health East
- Jill Exon – Women's Health East to January 2014
- Vanessa Czerniawski – Women's Health East from January 2014
- Annette Rudd – Knox Social and Community Health Service (A service of EACH)
- Ruth Klein – Knox Social and Community Health Service (A service of EACH) to August 2014
- Veronique Roussy - Knox Social and Community Health Service (A service of EACH) August - December 2014
- Kate Vrljic – Inner East Primary Care Partnership to June 2014
- Rebecca Morgan – Inner East Primary Care Partnership from August 2014
- Deborah Cocks – Outer East Primary Care Partnership to March 2014
- Laura Newstead - Outer East Primary Care Partnership Sept 2014 – Jan 2015
- Bronwyn Upston – Link Health and Community (formerly MonashLink Community Health)
- Kate Gibson – Outer East Cluster for the Prevention of Violence Against Women in Our Community
- Libby Hargreaves - Whitehorse Community Health

MEMBERSHIP 2015

- Kristine Olaris – Women's Health East
- Sue Rosenhain – Women's Health East
- Vanessa Czerniawski – Women's Health East

- Jill Exon – Women's Health East
- Belinda Crockett – EACH
- Rebecca Morgan – Inner East Primary Care Partnership
- Kelly Naughton – Outer East Primary Care Partnership
- Bronwyn Upston – Link Health and Community
- Libby Hargreaves – Carrington Health
- Sophie Allen – Inner East Primary Care Partnership

MEMBERSHIP 2016

- Sue Rosenhain – Women's Health East
- Catherine D'Arcy – EACH
- Belinda Crockett – City of Boroondara
- Laura Newstead – Outer East Primary Care Partnership
- Rebecca Morgan – Inner East Primary Care Partnership
- Kelly Naughton – Outer East Primary Care Partnership
- Jayde McBurnie - WHE

MEMBERSHIP 2017

- Sue Rosenhain – Women's Health East
- Catherine D'Arcy – EACH
- Belinda Crockett – City of Boroondara
- Laura Newstead – Outer East Primary Care Partnership
- Kelly Naughton – Outer East Primary Care Partnership
- Sophie Allen – Inner East Primary Care Partnership
- Jayde McBurnie – WHE

Sourced TFER Action Plan 2017 Update

APPENDIX 2: TFER PARTNER ORGANISATIONS FROM 2013-2017

- Access Health and Community
- Boorndawan Willam Aboriginal Healing Service
- Carrington Health
- City of Boroondara
- Doncare
- EACH
- Eastern Community Legal Centre
- Eastern Health, including:
 - Eastern Centre Against Sexual Assault
 - Yarra Valley Community Health
- Eastern Melbourne Primary Health Network
- Eastern Migrant Information Centre
- Eastern Metropolitan Region Family Violence Partnership
- EDVOS
- Inner East Primary Care Partnership
- Inspiro
- Knox City Council
- Knox Pledge
- Link Health and Community
- Manningham City Council
- Maroondah City Council
- Monash City Council
- Outer East Primary Care Partnership
- Outer East Child and Youth Area Partnership
- Victoria Police
- Whitehorse City Council
- Women's Health East
- Yarra Ranges Council

APPENDIX 3: SUMMARY OF THE TOGETHER FOR EQUALITY & RESPECT REGIONAL EVALUATION OUTCOMES

LEAD & ACHIEVE CHANGE

Objective 1: At the completion of the strategy there will be an increase in the number of organisations in the EMR that have established systems that promote gender equality

Of the 30 TFER Partner Organisations involved:

- 80% have people in senior positions that demonstrated a commitment to and leadership on gender issues
- 80% have a designated responsibility for promoting gender equity internally in their organisation
- 70% have a written commitment to gender equity in the workplace
- 50% have a written policy that affirmed a commitment to gender equity
- 40% have specific budgeting for internal workforce development in gender equity
- 40% have completed a gender equity audit
- 30% use sex disaggregated data for planning projects, programs and services
- 20% have a gender equity procedure to accompany their gender equity policy

Objective 2: At the completion of the TFER 2012-2017 Strategy there will be greater diversity (cultural, age, geographic) of population groups engaged in GE and/or PVAW initiatives

Of the 30 TFER Partner Organisations involved:

- 87% are implementing initiatives that aim to influence community attitudes
- 53% identified some form of engagement with diverse communities
- A total of 350 community members from diverse backgrounds were involved in PVAW initiatives. These included Chinese, Indian, Iranian, Burmese and immigrant and refugee communities in general. Other groups engaged with PVAW initiatives included Aboriginal people, young people and people with disabilities.
- 137 instances of workers in the EMR participating in events designed to build capacity for working with diverse communities (instances cannot be assumed to be individual workers as one worker may have attended multiple events)

Objective 3: At the completion of the TFER 2012-2017 Strategy there will be an increase in the proportion of people in the EMR who have high support for gender equality and gender equity

- 373,937 people in the EMR were reached by TFER partners activities aiming to increase support for gender equality
- 5,300 individuals attended events, and took part on activities which implies an added depth of engagement
- 65% of TFER Partners reported using centrally developed messages to increase support for GE
- 66% of activities reported were targeted at TFER Partner workforce
- 33% of activities were specifically targeted at the EMR community

CONTRIBUTE TO THE EVIDENCE BASE

Objective 4: At the conclusion of the TFER Strategy, the evidence base for primary prevention of violence against women will include contribution of findings from TFER.

Of the 30 TFER Partner Organisations involved:

- 77% contributed to the shared regional evaluation
- 40% produced formal reports about TFER related projects and programs.
- 20% contributed to state and national PVAW initiatives
- 37% completed presentations at national, state and local conferences
- 17% published in peer reviewed and industry journals
- 10% published in PVAW network newsletters

INVEST IN WORKFORCE DEVELOPMENT

Objective 5: At the completion of the strategy, the TFER Partner workforce will have greater capacity to support, lead and participate in gender equity initiatives.

- The overall reach of formal training was more than 3000 employees
- Organisations who implemented formal training reached an average of 50% of the workforce
- A specific focus for 25% of organisations was the training of management staff
- 100% of TFER Partner organisations had representatives who attended informal training opportunities such as Community of Practice

Following training, a significant number of participants...

- believed that gender was now relevant to their work
- changed their belief that violence against women is inevitable in Australian society
- reported that they no longer believed that a woman has to have children to be fulfilled
- reported believing that a university education is just as important for girls and boys
- showed a positive change the belief that gender equity is everyone's business
- had a significant change in acknowledgment that discrimination against women in the workplace, is a problem in Australia

STRENGTHEN PARTNERSHIPS

Objective 6: From 2013-2017 implementation of the TFER Action Plan enhances the partnerships created and outcomes achieved towards the primary prevention of violence against women across the EMR

- More than 90% of TFER Partners demonstrated moderate or greater engagement with the TFER Partnership through a clear commitment to the TFER vision and strategy, and evidence of collaboration on shared, mutually reinforcing, activities
- Designation of a 'Backbone' organisation which took a lead role in many aspects including communication to TFER Partners and driving the TFER Partnership
- Increased number of organisations, and sector representation participating in the TFER Leadership Group and the partnership in general
- 30% of TFER Partners showed a high or very high level of engagement with the TFER Partnership through additional evidence of alignment with TFER in own organisational strategies and plans, collaborative contribution to working groups and willingness to share resources beyond own boundaries of service provision to benefit the entire partnership
- Membership in TFER amplified PVAW work for TFER Partner organisations through access to resources, capacity building opportunities, networking and strategic direction
- All TFER Partners attended TFER Forums, and opportunities such as 'Community of Practice' to build their capacity in PVAW/GE

TOGETHER FOR EQUALITY & RESPECT

Together For Equality & Respect
acknowledges funding and in-kind support
for the TFER Evaluation 2013 – 2017 from:

