Local government guide for preventing family violence and all forms of violence against women

A practical guide to a whole-of-council model for addressing the underlying drivers of violence and promoting gender equality

Accessibility

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Acknowledgement of Country

The Department of Families, Fairness and Housing proudly acknowledges the Traditional Owners of the lands across Victoria and pays its respects to all First Peoples. This is Aboriginal land; always was, always will be. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life.

Please note

Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples. The Victorian Government acknowledges the diverse and distinct cultures of Aboriginal peoples and Torres Strait Islanders. In these guidelines, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people.

Thank you to the co-design contributors

Thank you to everyone who gave their time, ideas, insights and experiences in the co-design of this guide and to your organisations for supporting your involvement. Without you, creating this guide would not have been possible.

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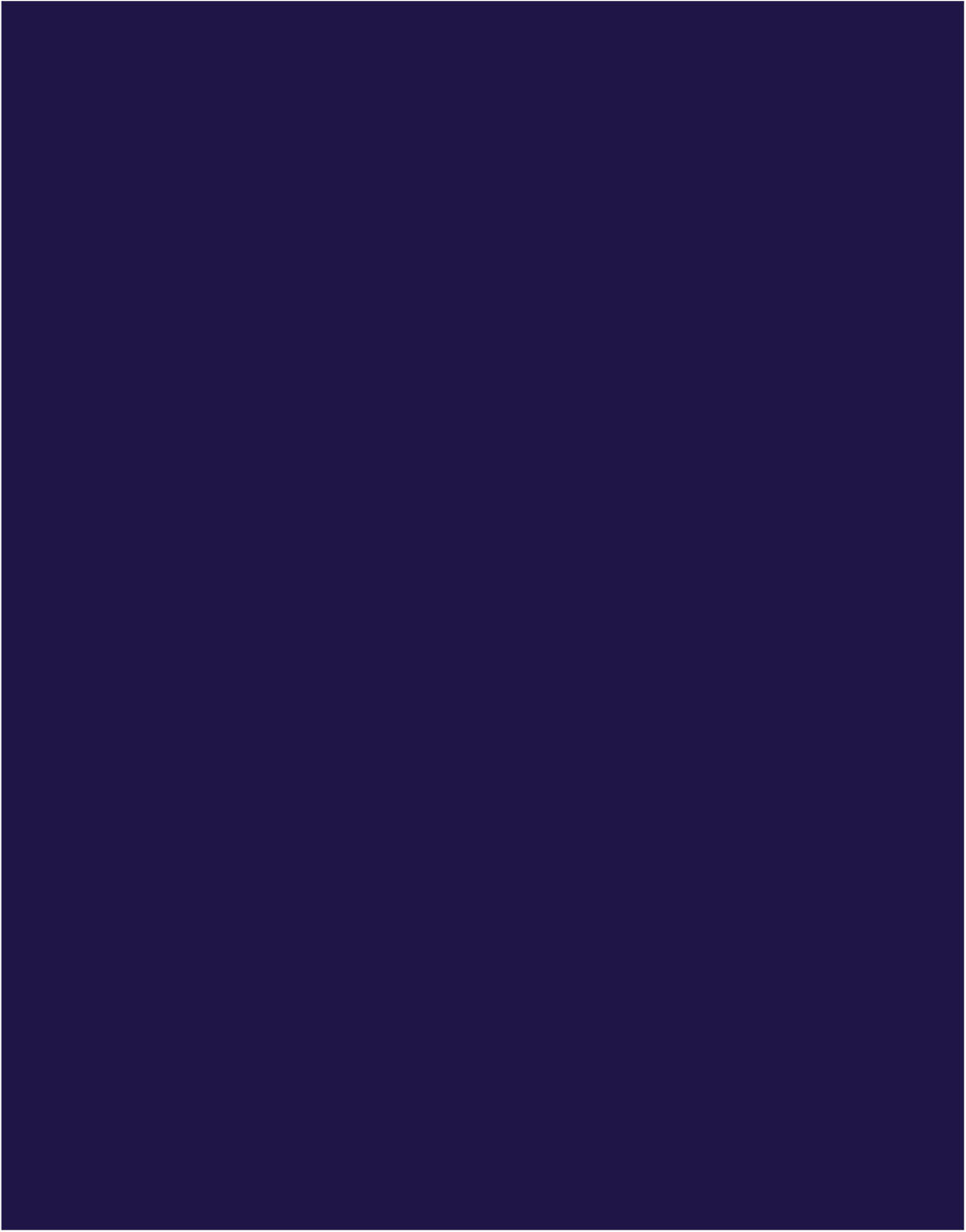
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Introduction to the guide and the whole-of-council model

# Welcome

Thank you for taking the time to read and engage with this document – Victoria’s *Local government guide for preventing family violence and all forms of violence against women*.

In Australia, the rates of family violence and violence against women present an urgent need for change. Research tells us: [[1]](#endnote-2),[[2]](#endnote-3)

* one in two women have experienced sexual harassment in their lifetime
* one in five women have experienced sexual violence (sexual assaults or threats) since the age of 15
* one in three women have experienced physical violence by a partner or other known person or stranger since the age of 15
* one in four women have experienced emotional abuse by a current or previous partner
* on average, one woman a week is killed by their current or former partner.

There are also parts of our population that are at even greater risk. This includes people with disability, some parts of the LGBTIQ+ community (such as, transgender women and gender diverse people), Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, young women (aged 18 to 25 years) and older people.

* LGBTIQ women can experience unique forms of violence, including threats of ‘outing’, shaming of LGBTIQ identity or – for those who are HIV-positive or taking hormones to affirm their gender – withholding of hormones or medication.[[3]](#endnote-4)
* Women with complex mental health conditions or alcohol and drug issues are more likely to experience state-sanctioned violence within the juvenile or adult justice systems through interactions with police.
* Aboriginal and Torres Strait Islander women experience violence at more than three times the rate of violence against non-Indigenous women.[[4]](#endnote-5)
* For some women, experiences of violence are complicated or compounded by racism, immigration processes, language barriers, religious beliefs or culturally specific norms about gender and relationships.[[5]](#endnote-6)
* Older women and women with disabilities are both more likely to experience violence from a wider range of perpetrators, including partners, adult children, other family members, neighbours or caregivers.[[6]](#endnote-7)

Research shows that family violence is preventable. By addressing gender inequality and the underlying drivers and reinforcing factors of violence, we can prevent it from happening in the first place.[[7]](#endnote-8)

Councils are uniquely placed to be effective in primary prevention work through their connection to residents across their entire lifespan.

Thank you to everyone involved in the co-design of this guide. It is an important step in taking action to prevent family violence and all forms of violence against women from happening in our communities.

## Who is this guide for?

You might have opened this document and wondered, ’Is this guide for me?’ If you are a councillor or council employee, then the answer is, ‘Yes!’

**Everyone in your council has a role to play in preventing family violence and all forms or violence against women.** This includes councillors, executive leaders, managers, prevention specialists and people working at all levels in council from front-line service staff and technical roles to policy officers and administrators – and everyone in between.

The guide is designed so that you don’t have to read it all (if you don’t want to). Each person in council will play a different role in primary prevention, and some people will play more than one role.

|  |  |
| --- | --- |
| Role | Description |
| I’m a **doer** who wants to understand how primary prevention relates to my role and day-to-day work | You’re one of the many staff at council whose work isn’t specifically in the family violence or gender equality space, but who still has a role to play in primary prevention. You might be a team member working to deliver services to the community or managing the delivery of new works. This guide will help you understand your role in primary prevention and how you can embed it into your everyday work. |
| I’m a **leader** in the council who wants to plan and embed primary prevention work | As a leader, you are well-placed to embed primary prevention into your organisation’s work and enable teams to learn more about it. You might be a councillor looking to lead change, a team leader supporting your people to thrive or an executive leader responsible for outcomes. This guide will help you understand your role in primary prevention, plan initiatives to embed it in the work your area does and support others to learn and engage in primary prevention. |
| I’m a **specialist** who wants to support teams and individuals on their primary prevention journey | As a specialist in gender equality or primary prevention, you can support people across council to build their skills and take primary prevention action. You might already be working in a dedicated primary prevention role or be promoting gender equality in your area of council. This guide will help you support others to understand their role in primary prevention and equip them to plan and conduct their own initiatives. |
| I’m a **strategist** who wants to get a council-wide view and help my organisation be more strategic about primary prevention | You might be an officer in the CEO’s or Community Planning office, or a primary prevention expert who is looking to identify all the primary prevention work happening in council, highlight gaps and opportunities, and lead your organisation towards a whole-of-council approach. This guide will help you understand the different roles your council colleagues play, integrate primary prevention into governance documents, assess current work and monitor progress. |

Each of these primary prevention roles – leader, specialist, doer and strategist – will have different sections of the guide that are relevant. More on each user’s ‘journey’ is detailed at Figure 6.

## Why do we need this guide?

This guide will help you understand your role in primary prevention and take action. It draws on best practice but, as importantly, it has been co-designed with:

* local government employees from across Victoria, representing both primary prevention subject matter experts and staff from all areas of council
* services that support people who experience family violence and other forms of violence
* women with lived experience.

Through this co-design process, the guide has been developed for the council context. Using educative content, practical exercises and real-life examples, it will equip you to take action and contribute to a whole-of-council model of preventing family violence and all forms of violence against women in your community.

# An introduction to family violence and all forms of violence against women

|  |
| --- |
| In this section |
| If primary prevention of family violence and all forms of violence against women is new to you, this section will help you understand:   * what family violence and violence against women are - and how they overlap, * what primary prevention is, * what the drivers of family violence and violence against women are, and * the role of local government in preventing family violence and violence against women. |

## What is family violence?

**Family violence**, as described in *Ending family violence: Victoria’s plan for change*,[[8]](#endnote-9) occurs when a person exercises power and control over another person. It involves using coercive and abusive behaviours to intimidate, humiliate, undermine and isolate another person or persons, resulting in fear and insecurity. It can include physical, sexual, psychological, emotional and spiritual violence, and financial or economic abuse and control. Intimate partner violence by men against women is the most common form of family violence.[[9]](#endnote-10) It is also important to recognise that family violence is often a pattern of behaviours and not necessarily one isolated incident.

The *Family Violence Protection Act 2008* also defines family violence as any behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of family violence behaviours.[[10]](#endnote-11)

**Family** means different things to different people. In this guide we use ‘family’ as an all-encompassing term. It acknowledges the variety of relationships and structures that can make up family units and kinship networks, and the range of ways family violence can be experienced, including through family-like or carer relationships and other interpersonal relationships, and across all genders and sexualities.[[11]](#endnote-12) Different family members can experience family violence very differently. Children and young people of all genders can be experience and be exposed to violence within their family. At the same time, young women and girls can experience this violence in a specifically gendered way.[[12]](#endnote-13)

| Note |
| --- |
| The definition of **family violence for Aboriginal people** is broader than it is for non-Aboriginal people. The Victorian Indigenous Family Violence Task Force defined family violence as ‘an issue focused on a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’[[13]](#endnote-14)  The definition also acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture or community.  Because this guide is written for the Victorian context, we refer to Aboriginal peoples and communities rather than to Aboriginal and Torres Strait Islander peoples. However, in doing this, we do not intend to exclude Torres Strait Islanders from the guide. |

## What is violence against women?

Violence against women occurs across cultures and communities. It affects women’s well-being and prevents them from fully participating in society.

The *United Nations Declaration on the Elimination of Violence against Women (1993)* defines **violence against women** 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 in private life.[[14]](#endnote-15)

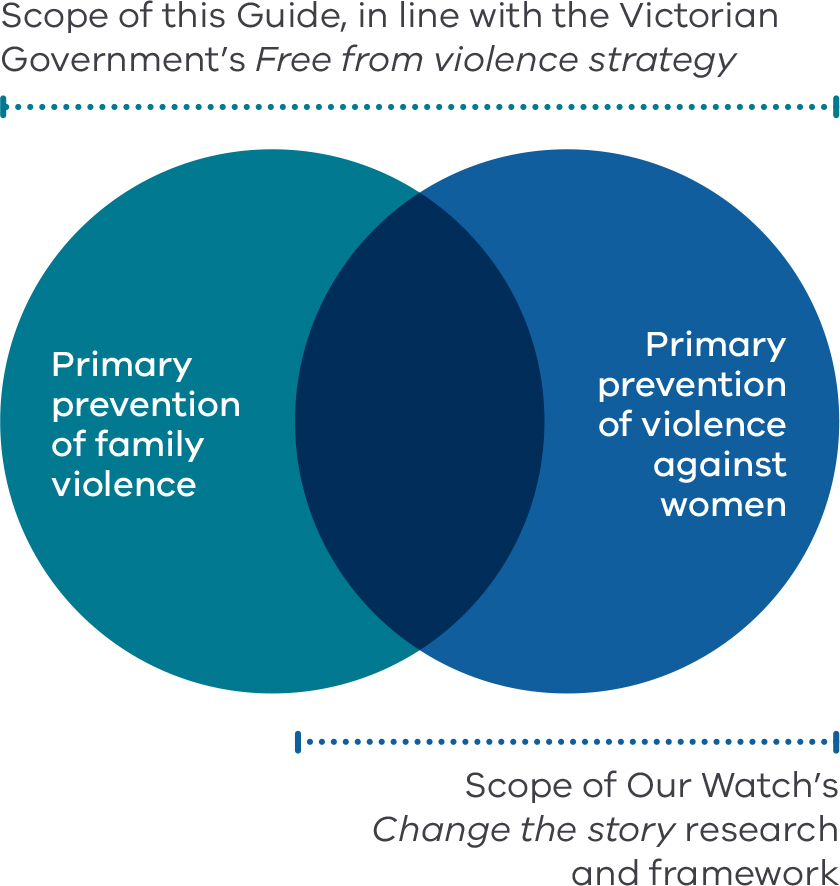
This definition encompasses all forms of violence that women experience (including physical, sexual, emotional, cultural or spiritual, financial, and others) that are gender based. In Australia, violence against women includes family violence, intimate partner violence, sexual assault and sexual harassment.

Going forward, this guide will use the term ‘violence against women’ to mean the expansive definition of ‘all forms of violence against women’.

| Note |
| --- |
| **The guide uses language inclusively**. When this document refers to ‘woman’ (or ‘women’) or ‘man’ (or ‘men’) it refers to female or male identifying people. This includes transgender people, cisgender people and others who identify themselves within the spectrum of the gender identity of woman or man. This document also uses the term ‘gender diverse people’, who may identify as non-binary, trans, agender, genderqueer, genderfluid or with any other term. For more information, see the [Victorian Government’s LGBTQI+ inclusive language guide](https://www.vic.gov.au/inclusive-language-guide) <https://www.vic.gov.au/inclusive-language-guide>.  We acknowledge that binary language – language that assumes only two categories of sex and gender – does not reflect the full diversity of gender in our community. However, binary language continues to be used in much prevention work and captures the gendered nature of the challenge. This Guide seeks to acknowledge the shortcomings of this language and the experiences of people who do not identify within this framing. For further discussion of the limitations of binary language in primary prevention, see [Our Watch’s Change the story page](https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia) <https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia>. |

This guide, consistent with *Free from violence: Victoria’s plan to prevent family violence and all forms of violence against women*, seeks to help councils address family violence, violence against women in the family setting and violence against women outside of the family setting (Figure 1).

Figure 1: The scope of this guide



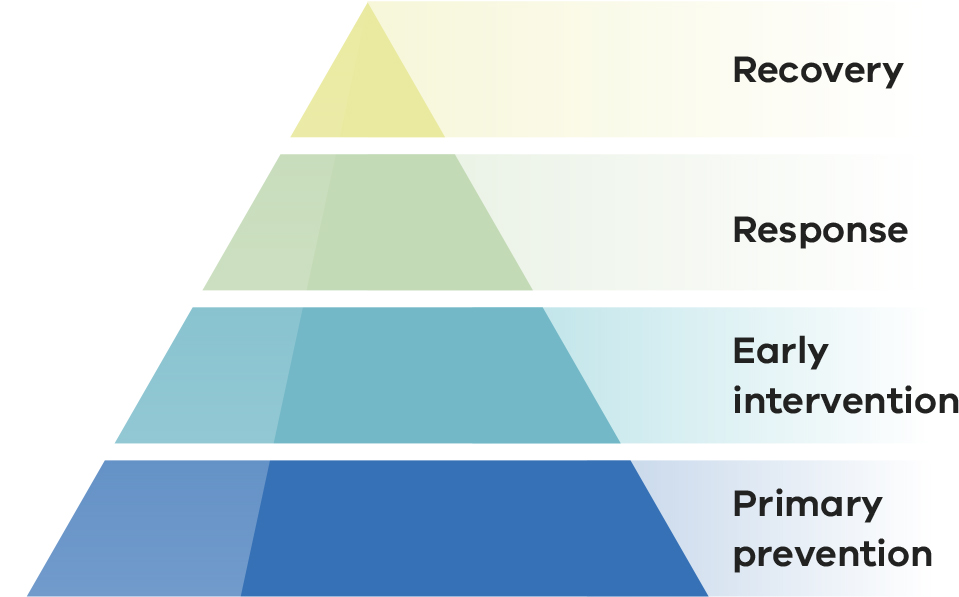
## What is primary prevention?

| Note |
| --- |
| **Primary prevention** of family violence and violence against women are actions, strategies or policies that work to change the underlying social conditions that create, excuse, justify or even promote violence – preventing it from occurring in the first place.  Throughout this guide we use the term primary prevention to collectively refer to prevention of family violence and all forms of violence against women. In instances where we talk about preventing a specific type of violence, we use either a full or shortened form, such as primary prevention of family violence.  Note that ‘primary prevention’ is a public health term and can be used in other contexts, such as primary prevention of smoking or primary prevention of road accidents – these are not what we are referring to in this document. |

Primary prevention is different to the things you might initially think about when preventing family violence or violence against women is discussed – such as counselling, intervention orders, women’s shelters or better lighting in parks and streets. These are, in fact, interventions or responsesthat come into play after violence has happened.

Figure 2 shows a pyramid with four levels of action that work together to contribute to a healthier, safer society. By stopping violence before it happens, primary prevention reduces the need for the other levels of action. This guide focuses on primary prevention but recognises that investment across the continuum of effort is required to create safer communities.

Figure 2: The levels of action for a healthier, safer society



**Recovery** is an ongoing process that enables victim-survivors to find safety, health, wellbeing, resilience and to thrive in all areas of their life.

**Response** (or tertiary or crisis response) supports victim survivors of family violence and violence against women, and holds people who use violence to account. This is done with the aim of preventing recurring violence or minimising its long-term impacts.

Examples include:

* intervention orders
* safety planning
* crisis response services and accommodation
* child protection responses
* police responses
* criminal charges.

**Early intervention** (or secondary response) aims to reduce the risk of violence recurring or escalating by responding to the early signs of family violence and violence against women and targeting high-risk individuals and groups.

Examples include:

* family violence screening in healthcare and social services
* home visits to at-risk cohorts
* behaviour change programs.

**Primary prevention** aims to stop violence from happening at all through social change that addresses the underlying drivers of why it occurs.

Examples include:

* promoting gender equality
* education on respectful relationships
* challenging community attitudes towards family violence.

| Note |
| --- |
| **Family violence is preventable**  By addressing the underlying drivers and reinforcing factors of family violence and all forms of violence against women, we can prevent it from happening in the first place. |

## What are the drivers of family violence and violence against women?

**Drivers** are the social conditions that lead to violence. International evidence has found that gender inequality is the precondition for family violence and violence against women. Emerging evidence further shows other forms of discrimination and disadvantage can lead to violence and compound with gender inequality.

| Note |
| --- |
| **Gender inequality** is where women and men do not have equal social status, power, resources or opportunities, and their voices, ideas and work are not valued equally by society. |

Gender inequality exists at many levels in our society – from how we view men and women, to economic factors like the pay gap between men and women, to family and relationship roles and expectations. Established international evidence shows that there are four main gendered drivers that lead to violence against women (described in Table 1).

Violence against women is not caused by any one factor, but as more of these drivers are present, the probability of violence against women does too. For more detail on these drivers, see [Our Watch’s Change the story page](https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia) <https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia>.[[15]](#endnote-16)

|  |
| --- |
| **Note** |
| *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia* is an evidence-based framework that supports a national approach to preventing violence against women. It includes a more detailed explanation of many of the concepts discussed in this guide. Pages 70 and 71 of the framework include a useful two-page visual that you can display in your workplace as a reminder of key concepts. |

Table 1: Gendered drivers of violence against women[[16]](#endnote-17) [[17]](#endnote-18)

| Driver | Description |
| --- | --- |
| Condoning of violence against women | This includes the idea that it is excusable for men to use violence in certain circumstances, that they cannot always be held responsible, or that some kinds of violence (such as sexual harassment) are not serious. Trying to shift blame onto the victim is another way violence is often condoned.  People who condone violence against women may not realise they are doing it, but their beliefs and behaviours influence others. Left unchallenged, they create a culture where it’s okay to look away, deny the problem or make excuses for the bad behaviour.  Violence is also condoned through structures like the legal system, media or organisations. |
| Men’s control of decision making and limits to women’s independence in public life and relationships | In public life, this can look like a lack of female and diverse leaders in government and business, and mean that men have greater control over power, resources and policies.  In private life, this can look like men controlling money, decisions or freedom of movement in the household.  Men’s control in both of these spaces is often driven by ideas about ‘how things have always been done’, how men are better decision makers or should be the ‘breadwinner’ in a household. |
| Rigid gender roles and dominant forms of masculinity | This is the idea that women and men, and girls and boys, should act in certain ways or fulfil certain roles that are based on their gender, not their individual personalities.  These ideas can be harmful when certain characteristics are assigned to only one gender – for example, men as rational and women as empathetic. These ideas can also be harmful when a gender role is based on harmful characteristics – for example, the idea that ‘real men’ are dominant, controlling and hypersexual. Gender roles and consequences for not conforming to them can differ between communities and cultures.  In instances where these stereotypes are strongly held, violence is more likely to be used or condoned, and women who strongly adhere to them may be less likely to identify and report violence. |
| Male peer relationships and cultures of masculinity that emphasise aggression, dominance and control | This refers to the way some groups of men seek to prove their ‘manhood’ or ‘masculinity’ through actions that are sexist, disrespectful, hostile or aggressive towards women. These actions can be obvious, like making disrespectful remarks, or subtle, like excluding women and prioritising male relationships. Male peer relationships can include friendships, groups of people, households or organisations.  When this behaviour is normalised and important for being accepted as ‘one of the boys’, it creates a culture where violence against women is more likely to be used, supported, excused or ignored. |

Note that these drivers may manifest differently across the diverse range of cultures, backgrounds, and faiths in the community.

It is important to acknowledge that while gender inequality is the precondition of family violence and violence against women, it is not the only driver and may not be the most prominent driver in every context. Discrimination in all forms – [**ableism**](#Ableism), [**racism**](#Racism), [**ageism**](#Ageism), [**homophobia**](#Homophobia) and others – create an environment where power is not equally shared and leaves some groups more likely to experience violence. Some examples follow.

* Violence against Aboriginal and Torres Strait Islander women is set in the context of colonisation where white settlement and the violent dispossession of land, culture and children has displaced traditional Aboriginal roles. Violence against Aboriginal and Torres Strait Islander women is driven by the ongoing impacts of colonisation, current structural inequalities and norms condoning violence, and gendered factors affecting all women as well as those driven by the intersection of racism and sexism.[[18]](#endnote-19), [[19]](#endnote-20)
* Research has identified that discrimination against LGBTIQ people, stereotypes, unequal recognition of identities and rigid norms about gender, sex and sexuality lead to family violence.[[20]](#endnote-21) These drivers, particularly rigid gender norms and stereotypes about sexuality, overlap with broader drivers of family violence and violence against women – however they can be compounded or experienced differently by LGBTIQ people.[[21]](#endnote-22)
* Family violence can be carried out against men, people of diverse genders, children, and older people. The drivers for these types of violence overlaps with, but differs from, the gendered drivers of violence against women. For example, Respect Victoria has linked ageism – a dangerous form of profiling that is similar to racism or sexism that serves to sustain inequalities – to elder abuse.[[22]](#endnote-23)

| Note |
| --- |
| Considering these interconnected drivers, we should take an intersectional approach to primary prevention. An intersectional approach recognises that there is diversity in gender and that the experience of gender cannot be separated from other aspects of identity. Overlapping structures and forms of oppression create different forms and patterns of violence and can add up to greater severity or frequency of violence against some people. These overlapping factors can also change how people experience that violence, by affecting the support available for victim-survivors and the consequences for the use of violence.[[23]](#endnote-24)  An intersectional approach requires paying attention to the broad drivers of family violence and violence against women, as well as these overlaps. Work to address violence against specific communities should be led and shaped by organisations and individuals in these communities. [[24]](#endnote-25)  This guide takes an intersectional approach by understanding and highlighting the overlapping factors that can influence violence, including by highlighting research and explanations provided by communities who experience those factors. The guide also includes practices and examples that aim to address the gendered drivers of violence and practices championed by communities to address their specific experiences of violence. |

### Factors that can make violence worse

There are also **reinforcing factors** that can contribute to or exacerbate family violence and violence against women. On their own they don’t predict or underpin family violence but when they interact with the drivers they can increase the probability, frequency or severity of family violence that occurs. Reinforcing factors are shown in Table 2.

Table 2: Factors that make family violence and violence against women more likely[[25]](#endnote-26)

| Factor | Description |
| --- | --- |
| The condoning of violence in general in our society | When society condones violence, it makes violence, particularly men’s violence, seem like a normal part of life. This can reinforce the condoning of family violence and violence against women. |
| Experience of or exposure to violence | Individuals who have previous experience or exposure to violence, such as in childhood or in communities with high levels of violence, are at higher risk of experiencing or using violence. |
| Factors that weaken prosocial behaviour | Prosocial behaviours are behaviours that help other people or society as a whole, such as showing empathy, respect and care.  Certain factors can make it less likely that people or communities will show these behaviours, which can have gendered impacts. These factors can include:   * lack of community connectedness and support * male-dominated settings * natural disasters and crises * heavy alcohol consumption * heavy gambling. |
| Backlash and resistance | Backlash occurs when people push back against positive social change. This can happen when men’s status and privilege is challenged by calls for gender equality. |

## The role of local government in primary prevention

Councils have a responsibility to their community to do work that will prevent family violence and all forms of violence against women before it happens. Local government is uniquely positioned to do this through their deep-rooted community connections, and many councils have been undertaking primary prevention work for a long time.

Councils:

* are often one of the largest **employers** in their community, with the ability to influence their employees directly and set an example for other employers
* **deliver services** – many of them face-to-face – across the community to residents from birth to old age and across many settings and sectors
* have **strong community connections** as the arm of government closest to the community, including with individuals, businesses, community groups and other organisations
* are **community leaders**, especially in regional and rural settings.

Through these four channels, councils have a significant influence on safety, health, and wellbeing of citizens. Councils are responsible for working to improve these lifetime outcomes for communities. By undertaking primary prevention work, councils can help fulfil their duties to promote effective functioning of the community, development of local identity and social cohesion.

**Local government’s role in primary prevention is further recognised through legislated obligations**. Councils are undertaking programs of work related to the *Gender Equality Act 2020* that requires them to develop gender equality action plans (GEAPs) and conduct gender impact assessments (GIAs) across their services and policies. GEAPs and GIAs ensure councils are establishing a firm foundation for primary prevention work in their roles as both employers and as service providers. This work is supported by other rights and obligations under the *Gender Equality Act 2020*. For example, where systemic gender equality issues persist in councils, the Public Sector Gender Equality Commissioner may help council and affected employees to deal with the dispute. Disputes of this nature may only be referred to the Commissioner where council’s enterprise bargaining agreement contains a dispute resolution clause that expressly enables this referral.

The other core pieces of legislation that are relevant to primary prevention are:

* ***Charter of Human Rights and Responsibilities Act 2006***bind councils as an organisation, councillors and employees to act in a way that promotes 20 basic rights. Many of these rights are relevant to primary prevention, but most explicitly is the ‘right to protection of families and children’.
* ***Local Government Act 2020*** that requires councils to develop a range of policies and plans, such as workforce and recruitment policies that promote gender equity, diversity and inclusiveness. Councils must engage with the community in developing these policies and procedures. The Act also requires councils act in the long-term interests of health and wellbeing for their community.
* ***Public Health and Wellbeing Act 2008*** that requires councils to prevent family violence as part of their municipal public health and wellbeing plans.

There are other pieces of legislation that relate to councils’ obligations to manage risk and share information about family violence matters. These (*Child Wellbeing and Safety Act 2005* and *Family Violence Protection Act 2008*) are more related to the secondary and tertiary responses to violence, as opposed to primary prevention.

More details on these legislative obligations are provided in **Appendix B**.

**Councils are not alone when it comes to primary prevention**. Local government is part of a network of primary prevention that involvesorganisations ranging from entire government agencies to not-for-profits and individual advocates. In particular, women’s health services across Victoria have been working in partnership with councils over decades to guide, support and deliver primary prevention work.

The activities of this network of prevention have contributed to a wealth of evidence, practice examples, frameworks and lessons learned accrued over many years. Councils should learn from this network and work in partnership with organisations to achieve the common goal of safer and healthier communities.

## Ensuring the safety of everyone when doing primary prevention work

When you and your council start to discuss family violence and violence against women, there is a good chance that someone may disclose that they have experienced violence, witnessed violence, or are using violence themselves. It is important that you know what to do in this situation.

Disclosures are not always expressed in ways you might expect. People may not use the words ‘violence’ or ‘abuse’. The *Family violence multi-agency risk assessment and management framework* (MARAM Framework) for managing family violence risk recognises that we have a shared responsibility to help keep people safe. While you may not be a professional working in this space, you can help people by referring them through to the appropriate pathways.

If you suspect that the person is disclosing an experience of violence to you then it is important that you:

* listen without interruption or judgement – disclosing can be difficult and you should give the person time to share their experience
* believe and validate their experience – disclosure is an act of trust and you should start from a point of reciprocating that trust
* provide information on referral pathways – know what the proper processes are and remember that you are not a professional counsellor.

Sometimes it can be hard to know what to say or do. Table 3 has some suggestions on how to respond.

Table 3: Suggestions on what to do and say when someone discloses to you

| Do | Don’t |
| --- | --- |
| * Show empathy * Condemn the use of violence, not the person using the violence– ‘Thanks for sharing your experience with me…’, ‘I imagine it has taken a lot of courage for you to share that story with me…’ * Recognise if the person is immediately in danger or puts others in immediate danger * For victim survivors who are disclosing, you can refer them to 24/7 helplines: Safe Steps (1800 015 188) as the first step in seeking safety; or White Ribbon Australia (1800 RESPECT) for information and counselling * For victim survivors who are in immediate danger, contact emergency services on 000 * For people disclosing they are using violence, they can contact MensLine Australiaon 1300 789 978 – ‘Talking to me is an important first step; the next step is to talk to a professional about this…’ * If a council employee discloses to you, there may be family violence leave and other supports to help them manage the effects of family violence. Encourage council staff to look into the supports and rights they have through their enterprise agreement from the union or workplace. The Victorian and Tasmanian branch of the Australian Services Union can be contacted by phone on 1300 855 570. | * Brush it off * Minimise or justify the use of violence * Try to find out details * Try to fix the situation for them * Judge or criticise – If a victim-survivor is disclosing, criticising the person using violence may make them want to defend the person. * Provide counselling – remember that there are professionals who are trained to help people in these situations |

If you suspect that a child has experienced violence or is at risk of experiencing violence, you will have mandatory reporting responsibility to report the disclosure under the Child Safe Standards. Learn more on the [Commission for Children and Young People’s The 11 Child Safe Standards page](https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards) <https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards>.

Child FIRST is a central referral point to a range of community-based services that can help. More information is on the [DFFH Services’ Child and family services information, referral and support teams (Child FIRST) page](https://services.dffh.vic.gov.au/referral-and-support-teams) <https://services.dffh.vic.gov.au/referral-and-support-teams>.

If you want to learn more about assessing risk and responding to signs of violence, see the MARAM foundation knowledge guide[[26]](#endnote-27) (this may be particularly helpful if you work in a community-facing role like in the library or at the council’s reception desk). Depending on your role, you may also need to share or request information to respond to family violence under the:

* Family Violence Information Sharing Scheme – see the [Victorian Government's Family Violence Information Sharing Scheme page](https://www.vic.gov.au/family-violence-information-sharing-scheme) <https://www.vic.gov.au/family-violence-information-sharing-scheme>
* Child Information Sharing Scheme – see the [Victorian Government's Child Information Sharing Scheme page](https://www.vic.gov.au/child-information-sharing-scheme) <https://www.vic.gov.au/child-information-sharing-scheme>.

# Understanding a whole-of-council model for primary prevention

| In this section |
| --- |
| This section describes the whole-of-council model for primary prevention and how this guide can support delivery of the model. Whole-of-setting approaches are essential for effective change strategies at the local government level. A whole-of-setting approach means creating changes that fit into a wider framework, involving everyone in the organisation and its key relationships, and considering mechanisms for creating change outside of the organisation.[[27]](#endnote-28) This section describes what those elements look like for a local council.  The model was developed using best practice examples and consultation with local government primary prevention experts, employees from councils across Victoria (representing different areas of council), response sector organisations and people with lived experience.  Use this section to:   * understand the model and how each of its components contribute to primary prevention in a local government context. |

## A whole of-council model for primary prevention

Whole-of-council means that primary prevention is built into every part of the council, from policies and enterprise agreements to the physical and cultural environment, through to council services and community work. Everyone in council understands and plays their part in elevating opportunities to prevent family violence and all forms of violence against women and make a difference in their community.

Figure 3 illustrates the whole-of-council model.

Figure 4 shows councils’ domains of influence.

### Characteristics of a whole-of-council approach to primary prevention

A shared understanding of purpose and goals positions primary prevention as an expectation, not an option. It sets the foundation for a coordinated approach to achieve long-term change in the organisation and community. A primary prevention strategy that aligns with internal and external (state-wide or regional) plans ensures the work gets done while also contributing to wider prevention efforts.

Leadership commitment to primary prevention sets clear expectations, enables people to act and holds council to account for progress towards its goals.

Organisational fluency in primary prevention is achieved when all council staff understand their role in primary prevention, and it is part of their day-to-day role and act on that understanding.

### Councils' domains of influence

Councils have a critical role to play in preventing family violence and violence against women.

**Councils as a workplace** and employer (teal quadrant in Figure 4) can lead by example by:

* embedding primary prevention in all aspects of how they operate
* ensuring that they meet their obligations as an employer by providing and maintaining a safe workplace.

**Councils as a service provider** (orange quadrant) engage with residents across their entire lifespan, which provides an opportunity to address the drivers of violence in their delivery of core services.

**Council as a connector** (red quadrant) can use their community knowledge to bring together diverse groups and organisations to increase awareness, commitment and action for primary prevention.

**Councillors as leaders and decision makers** (purple quadrant) can model behaviours that promote gender equality and primary prevention to set an example in their community and support changes in social norms and expectations.

Figure 4 includes example actions across the four domains to address the drivers of family violence and violence against women.

Each council should choose relevant focus areas based on need, existing strengths and community preferences.

### Monitoring, evaluation and dissemination

Monitoring, evaluation and dissemination are critical for ongoing improvement. Developing a consistent approach to these activities will provide councils with a 'common language' to celebrate success and build a robust evidence base.

Monitoring and evaluation does not have to be a complex exercise. There are opportunities to build on the strong foundation of existing tools, guidance and resources.

### Critical elements required for successful primary prevention

#### Internal communication and engagement

Aligning internal stakeholders by effectively framing and communicating the council's primary prevention work is fundamental. An ongoing conversation about primary prevention will reinforce the culture change and celebrate success.

#### Community communication and engagement

Clear communication and active engagement help tailor primary prevention to the local context, builds a sense of shared ownership of the initiatives and goals, and brings the community along the change journey with you.

#### Aboriginal self-determination

Self-determination is an 'ongoing process of choice' to ensure that Aboriginal peoples can meet their social, cultural and economic needs. When councils do primary prevention work that will impact Aboriginal peoples, representatives from Aboriginal communities and services should be involved early (not as an add-on).

#### Applying intersectional practice and inclusion of diverse groups

An intersectional approach considers how people's social identities (such as race, gender, sexuality, religion, disability, age) can overlap to create different experiences.

It's important to recognise that there is no 'one-size-fits-all' solution in primary prevention. We need to continuously engage with diverse groups to understand their perspectives and tailor solutions to meet their needs.

#### Inclusion of people with lived experience

Including the perspectives of people who have experienced violence, such as the Victim Survivors Advisory Council (VSAC), leads to better outcomes for victim survivors and communities. Through this engagement, councils demonstrate their commitment to ensuring their initiatives address real-life challenges.

#### Anticipation and response to resistance and backlash

As with many shifts in social progress, there may be backlash or resistance to primary prevention from some segments of the community, including council colleagues. It is essential to be prepared for this and develop counterstrategies to respond and ensure initiatives are successful.

#### Connection to the response sector and support for victim-survivors

Primary prevention must be linked to the broader system of early intervention and crisis response - this includes having protocols in place to appropriately respond to staff and residents who disclose they are experiencing or perpetrating violence.

#### Support from specialists

While primary prevention is part of everyone's role, engaging internal and external specialists in primary prevention ensures that initiatives are aligned with contemporary evidence.

#### Internal and external partnerships

Partnering across council departments and with external organisations creates a shared understanding of primary prevention objectives, mutually reinforcing activities and consistent messages across the community. Partnerships reduce duplication and increase the depth, breadth and reach of primary prevention work.

Figure 3: Whole-of-council model

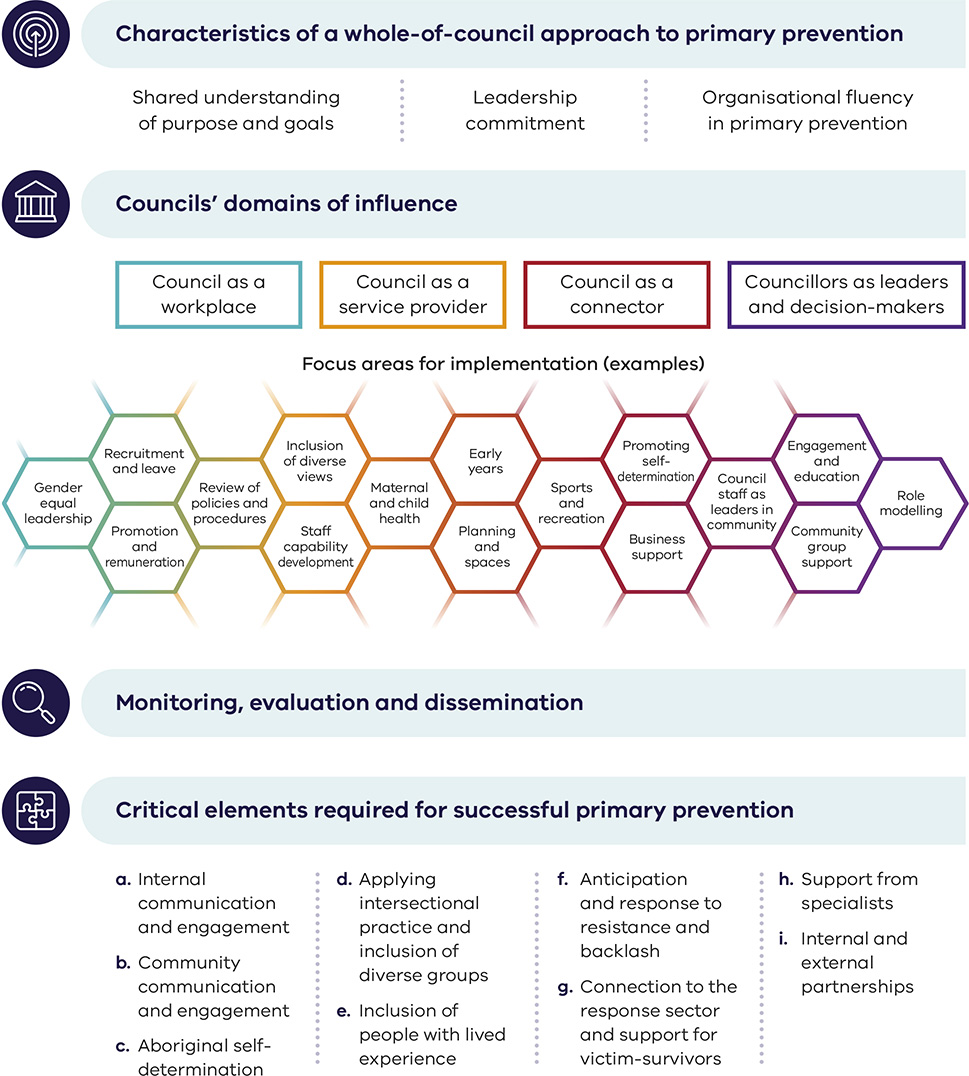
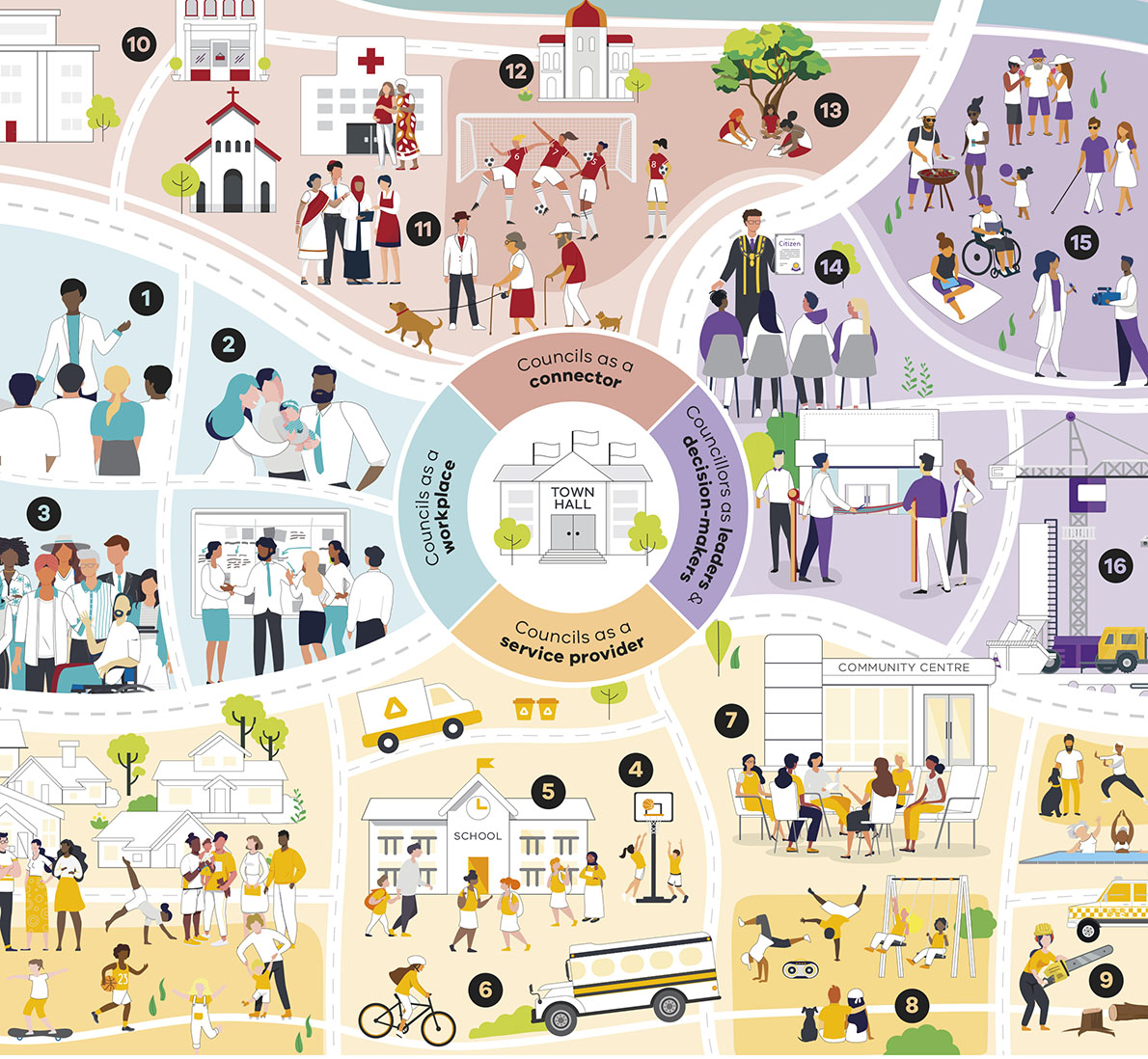


Figure 4: Councils’ domains of influence



| Council as a workplace | Council as a service provider | Council as a connector | Council as leaders and decision makers |
| --- | --- | --- | --- |
| 1. Gender equal and diverse leadership 2. Equitable leave entitlements 3. Targets for equitable recruitment | 1. Gender equal access to sports facilities 2. Education on respectful relationships 3. Promoting independence and access of all groups 4. Building networks with a sense of belonging 5. Inclusive social and physical spaces 6. Challenging gender stereotypes | 1. Partnering with local services and businesses 2. Seeking diverse perspectives 3. Connecting community organisations 4. Enabling self-determination of First Nations people | 1. Civic leadership and role modelling 2. Balanced support for events focused for different genders and groups 3. Funding projects that create equitable and accessible space |

# How to use this guide

| In this section |
| --- |
| This section describes how you can navigate this guide and use it to support delivery of the model.  The sections of this guide are action-focused guidance to support development of each component of the approach in your council. Not every person in council needs to read every section of the guide – everyone has a role to play. The final part of this section describes the different ‘journeys’ you might take through the guide depending on your role.  Use this section to:   * understand how the guide supports progress towards a whole-of-council model * understand your role in primary prevention and which parts of the guide are for you. |

## How this guide can help you implement a whole-of-council model

This guide is designed to help you make the whole-of-council model come to life in your council. Please note, real life and good practice are messier than a model on a page – some elements, such as organisational fluency, are developed throughout multiple sections.

Figure 5 shows how the contents of this guide relate to the whole-of-council-model.

### Everyone in council has a role but not everyone needs to play every role

There are four journeys that you can take through this guide. Identify the journey that is most relevant to you to see which sections relate to your tole and context. Depending on your council, one person may follow multiple journeys. For example, an officer with expertise in gender equality might undertake the role of expert advisor for everyone across the council, while also being responsible for coordinating the development of a council-wide primary prevention strategy (taking on the specialist and strategist journeys).

While the journeys are presented linearly, you will likely return to sections many times. You may read one section, apply the information in your work, learn something and return to an earlier section to build on your work.

Figure 6 shows the relevant sections based on the four journeys of doer, leader, specialist and strategist.

Figure 5: The whole-of-council model and this guide

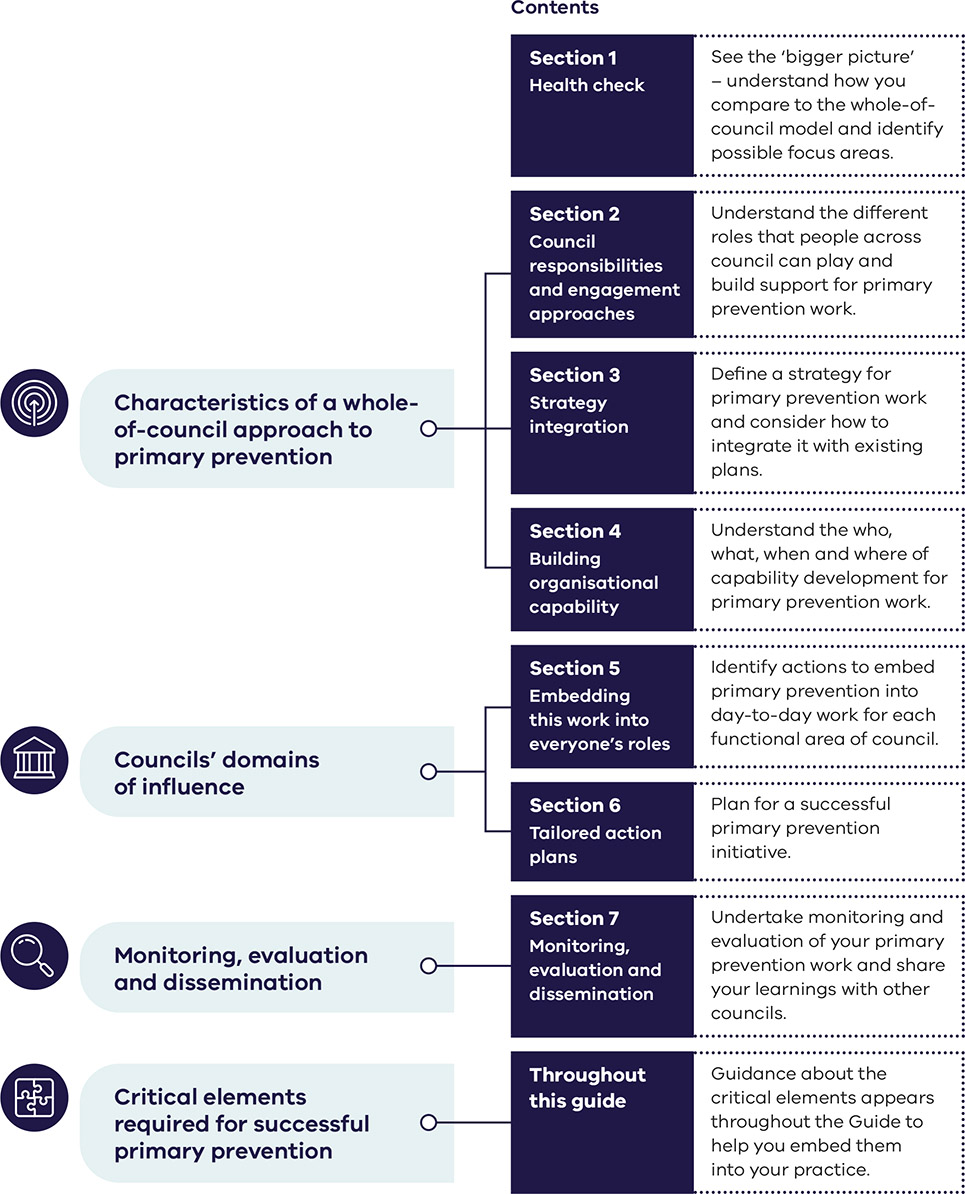
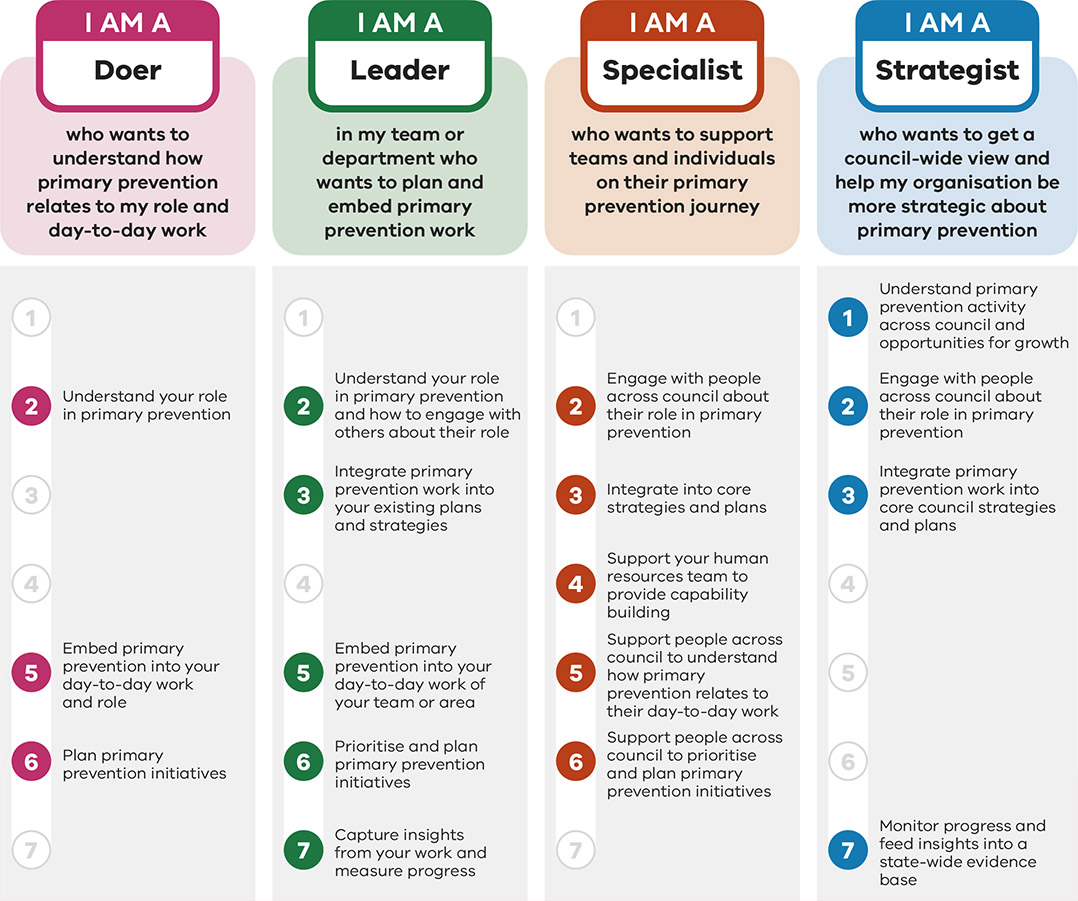
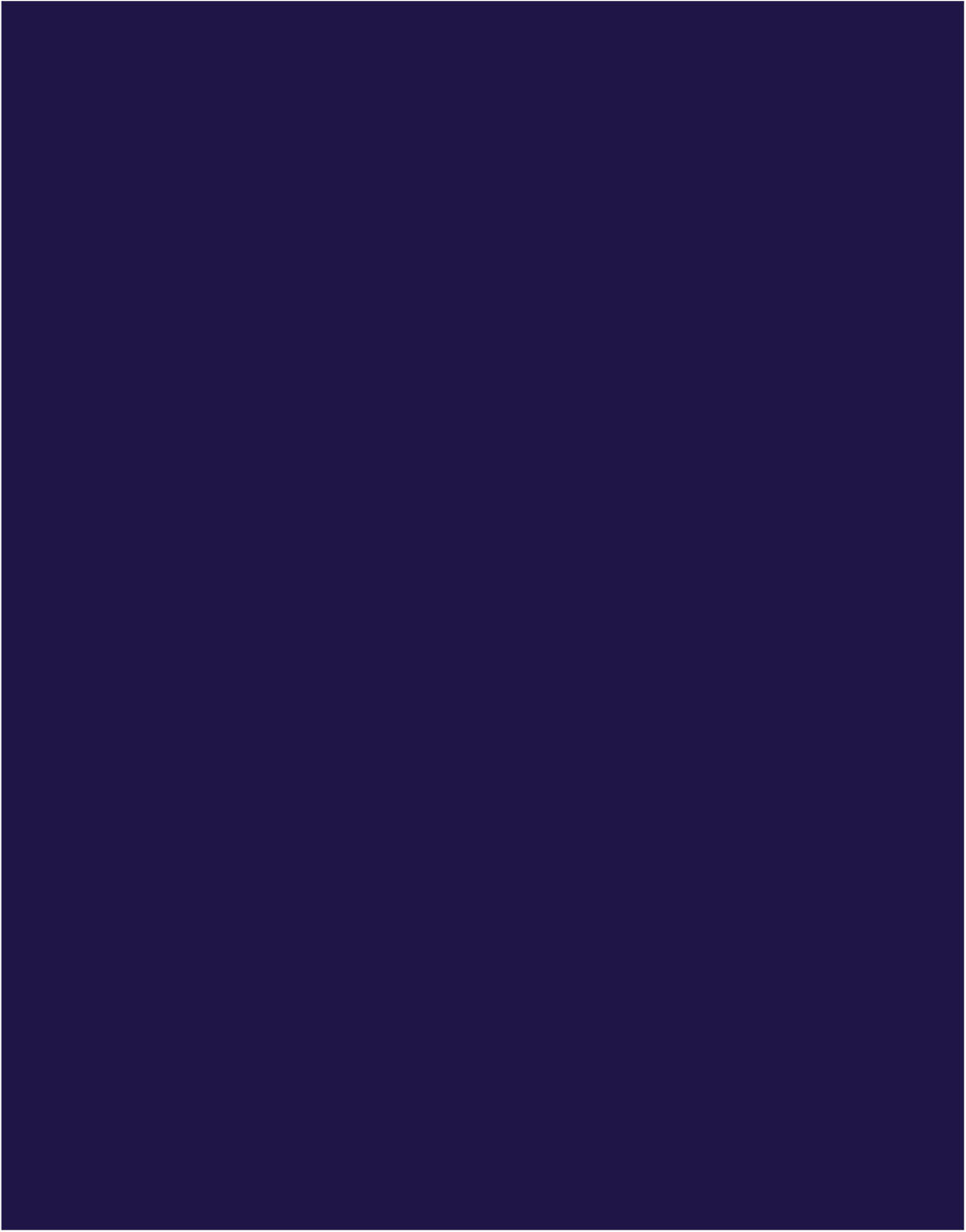


Figure 6: Journeys through this guide



The guide

1. Health check

| In this section |
| --- |
| **For: Strategist**  This section is a ‘health check’ of your council against the whole-of-council model. The health check aims to help you understand your current approach and practices (that is what you are doing) rather than trying to evaluate long-term outcomes. Once completed, you can use the results to decide where to focus your resources next. The tool should not be used as a ‘check the box’ or audit exercise, but to prompt discussion and inform further work and investment.  It is **not essential** to complete the health check before ‘getting started’ on an initiative **and**the health check should **not** be the only basis for work to be completed. Primary prevention is everyone’s job and can be started anywhere in council. However, it is strongly recommended that all councils compete this health check as early as possible to understand their progress towards a whole-of-council model. |

|  |
| --- |
| Note |
| **Section 1** provides guidance on how to conduct a health check. When you are ready to begin, use the tables in **Appendix C** to guide your discussion and capture findings. |

* 1. Preparing for the health check

### Who should participate in the health check?

The health check should be coordinated by an individual or small group and informed by a broad cross-section of council.

The coordinator (likely to be a **strategist**) should read the health check and determine the representatives from across council who can best contribute insights. Investing effort in gathering the right cross-section of council will ensure you have a meaningful, inclusive and insightful health check. As you complete the health check, you may identify gaps in knowledge or areas for further investigation. If possible, with your resources, add further consultation to address these gaps.

Table 4: Roles in the health check

| Element | Coordinate the health check | Inform the health check |
| --- | --- | --- |
| **Description** | Bring people together to complete the check, facilitate discussion, consolidate results, share outcomes | Participate in individual or group discussions, share data and analysis |
| **Role** | Strategists | Doers, specialists, leaders |

### How should you conduct the health check?

You should determine what setting is best to gather your contributors depending on your council and the group you hope to consult. It is important that you customise your approach to suit your council.

You might consider:

* **Focus groups with representative cross-sections of council or similar roles** – for example, gathering a range of staff to have input on ‘Council as a workplace and employer’ or a group of Councillors to navigate discussions about their role.
* **One-on-one interviews to discuss specific topics or navigate sensitivity –** for example, interviewing a service area leader on their work or someone who has flagged that they have sensitive feedback about practices.
* **Supplementing input with data or analysis –** for example, drawing on previous staff surveys, submissions to the Municipal Association of Victoria’s *Gender equality (GE) and prevention of violence against women (PVAW) survey of Victorian councils*[[28]](#endnote-29) or self-assessments done as part of your GEAP, GIAs or workplace equality and respect standards.[[29]](#endnote-30) The survey is available under ‘MAV-produced resources’ on [MAV’s Family violence prevention resources page](https://www.mav.asn.au/fvp_resources) <https://www.mav.asn.au/fvp\_resources>.

Whenever planning a group discussion, consider whether the group composition will enable honest and safe discussion. For example: some staff may feel less comfortable speaking candidly with leaders in the room, women may be less candid with unfamiliar men in the room, some primary prevention advocates may be particularly skilled at managing staff who are less supportive of primary prevention.

| Note |
| --- |
| Health check engagements are an opportunity to both gather insights and begin engaging people for change. Involve people at all stages of understanding and supporting primary prevention – not just those who are already enthusiastic champions. It is important for you to hear from a representative cross-section and for ‘on-the-fence’ staff to hear from others about your council’s work. |

| Where to start |
| --- |
| If you are not ready to prepare for a full health check, you can use this tool to prompt your own thinking about possible areas of focus. Try completing Appendix C based on your understanding of work across council, or by reviewing any available policies and enterprise agreements. While this will not provide a full picture, you may identify areas to focus on when building initial support. Once you have more support for primary prevention work, come back and complete the health check fully. |

* 1. Conducting the health check

|  |
| --- |
| Note |
| Before commencing health check engagements, ensure that you have:   * located or arranged council and external support for those experiencing distress or disclosing experiences * briefed all facilitators about how and where to access this support or direct participants. |

At the beginning of any health check session, there are a few steps you should take to ensure that participants are safe, comfortable and willing to share insights. Ensure participants understand:

* what primary prevention is, why it is important and what council’s role is
* why you are doing a health check and any other relevant programs of work in council
* that these conversations should be open and honest, which requires everyone to be respectful
* the level of confidentiality (you may wish to attribute sections of the health check to particular ‘participant lists’ or keep it all entirely anonymous)
* that it is okay not to share an opinion if you do not feel you have enough insight
* the health check is about gathering insights – the ‘examples’ are to prompt discussion rather than conduct an audit and participants should record their reasoning or evidence wherever possible
* that conversation will be focused on primary prevention rather than detailed discussions of violence, but that some people may find the conversations distressing. Support is available from council and external parties in the event of any distress or disclosure
* who you and others in the room are.

Fill out the relevant sections of the health check tool (**Appendix C**). Remember, this exercise is about gathering insights, not meticulously auditing – if you can’t answer a question in the room, then it is likely that you are trying to answer it in too much detail. As facilitator, either record the reasoning and evidence for a group’s sentiment or prompt them to do so.

* 1. Prioritising and planning effort

You should now have many ideas for where your council could focus its efforts. There is no right or wrong place to start, however it can be helpful to consider starting with initiatives that have the greatest support, are feasible with minimal resources or are likely to make the greatest change.

Table 5 provides guidance for considering the possible focus areas and relevant constraints to choose a number of priority actions. You can find an empty template in **Appendix D** to work through your own planning process.

|  |
| --- |
| Note |
| You can use the template in **Appendix D** to prioritise your effort.  We recommend that you have the template open next to you while you read this section. |

Table 5: Prioritising and planning effort

**Possible actions to make change**

| Field | Response |
| --- | --- |
| **What opportunities to improve were identified in the health check?** | List any areas identified for growth or specific opportunities.  **Example**   * Shared understanding of purpose and goals – council could develop a vision or strategy. * Capability building across all levels of organisation. * Council as a service provider – a number of different service areas identified a need to consider primary prevention in their contracting with external organisations. * Partnerships are not consistent across council areas – could expand breadth and depth of partnerships. |
| **Are there areas of particular strength that you can celebrate, build on or share?** | List any areas of strength identified and how you could respond to these strengths.  **Example**   * Gender Equality Action Plan (GEAP) development process has built buy-in and understanding of gender equality across council – use these connections and associated forums to talk about primary prevention more broadly. * Sports and recreation service area have undertaken a number of primary prevention initiatives and have a gender equality officer who has helped lead this work – publicise this good practice across council and consider lessons for other service areas. * Arts and culture service area have strong partnerships with a number of local organisations – we can use this as a channel to consult about possible support or opportunities. * Council as a workplace and employer– recent work to meet Workplace Equality and Respect Standards in place, minimal priorities for improvement. * Council as a connector – gender equality specialists currently participate in local PVAW and GE networks. |
| **Are we meeting our legislative or strategic obligations?** | **Appendix B** outlines your legislative obligations for primary prevention and gender equality. If you are currently not meeting these legislative obligations, record any gaps here.  **Example**   * Council has undertaken GIAs for most of our new policies, programs and services, but not for those in transport or local laws yet. |

**Available resources**

| Field | Response |
| --- | --- |
| **What funding do we have available?** | The funding or resourcing available to you will shape where you choose to focus. Understanding your resource constraint can both help identify where to start and prompt you to begin seeking additional funding for larger initiatives.  **Example**   * Budget includes 0.5 FTE for improvement of council’s primary prevention and gender equality efforts. * Service area budgets are unclear – investigate further where budget or grants are available for specific initiatives. |
| **Where is there community support or demand?** | Your community may already strongly support taking action on gender equality and other essential actions to prevent family violence. This support can enable you to make substantial change. Conversely, if there is minimal community support, you may wish to focus on educational actions to begin your community’s journey.  You can gauge community support and understanding through:   * Our Watch’s tool for identifying stakeholders[[30]](#endnote-31) – see [Our Watch’s Identify community stakeholders page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/identify-stakeholders) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/identify-stakeholders> * existing consultation with community about their priorities for council action * consultation with partner organisations or community representation organisations * beginning a community co-design process[[31]](#endnote-32) – see [Our Watch’s Run a co-design process with your community page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/run-a-co-design-process-with-your-community) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/run-a-co-design-process-with-your-community>. |
| **Where is my internal support or opposition?** | Understanding where you have support or opposition within your council can help you make informed decisions about investing resources. If there are areas of resistance or a lack of support, you may wish to start with educational initiatives.  When considering support, consider:   * the who: where is there support in our teams, divisional leadership, council leadership and councillors? * the implications: what actions does this support enable? How much resource investment will managing opposition take?   **Example**   * Improving primary prevention approach identified as a priority by CEO. * Mixed support amongst councillors. * No evident resistance in any areas of council, some areas of low engagement. * Suggests that awareness or capability building initiatives would be valuable but no constraints on other kinds of initiatives. |
| **Priority 1, timeframe and responsibility** | * Develop a statement about council’s role, vision and priorities for primary prevention: around 3 months, CEO’s office. |
| **Priority 2, timeframe and responsibility** | * Invest in capability building across council: around 6 months, Primary responsibility with specialist role, liaise with human resources area. |
| **Priority 3, timeframe and responsibility** | * Work with service areas to develop action plans for their area, building on existing good practice in some service areas: around 6 months, Specialist to coordinate, area managers to deliver. |

1. Strengthening engagement across council

| In this section |
| --- |
| **For: Doer, leader, specialist and strategist**  This section outlines the roles of people across council in primary prevention and suggests some approaches to engaging different groups. The section also has guidance on responding to people with varying attitudes about primary prevention.  Use this section to:   * understand what your role in primary prevention is and the roles of others across council * identify effective ways of engaging people across the organisation * understand how to respond to the different attitudes of people across council. |

Everyone, at all levels of council, has a part to play in primary prevention. The efforts of people within council contribute to developing a culture where primary prevention becomes part of everyone’s business-as-usual work.

People in council will start at different points in their journey of engaging with primary prevention, and therefore will hold varying attitudes towards the work. People also have different roles to play depending on their function in council.

* 1. Roles and responsibilities in primary prevention

Across council there are varying roles and responsibilities related to primary prevention, and different strategic priorities for people in the organisation. Understanding these roles and priorities will identify the right approach to help people move along their pathway of understanding and engagement with the issue.

A starting point for engaging all people across council, regardless of their role and current attitudes, is through capability development programs. There are capability development programs run by specialists that can help build understanding of family violence and how each person can contribute to positive social change. This type of formal training can be delivered by people internal to the council or external partners, and through a range of media. More details about capability development are available in **section 4,** **Building organisational capability**.

**Connection to the response sector and support for victim survivors** – As this work is being undertaken at councils, you should expect disclosures of experiences of family violence and other forms of violence against women from staff and in the community to increase. **Ensuring the safety of everyone when doing primary prevention work** (of this document) provides some advice on what to do when someone discloses to you.

Table 6 outlines the primary prevention role of people across council and the key messages for each level. The table can be used to gain a better understanding of your own responsibilities in relation to primary prevention and to clarify the roles of others.

People in some roles will be directly involved in primary prevention in the council or community and for others the role will be more about creating cultural change to support primary prevention. The key messages column also provides some suggestions of what leaders might ask from staff to better understand the situation in their local context, or for staff to proactively approach leaders to build commitment. Key messages and evidence can be presented through a brief case for change, formal business case, informative presentation or even informal conversations.

**Internal communication and engagement** – It’s everyone’s responsibility to engage with the conversation about family violence and violence against women. Communications about this work should be ongoing to continue the dialogue about family violence, reinforce culture change and celebrate success.

Table 6: Roles in primary prevention and engagement approach for people across council

* [**Mayors and councillors**](#MayorAndCouncillors)
* [**CEO and executive**](#CEOandExecTable)
* [**Management and team leaders**](#MgmtAndTeamLdrsTable)
* [**Officers**](#OfficersTable)

**Mayor and councillors**

| Element | Description |
| --- | --- |
| Role in primary prevention | Councillors have diverse roles as community leaders, decision makers and the public face of the council. They have the opportunity to shape their community by role-modelling behaviours that address the drivers of family violence and violence against women, such as reducing forms of discrimination and marginalisation (elaborated in **section 5, Embedding this work into everyone’s roles**).  They should strive to understand the issue of family violence and violence against women in their community. In council chambers they can advocate for the consideration of primary prevention and gender equality in the council’s formal decisions, including budgets.  Councillors can also connect directly with the community and engage them about primary prevention. |
| Case for change | * Family violence and violence against women is an issue everywhere in Australia and affects the communities that we, as councillors, represent. * Establishing a clear direction for primary prevention activities in council through a strategy development process will help ensure that the work is effective. * Violence and disrespect have no place in our local communities. Councillors have an important platform from which to influence community culture, attitudes and behaviours which reinforce this message. |
| How to engage | * Collect firsthand narratives from the community members about the devastating impact of family violence and violence against women or, conversely, the positive impacts of primary prevention initiatives. * Understand how the issue impacts their community to crystallise and raise the profile of the issue in the local context. * Involve councillors in shaping the council’s primary prevention strategy to provide valuable perspectives on the views of their constituents. |

**CEO and executive**

| Element | Description |
| --- | --- |
| Role in primary prevention | Leaders in council have a role in facilitating and enabling primary prevention work in their council. A critical role of leaders is to shape their council’s culture in three ways:   * modelling positive values and creating a culture of accountability that addresses essential actions related to reducing inequality, discrimination and marginalisation * enabling teams to embed primary prevention in their work by setting the agenda and providing the authorising environment for this work to happen * progressing measures in workplace enterprise agreements that address gender inequalities.   Leaders should openly promote and support the council’s primary prevention work and solidify this commitment by allocating council resources to these efforts. |
| Case for change | * Councils across Victoria have been undertaking work related to primary prevention of family violence and violence against women for many years, including gender equality, prevention of violence against women and prevention of gender-based violence. * While many councils have been undertaking primary prevention, there is still the opportunity to innovate and lead in this space. * Councils have a responsibility to their communities to act in the interest of their safety, health and wellbeing. Primary prevention is a major issue across Australia, including in your municipality. * There are various pieces of legislation that require councils to prevent family violence and all forms of violence against women. The three most relevant Acts are the Local Government Act, the Public Health and Wellbeing Act and the Gender Equality Act. * The impact of family violence and violence against women is devastating for every community in Australia. * Council leadership is ultimately responsible for the delivery of primary prevention work and accountable for outcomes. |
| How to engage | * Find examples of what other councils similar to yours (such as, in size and location) have done to demonstrate the potential impact of councils in primary prevention. * Identify how your council can show leadership in this space by doing innovative primary prevention work – that may include developing a new program, initiative or approach in your council, or by simply building on the work that other councils have done and tailoring it to your local context. * Present the responsibilities of council to act and legislative obligations of council to act as outlined in **Ensuring the safety of everyone when doing primary prevention work** (and detailed in **Appendix B**). * Present data and first-hand narratives about the impact of family violence and violence against women in your local area. * Understand the goals and vision of council leaders by engaging them when developing strategies related to primary prevention. |

**Management and team leaders**

| Element | Description |
| --- | --- |
| Role in primary prevention | Managers and team leaders have an important role as the bridge between executive leadership and activity on-the-ground.  Managers can support their leaders by providing feedback about the delivery of primary prevention work and its alignment to council strategies (such as council plan, municipal public health and wellbeing plan, any relevant primary prevention plans).  Managers and team leaders should create safe workplace cultures where people are respected and included. This includes:   * setting clear expectations about acceptable behaviour and meeting obligations to provide a safe workplace * role modelling to their teams * appropriately dealing with harassment and discrimination * not condoning violence * promoting equality * reporting incidents to executive leadership if required.   Managers can help shape team cultures where primary prevention becomes embedded in people’s business-as-usual (BAU) activities. |
| Case for change | * Primary prevention is relevant to every part of council’s work. * The collective work of departments and teams contributes to a stronger, healthier and safer community that is free from family violence and violence against women. * Within your council, departments and teams should align themselves to the council’s broader strategies that will include community wellbeing as a priority. If your council has a primary prevention strategy, your teams should be working towards achieving outcomes articulated in that strategy. * Including primary prevention as part of BAU work leads to higher performing teams by creating a more inclusive and safe culture for staff, and delivering better services to the community. |
| How to engage | * Support teams to understand their role in primary prevention and provide tangible examples from within your council or other councils (examples given in **section 5,** **Embedding this work into everyone’s roles**). * Include the roles of departments in a clear council vision and strategy to provide an anchor point for embedding primary prevention into team operations. If you don’t have a strategy yet, look at the vision in the state-wide Free from violence strategy[[32]](#endnote-33) – available on the [Victorian Government’s Free from violence page](https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence) <https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence>. * Set measurable goals for teams – including those related to legislative requirements such as the completion of GIAs under the Gender Equality Act. |

**Officers**

| Element | Description |
| --- | --- |
| Role in primary prevention | Council staff can all embed primary prevention into their practice. As the people who often work on-the-ground and interact directly with the community, they can use these day-to-day relationships to effect larger social change – for example, through education, ways of communicating, and identifying allies and supporters. Officers can also advocate for primary prevention to council leaders to drive change from a foundational level. All council staff have a responsibility to create a safe and productive workplace that values inclusiveness and equality. All staff can model inclusive behaviours, find better ways of working that promote inclusion and equality, and call out and report inappropriate behaviour when it happens.  More detail on how primary prevention can be embedded in BAU work across different council areas is available in **section 5,** **Embedding this work into everyone’s roles**. |
| Case for change | * Support individuals to understand their role in primary prevention and provide tangible examples from within your council or other councils (examples given in section 5). Clearly link these examples with the overall vision and outcomes that are in your primary prevention strategy. If you don’t have a strategy yet, look at the vision in the state-wide Free from violence strategy[[33]](#endnote-34) – available on the [Victorian Government’s Free from violence page](https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence) <https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence>. * Recognise and reward the efforts of council staff in contributing to positive social change. |
| How to engage | * Support teams to understand their role in primary prevention and provide tangible examples from within your council or other councils (examples given in section 5). * Include the roles of departments in a clear council vision and strategy to provide an anchor point for embedding primary prevention into team operations. If you don’t have a strategy yet, look at the vision on page 27 of the statewide Free from violence strategy[[34]](#endnote-35) – available on the [Victorian Government’s Free from violence page](https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence) <https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence>. * Set measurable goals for teams – including those related to legislative requirements such as the completion of GIAs under the Gender Equality Act. |

|  |
| --- |
| Where to start |
| If there is little engagement with the issue of family violence and violence against women at your council, you can start by talking to one person in a leadership position about it. This first conversation might not be ‘presenting the argument’. It could be as simple as opening the discussion by expressing that you think council could do a bit more in primary prevention and gender equality. You can then go on to suggest something practical like a simple way that you or a team could implement primary prevention in your BAU work (see **Appendix C** for inspiration).  Momentum for whole-of-council engagement will build over time. |

* 1. Responding to resistance and backlash

**Anticipation and response to resistance and backlash** – resistance and backlash should be expected when undertaking work like primary prevention that involves challenging norms and culture.

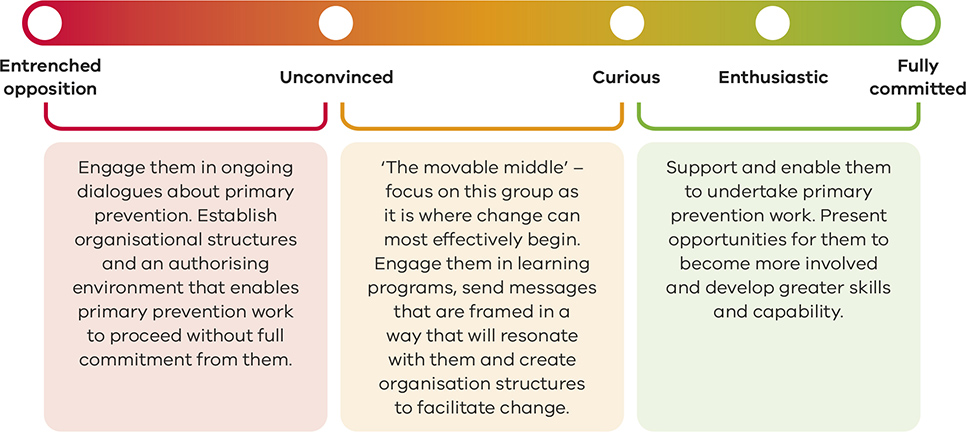
Some people in council may be eager to work on the issue, some may not understand completely but accept it as part of their evolving role, and others may resist or even seek to derail the work. Where each person is on their journey of understanding should be acknowledged and responded to in a different way. Suggestions on approaches for different attitudes are outlined in Figure 7.

In particular, knowing how to respond to resistance and backlash attitudes are important. Some strategies to these attitudes are:

* framing – presenting the information in a way that resonates with a person or group
* organisational – developing processes and a workplace culture that prevents resistance and helps people engage with the issue
* teaching and learning – to challenge the status quo and support people’s readiness to make change.[[35]](#endnote-36)

These strategies and more are detailed in VicHealth’s *(En)countering resistance: Strategies to respond to resistance to gender equality*.[[36]](#endnote-37) This is available on [VicHealth’s 13 steps to tackle gender discrimination page](https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination) <https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination>.

Figure 7: Spectrum of attitudes toward primary prevention work



### Additional resources to build engagement in your council

Australian Institute of Health and Welfare’s (AIHW) *Family, domestic and sexual violence in Australia: continuing the national story 2019* for the most recent national statistics on the prevalence and impact of family, domestic and sexual violence. See [AIHW's Family, domestic and sexual violence in Australia: continuing the national story 2019 page](https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/summary) <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/summary>.

[Crime Statistics Agency’s Family Violence Data Portal](https://www.crimestatistics.vic.gov.au/family-violence-data-portal) <https://www.crimestatistics.vic.gov.au/family-violence-data-portal> – for data on the prevalence and impact of family violence in Victoria.

[Our Watch’s Prevention toolkit for local government](https://handbook.ourwatch.org.au/localgovtoolkit/) <https://handbook.ourwatch.org.au/localgovtoolkit> – for more guidance on establishing primary prevention work in your council. Most relevant to this section are the following web pages:

* [Build a business case page](https://handbook.ourwatch.org.au/localgovtoolkit/1-get-prepared/business-case/) <https://handbook.ourwatch.org.au/localgovtoolkit/1-get-prepared/business-case>
* [Set up a local government working group page](https://handbook.ourwatch.org.au/localgovtoolkit/1-get-prepared/set-up-a-working-group/) (including engagement strategies) <https://handbook.ourwatch.org.au/localgovtoolkit/1-get-prepared/set-up-a-working-group>.

Municipal Association of Victoria (MAV) resources:

* [MAV's Family violence prevention page](https://www.mav.asn.au/fvp) <https://www.mav.asn.au/fvp>
* [MAV's Gender equality page](https://www.mav.asn.au/genderequality) <https://www.mav.asn.au/genderequality> – to illustrate what other councils are doing in this space.

VicHealth’s (En)countering resistance: Strategies to respond to resistance to gender equality initiatives – for information on expecting resistance and backlash and strategies for responding to people who are not committed. Available on [VicHealth’s 13 steps to tackle gender discrimination page](https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination) <https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination>.

VicHealth’s Framing gender equality: Message guide – for detailed information about how to productively frame gender equality messages for different audiences. Available on [VicHealth’s Gender equality health and wellbeing page](https://www.vichealth.vic.gov.au/media-and-resources/publications/gender-equality-health-and-wellbeing-2021) <https://www.vichealth.vic.gov.au/media-and-resources/publications/gender-equality-health-and-wellbeing-2021>.

[Our Watch’s Practice guidance: Dealing with backlash page](https://workplace.ourwatch.org.au/resource/practice-guidance-dealing-with-backlash) <https://workplace.ourwatch.org.au/resource/practice-guidance-dealing-with-backlash> – workplace equality and respect tool with practical advice on dealing with backlash against preventing violence against women.

Chief Executive Women and Male Champions of Change, *Backlash and Buy-in: responding to the challenges in achieving gender equality* – information about reasons for resistance and backlash and how to build buy-in. Available on [Chief Executive Women's Backlash and buy-in page](https://cew.org.au/advocacy/backlash-and-buyin/backlash-buy-in-responding-to-the-challenges-in-achieving-gender-equality/) <https://cew.org.au/advocacy/backlash-and-buyin/backlash-buy-in-responding-to-the-challenges-in-achieving-gender-equality>.

Safe and Equal’s *Unpacking resistance in respectful relationships and prevention of violence against women* – video series with real life examples of resistance and how to respond. Find the [Unpacking resistance playlist on Safe and Equal’s YouTube channel](https://www.youtube.com/playlist?list=PL1xbJ7cebeaq4ckiMrux26987mLW7PKWJ) <https://www.youtube.com/playlist?list=PL1xbJ7cebeaq4ckiMrux26987mLW7PKWJ>.

1. Strategy integration

| In this section |
| --- |
| **For: Leader, specialist and strategist**  This section provides some guidance on how a council’s strategy for primary prevention can be aligned to external strategies and plans, including Victoria’s state-wide Free from violence strategy. This section also provides guidance on how a council’s primary prevention strategy can be integrated with existing internal strategies and plans.  Some councils may already have a primary prevention of family violence strategy, or a strategy that closely relates to primary prevention of family violence (such as a prevention of violence against women or gender equality strategy). For you, this Section can be used to:   * reconsider the strategy in the context of the whole-of-council model * confirm the strategy is positioned and aligned with internal and external plans to get maximum traction * reconsider the strategy’s governance arrangements to support implementation.   For councils that are developing their primary prevention efforts, this section can be used to:   * understand important considerations when setting a primary prevention strategy * get some advice on how to develop a strategy that aligns with internal council, regional and state government strategies and plans * support constructive conversations with other councils who have a strategy in place to learn from their experience * understand how primary prevention can relate to business unit/department operational plans. |

Primary prevention work is most effective when there is a clear vision and strategy that orientates everyone’s efforts towards a common goal. Work that aims to prevent family violence and violence against women must not be an island within council – it must be strengthened and enabled by its connection to other council strategies and plans. It will be important to use the strategy development process to build commitment.

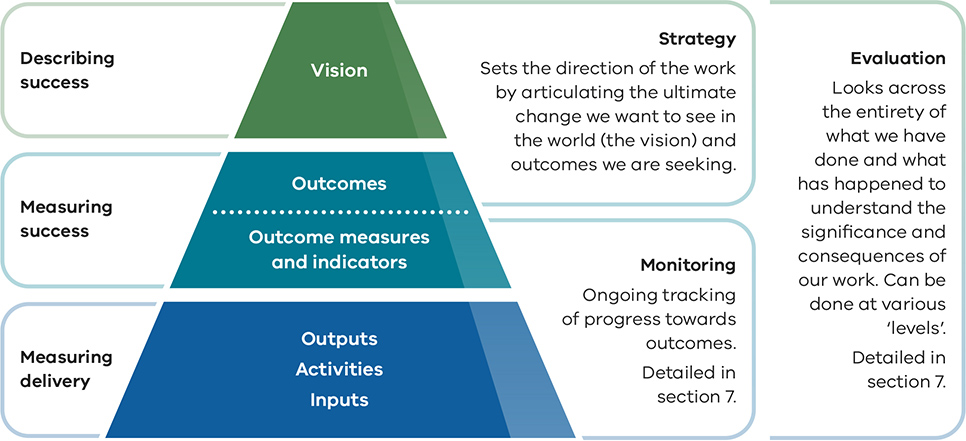
* 1. Developing a vision and strategy

There are many ways to structure a strategy, and developing strategies is something that councils are expert at. A strategy should take a vision and outcomes-led approach that aligns with the principles of the Local Government Act.[[37]](#endnote-38) Building on the Local Government Act and drawing on inspiration from Victoria’s public sector outcomes reform architecture, Figure 8 shows one way to structure a strategy.[[38]](#endnote-39)

Taking this approach will make it easier to undertake monitoring and evaluation aligned to this architecture.

| Where to start |
| --- |
| Your council doesn’t need a full strategy or plan to start. You could start simply by picking something that you might want to focus on – and event, an initiative, a setting (such as sports, early childhood education or council as a workplace and employer), a part of the community, or anything else – and work towards making a difference in a targeted way.  As activity and commitment grows, you can develop a formal council strategy to guide the work. |

Figure 8: Adapted outcomes reform architecture



Councils should use their established strategic planning processes to develop a primary prevention strategy.

**Community communication and engagement** – getting the community involved when setting a strategy like this is important to get their views on what is important. Community engagement is also a requirement of the Local Government Act.

**Inclusion of people with lived experience** – the perspectives of people who have experiences of family violence and violence against women are invaluable in helping set the direction for council. They should be engaged at the very start of strategy development and be considered for inclusion in governance groups.

There are also some important additional considerations when setting a primary prevention strategy.

* **Consider the whole-of-council model and council’s four domains of influence**. Your council may not target all four domains initially, but it is worth beginning with a broad view of opportunities across them all.
* **Get the right people involved**. The strategy-setting process can be as important as the final product. Engaging people across council, particularly leaders at council (including councillors), when developing primary prevention strategies will help create momentum to deliver. Meaningful community consultation will help align this strategy to the needs and preferences of the community.
* **Remember that the ultimate goals of primary prevention are long term**. Primary prevention involves large-scale social shifts, and will take persistent effort from a whole network of allies. **Section 7** discusses the outcomes and goals that are relevant to councils that may be included in the primary prevention strategy.
* **Make the strategy as inclusive as possible**. Primary prevention is for everyone. Consider intersectional practice (see **Glossary**) and how the vision and goals can be inclusive of everyone's experience and context. This means planning to address the inequalities that lead to increased risk of violence for groups that experience discrimination or marginalisation.

**Aboriginal self-determination** – the strategy must consider the experience of violence in Aboriginal communities. Aboriginal organisations and communities should be involved in helping set a primary prevention strategy that empowers and works for them. Meaningful collaboration with Aboriginal organisations and communities goes beyond just consultation and must involve co-design of strategic goals and activities.

| In action: Maribyrnong City Council develop an overarching vision and principles for primary prevention |
| --- |
| In 2010, Maribyrnong City Council implemented the Respect and Equity project to develop a whole-of-organisation approach to local government primary prevention of violence against women. The project demonstrated positive cultural change through policy, programming, planning and practice across council.  Building on this work, in 2019 the council released Towards gender equity 2030, a long-term strategy to achieve gender equality, prevent family violence and respond to the needs of victims of family violence in Maribyrnong. Developed with in-depth staff and stakeholder consultation, it includes an overarching vision and principles that are shared across the organisation. The 21 strategies cover the council’s role in six areas: service provision and community strengthening, local leadership, policy and planning, developing facilities and creating safe public environments, and as employer and procurer.  The strategy is available on [Maribyrnong City Council’s Gender equality page](https://www.maribyrnong.vic.gov.au/Residents/Staying-safe-and-healthy/Gender-Equality) <https://www.maribyrnong.vic.gov.au/Residents/Staying-safe-and-healthy/Gender-Equality>. |

* 1. Consistency with external strategies and plans

Councils can build on the existing work undertaken by state government and other partners to develop their primary prevention strategy. Consistency with state-level and regional strategies will help ensure council efforts:

* contribute to a coordinated network of strategic initiatives at the regional level and state level
* build on research and approaches developed by the expert partners and the Victorian Government.

Table 7 provides some good places to look for ideas when developing council’s own approach.

Table 7: Summary of related external primary prevention strategies

| Strategy or plan | Relevance | How to align |
| --- | --- | --- |
| Free from violence: Victoria’s strategy to prevent family violence and all forms of violence against women (FFV)[[39]](#endnote-40)  Available on the [Victorian Government’s Free from violence page](https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence) <https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence>. | FFV is the Victorian Government’s state-wide primary prevention of family violence and violence against women strategy. The strategy outlines the case for change, causes of violence and the approach for primary prevention. | FFV outlines a clear approach for addressing family violence and all forms of violence against women:   * focus on the drivers of violence that have been identified through years of research * act on the reinforcing factors that form part of the evidence base for this work * work with the whole community and recognise that everyone has a role to play * reach people in a range of places acknowledging that changing a population requires action at every part of the system * connect and coordinate prevention efforts by tapping into the network of prevention (such as, through partnerships) * build continuity with the response system so that people who have lived experiences are supported.   Councils can use the above list of approaches and develop specific actions that are tailored to a local level. Support for developing specific actions in different functional areas of council is in **section 6,** **Tailored action plans**.  FFV also articulates a clear vision for what the future looks like when Victoria is successful in primary prevention that councils can adapt to their local context. |
| Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families[[40]](#endnote-41)  Available on the [Victorian Government’s Dhelk Dja: Safe our way page](https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way) <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way> | Dhelk Dja articulates a long-term commitment and vision for partnership between Aboriginal communities, Aboriginal services and government to work together to ensure that Aboriginal people, families and communities are violence-free. Dhelk Dja is built upon the principles of Aboriginal self-determination. | The Dhelk Dja vision recognises that: ‘Aboriginal-led and designed strategies, supported by government, sector and system transformation, are required to reduce the significantly higher levels of family violence experienced by Aboriginal people, and the disproportionate impact of this violence on Aboriginal women and children.’  When setting the primary prevention strategy for working with Aboriginal peoples, it is important that councils mirror the Dhelk Dja’s guiding principles for realising a vision for a future free from violence:   * self-determination (see **Glossary**) * collaboration and partnerships * strengths-based * cultural and trauma-informed resilience and healing approaches * safety * accountability, transparency and honesty of all parties.   These principles should be integrated into the strategy to describe how councils will go about their primary prevention activities. |
| The Family Violence Outcomes Framework (FVOF)[[41]](#endnote-42)  Available on the [Victorian Government’s Family violence outcomes framework page](https://www.vic.gov.au/family-violence-outcomes-framework) <https://www.vic.gov.au/family-violence-outcomes-framework> | The FVOF has four domains of outcomes. Domain 1 (prevention) establishes the ultimate outcome for primary prevention work: ‘family violence and gender inequality are not tolerated’*.* | The FVOF’s ultimate vision is supported by four outcomes:   * Victorians hold attitudes and beliefs that reject gender inequality and family violence * Victorians actively challenge attitudes and behaviours that enable violence * Victorian homes, organisations and communities are safe and inclusive * all Victorians live and practise confident and respectful relationships.   These outcomes can be directly used as part of a council’s primary prevention strategy. The FVOF also has outcome measures that are aligned to each indicator that can be used for monitoring and evaluation (elaborated in **section 7,** **Monitoring, evaluation and dissemination**). |
| Victorian public health and wellbeing plan 2019–2023[[42]](#endnote-43)  Available on [Health.vic's Victorian public health and wellbeing plan 2019–2023 page](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023) <https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-plan-2019-2023>. | All council municipal health and wellbeing plans (MPHWPs) must be consistent with Victoria’s state-wide public health and wellbeing plan 2019-2023.  The state’s public health and wellbeing plan includes ‘preventing all forms of violence’ – with a strong emphasis on preventing family violence and violence against women – as one of its ten priorities. | The prevent all forms of violence priority area in Victoria’s public health and wellbeing plan seeks to achieve the following:   * women, men, girls and boys are treated equally with respect and dignity * all parts of the community are engaged in practical and creative ways to learn about respectful, safe and equitable relationships * women and children are resourced, supported and empowered to make decisions regarding their safety and wellbeing * all Victorians feel safe and empowered to take a stand against family violence.   These objectives can form outcomes within the council’s MPHWP (that supplements the FVOF) to encompass prevention of violence against women more broadly. As part of the Public Health and Wellbeing Act, councils will need to report on measures they propose to take to ‘reduce family violence and violence against women and respond to the needs of victim survivors’ every two years. |
| Regional partnerships strategies | Your council may be a part of a regional primary prevention partnership that is led by your local women’s health service forming a network of organisations to work together in primary prevention. | Each regional partnership strategy is different, but all will work within the policy frame of FFV and the Victorian public health and wellbeing plan. First and foremost, you should work with your local women’s health services to see how your council’s strategy can align with the regional partnership strategy.  In general, you should align the goals or outcomes of your council’s primary prevention strategy with those described in regional partnerships strategy.  The regional partnerships strategy will also identify priority action areas that can be used to plan what council is doing and how council is doing it. |
| Everybody matters: inclusion and equity statement[[43]](#endnote-44)  Available on the [Victorian Government’s Everybody matters: inclusion and equity statement page](https://www.vic.gov.au/everybody-matters-inclusion-and-equity-statement) <https://www.vic.gov.au/everybody-matters-inclusion-and-equity-statement> | Everybody matters outlines the long-term vision for an inclusive, responsive and accessible family violence system for all Victorians. The statement recognises that diverse communities and groups that are typically marginalised have different experiences of family violence. | The statement has three priority areas to create an equitable family violence system in Victoria:   * building knowledge * building capacity and capability * strengthening targeted services.   Each of these priority areas has specific suggestions on what is needed and what success looks like for this priority area. Councils can use the ‘what is needed’ suggestions to gain inspiration for how they can deliver primary prevention activities to serve all Victorians, and consider including what success looks like as part of their outcome measures. |

You may also want to consider how your strategy supports the objectives of:

* Child Safe Standards that aim to keep children safe from harm and abuse
* MARAM Framework that aims to increase the safety of people experiencing family violence.
  1. Integrating with internal documents

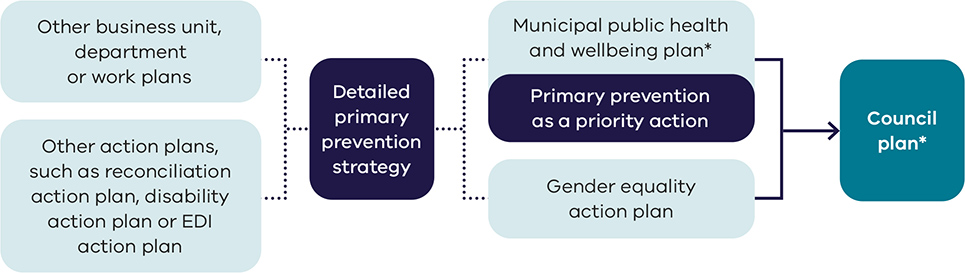
Primary prevention is about action and an effective strategy is one that helps get the work done. In that sense, the most practical path for integrating primary prevention into your council is likely the best way. A primary prevention strategy might, therefore, not be a ‘conventional’ strategy, but could be:

* leadership commitment statement
* set of priorities that becomes part of one executive’s remit
* action plan
* part of a broader plan, such as a gender equity plan or inclusion plan.

From any launching point, you can then work towards a more comprehensive and integrated strategy that guides the whole-of-council model, described next.

A best-practice approach to integrating primary prevention strategy will provide an anchor to the council’s broader goals, support legislative obligations, and guide real action ‘on-the-ground’. One model for integrating primary prevention using this approach is shown in Figure 9.

Figure 9: Options for integrating a primary prevention strategy



**Note:** Some councils may have combined the council plan and municipal public health and wellbeing plan

**Support from specialists and internal and external partnerships** – specialist partner organisations like Women’s Health Services and Safe and Equal have been working in alignment with relevant state-level strategies for a long time; they will have practical insights about how to do it well. It will also be important to work with council teams to ensure primary prevention is reflected in their business unit plans.

This integrated strategy model has the following features.

* Anchors primary prevention to council’s wider goals to help create buy-in and highlight that primary prevention is an important issue to council.
* Includes primary prevention as part of the council’s municipal public health and wellbeing plan (MPHWP) that focuses on community-facing parts of primary prevention. Incorporating measures to prevent family violence are legislatively required for council’s MPHWPs under the Public Health and Wellbeing Act.
* Links the workplace-facing parts of primary prevention to the GEAPs that are legislatively required under the Gender Equality Act.
* Fully articulates the vision, outcomes, and actions for the whole-of-council model in a detailed strategy. Your council may already have this element of the model in the form of a strategy for the prevention of family violence, prevention of violence against women, gender equality or something else that is similar.
* Operationalises the strategy through the business unit plans for various functional areas across council (further information on how primary prevention can be embedded into different functions of council are described in **section 5,** **Embedding this work into everyone’s roles,** and **section 6,** **Tailored action plans**).
* Connects to other plans in council such as disability action plans, reconciliation action plans, and equity, diversity and inclusion plans. These links are important as two essential actions to address the drivers of family violence and all forms of violence against women are to reduce other forms of discrimination and marginalisation, and to build healthy strong communities based on cultural identity and belonging. Links can be drawn by identifying common goals across plans and strategies.

**Applying intersectional practice and inclusion of diverse groups** – primary prevention work will link to many other pieces of work that can help address compounding factors of disadvantage.

**Aboriginal self-determination** – councils should incorporate the principles of Aboriginal self-determination in setting the strategy. Alignment with Dhelk Dja is essential.

| In action: City of Melbourne incorporates primary prevention across internal strategies and plans[[44]](#endnote-45) [[45]](#endnote-46) |
| --- |
| The City of Melbourne has recently developed its municipal public health and wellbeing plan (MPHWP, incorporated into its council plan) that includes prevention of family violence and violence against women as a priority area. The MPHWP sets a broader vision (zero tolerance of violence in our community including family violence, violence against women and other forms of discrimination). Medium-term outcome measures that are linked to this vision show how progress will be counted.  A prevention of violence against women action plan is also being developed. This action plan sets the strategy direction for preventing violence against women and supports the MPHWP by identifying specific themes, actions, outcomes and partners in primary prevention. The action plan also identifies connections between the broader policy context of primary prevention, such as FFV, and the preventing violence against women regional partnerships plan led by Women’s Health West. The plan currently out for community consultation. |

* 1. Principles for good governance

Governance describes the set of structures that enable things to get done. Establishing robust governance will help drive the primary prevention work by clarifying who is accountable and who is responsible.

All councils will have different processes and structures for governance. Some councils may already have groups that oversee primary prevention or related work. As much as possible, primary prevention should be included in the remit of existing groups and structures to maximise efficiency. For example, many councils will have a working group to deliver changes required by the Gender Equality Act that has relevance to primary prevention.

Councils may also have multiple ‘tiers’ of governance – at the strategy level, program level and initiative level – to provide a distribution of responsibilities focusing on different levels of activity.

Regardless of your council’s existing governance arrangements or processes, there are five considerations for successful governance in primary prevention.

* **Actively involve senior leaders in governance groups**. Participation of senior leadership will provide the authorising environment for the work to happen.
* **Connect the governance group’s Terms of Reference to legislative requirements and the general responsibilities of councils**. Legislation is a helpful tool for eliciting action and primary prevention is related to a number of council’s legislative obligations (see **Appendix B**).
* **Include men and boys**. The wholesale social change required for primary prevention demands the involvement of all genders, and engaging men and boys in this work through its governance is important.
* **Consider including expert partners and organisations**. Primary prevention is complex. Experts, like women’s health services and Safe and Equal, have the specialised knowledge of contemporary evidence and practice that can be helpful in guiding successful primary prevention work.
* **Consider casting the net wide for who is involved**. Primary prevention affects everyone. It is therefore important to involve everyone across the council – councillors, executive, council officers, community members and so on. This includes people from across all functional areas of council.

| In action: Partnership structure for governance enables successful community-scale program delivery[[46]](#endnote-47) |
| --- |
| Monash City Council, in partnership with VicHealth and Link Health and Community, piloted a world-leading Generating Equality and Respect (GEAR) program for primary prevention of violence against women.  The GEAR program used an executive committee in three-way partnership between the council, VicHealth and Link Health and Community as the overarching governance group. The executive committee had senior leaders from each of the partner organisations to facilitate collaboration. A partnership agreement stated the partnership’s goals and objectives, principles, obligations, roles and responsibilities, and underpinned the governance structure.  An evaluation found that the executive committee was an effective governance mechanism to deliver the GEAR program but recommended some improvements such as bringing a greater focus on the program’s strategic direction, building better understanding of organisational contexts and priorities and involvement of external stakeholders. |

### More resources to help develop your council’s primary prevention strategy

Our Watch’s *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*

* provides detail on an explanatory model for violence, the drivers of violence and approaches and techniques to help orientate your strategy to the established evidence
* available on [Our Watch’s Change the story page](https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia) <https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-in-australia>.

*Victorian Aboriginal and local government action plan*:

* outlines a framework and provides case studies for local government partnering with Aboriginal communities and Aboriginal services to improve the lives of Aboriginal Victorians
* available on [Local Government Victoria’s Victorian Aboriginal and local government action plan page](https://www.localgovernment.vic.gov.au/our-partnerships/aboriginal-local-government-action-plan) <https://www.localgovernment.vic.gov.au/our-partnerships/aboriginal-local-government-action-plan>.

*Family violence and municipal public health and wellbeing planning: Guidance for local government*:

* [Health.vic’s Family violence and municipal public health and wellbeing planning page](https://www.health.vic.gov.au/publications/family-violence-and-municipal-public-health-and-wellbeing-planning-guidance-for-local) <https://www.health.vic.gov.au/publications/family-violence-and-municipal-public-health-and-wellbeing-planning-guidance-for-local>
* [MAV’s Municipal public health planning page](https://www.mav.asn.au/what-we-do/policy-advocacy/public-health-safety/municipal-public-health-planning) <https://www.mav.asn.au/what-we-do/policy-advocacy/public-health-safety/municipal-public-health-planning>.

Victorian Trades Hall Council’s (VTHC) safe and respectful workplace resources:

* a range of resources for workers and employers to prevent, identify and address gendered violence and drivers of violence
* available on [We are Union VTHC’s Resources page](https://www.weareunion.org.au/srwp_resources) <https://www.weareunion.org.au/srwp\_resources>.

WorkSafe’s guide to work-related gendered violence including sexual harassment:

* a guide for employers on preventing and responding to work-related gendered violence and sexual harassment
* available on [WorkSafe’s Work-related gendered violence including sexual harassment page](https://www.worksafe.vic.gov.au/work-related-gendered-violence-including-sexual-harassment) <https://www.worksafe.vic.gov.au/work-related-gendered-violence-including-sexual-harassment>.

1. Building organisational capability

| In this section |
| --- |
| **For: Strategist**  This section provides guidance on building capability across council. Use this section to gain an understanding of:   * whose capability we are developing, what should they be learning and why, * when and where to develop capability, and * how capability can be developed.   This section is most relevant to *people and culture* teams and some leaders in council. If you are a leader in the council looking to develop capability in your team, feel free to also read this section for information and work with *people and culture* to coordinate the roll out of capability development initiatives.  Follow on to **section 5,** **Embedding this work into everyone’s roles**, and **section 6,** **Tailored action plans**, to plan your capability development initiatives. |

**Connection to the family violence response sector and support for people who have experienced family violence** – learning and development should involve an understanding of how to respond to disclosures – something that will become increasingly important as primary prevention work expands and disclosures increase. Organisations should have the appropriate pathways set up to handle disclosures and individuals should be equipped to respond if someone discloses. **Ensuring the safety of everyone when doing primary prevention work** has some advice on what to do when someone discloses to you.

Developing capability is critical to embedding primary prevention across council. Not everyone needs to be an expert but it is important that everyone has a baseline level of understanding and capability. The MARAM Framework highlights a **shared understanding of family violence** as an important factor in promoting an effective and integrated service response to address family violence.[[47]](#endnote-48) Workforce development in primary prevention will also support achieving requirements under the Gender Equality Act and undertaking GIAs.

| Where to start |
| --- |
| You start capability development by hosting casual, accessible sessions. Starting topics could include the basics of gender equality and primary prevention principles. For example, lunchtime learning sessions that go through the basics of gender inequality, its impacts and the small things people can do every day to promote equality could be a good place to start.  You can draw on the information provided in this guide’s **Welcome** section and get inspiration from MAV’s Why gender matters fact sheet – factsheets available under ‘MAV produced resources’ on [MAV’s Family violence prevention resources page](https://www.mav.asn.au/fvp_resources) <https://www.mav.asn.au/fvp\_resources>.[[48]](#endnote-49) |

* 1. The who, what and why of capability development

**Anticipation and response to resistance and backlash** – for some, learning about this topic can be uncomfortable so expect there to be varying attitudes toward the subject matter (refer to **section1, Health check**, for approaches to respond to different attitudes).

Different groups of people in council will need different sets of skills and knowledge for primary prevention. The *Preventing family violence and violence against women capability framework*,[[49]](#endnote-50) developed by the Victorian Government, defines two main groups:

* **contributors** – those who have primary prevention as part of their role but is not their main focus. This descriptor likely encompasses people who are on the Doer, Leader and Strategist pathways in this guide.
* **practitioners** – those who specialise in designing, implementing and monitoring primary prevention actions. This descriptor is primarily for people on the Specialist pathway as described in this guide.

Table 8 is based on the capability framework and summarises the knowledge and skills for contributors and practitioners. The framework is available on the [Victorian Government’s Family violence capability frameworks page](https://www.vic.gov.au/family-violence-capability-frameworks) <https://www.vic.gov.au/family-violence-capability-frameworks>.

Table 8: Capability development objectives

| Who | What | Why |
| --- | --- | --- |
| **Contributors** to primary prevention (Doer, Leader and Strategist) | Foundational knowledge:   * what family violence and violence against women are (awareness) * how these types of violence affect the community (impact) * the drivers of these types of violence and the primary prevention approach (causes) * understanding of the signs of violence and how to refer those who disclose their experience.   Embedding it into BAU: Understanding of how primary prevention relates to their day-to-day role.  Creating a better workplace culture and community: Understanding how everyday conduct and behaviour can contribute to primary prevention and shaping workplace culture:   * unconscious bias training * bystander training * gender equality * sexual harassment training. | Basic knowledge of family violence and violence against women and its impact can establish the motivation (case for change). Contributors should understand that we can make a difference by changing social norms is – and, therefore, that it’s something that needs everyone’s effort. This effort can be manifested in the content of their work – that is the process and practices in their day-to-day roles – and in the attitudes and behaviours that exhibit at work (and in the community).  Undertaking primary prevention work will make people more aware of instances of family violence and violence against women and will likely increase disclosures. Everyone should be prepared to appropriately manage these situations by understanding the 3 Rs (recognise, respond and refer). **Ensuring the safety of everyone when doing primary prevention work** has some advice on what to do when someone discloses to you. |
| Primary prevention **practitioners** (Specialist) | * All of those listed for ‘Contributors to primary prevention’ * In-depth understanding of the connection between the drivers of violence and the varying experiences of family violence and violence against women on different communities * Designing logical, sequenced and sustainable primary prevention initiatives, based on research, theory and evidence * Implementation and monitoring of primary prevention initiatives * Documenting and disseminating process, impact and outcomes * Leadership, advocacy and policy reform. | Experts in primary prevention must act in many different capacities to lead and support the primary prevention work in their council. They may develop initiatives, support other teams to identify areas for improvement, manage programs through their lifecycle, and deliver capability development themselves.  Preventing family violence and violence against women capability framework has a comprehensive list of suggested knowledge and skills for practitioners. |

The MARAM framework outlines the capabilities required for professionals to identify, assess and manage family violence risk. Some council staff such as Maternal and Child Health (MCH) Nurses and early childhood educators are part of the ‘prescribed workforce’ (as defined in Family Violence Protection Act 2008) who must apply the MARAM Framework.

* 1. When and where to deliver capability development

The most effective way to boost capability at scale is to make primary prevention a part of standard organisational learning processes and programs. These programmatic changes can be made to the following.

* **Recruitment**. When recruiting new staff take the opportunity to confirm that as a workplace council values inclusiveness, gender equality and a culture of respect.
* **Induction** (including inductions for councillors). General induction training programs should include foundational training about primary prevention (see Table 8 for contributors). In role-specific induction programs, it should be made clear that primary prevention is part of everyone’s day-to-day role (with examples given of how they can embed primary prevention into their work).
* **Annual or regular staff development programs**. Embedding primary prevention into your council’s regular development program calendar is an effective way to scale primary prevention training. There are many ways to do this such as including active bystander training in programs about workplace culture. It is also important to include MARAM-aligned training for frontline customer service staff to recognise the signs of family violence and understand their obligations and options in response.
* **Ongoing interactions with staff**. Capability development should also extend beyond single sessions or even multi-part programs. Embedding primary prevention requires ongoing dialogues and training that can be delivered in a more ‘informal’ context (such as ‘lunch and learn’ sessions) or through regular council communications.

**Comprehensive organisational development programs** are another effective way to create change. These development programs can blend learning formats (workshops, discussions, eLearning and so on) and engage council staff a range of functions and levels.

Capability development can also be done through workshops whenever people are available, but this approach is less likely to create sustained, organisation-wide change.

| In action: Yarra Range Council delivers structured workshops across the organisation to embed gender equity considerations into BAU[[50]](#endnote-51) |
| --- |
| Yarra Ranges Council delivered a set of targeted workshops to embed gender equity an inclusion into ‘business as usual’ work across the organisation.  The council’s gender equity officers engaged ten teams that attended two workshops each. The teams spanned the whole range of council from executives to maternal and child health and transport. The workshops taught attendees about how to apply a gender lens to their work and create team-specific gender equity action plans. Workshops also supported participants to complete a team self-assessment using an adapted version of the Workplace Equality and Respect Standards. 92 per cent of attendees who completed evaluation surveys reported an increased understanding of the importance of applying a gendered lens to their work.  Learning continued to be shared through community of practice meetings. |

| In action: Hepburn Shire Council builds whole-of-council capability through training, induction and communications[[51]](#endnote-52) |
| --- |
| Hepburn Shire council undertook a council-wide capability development program that sought to integrate gender equity into the council and community. Staff received training on preventing violence against women, unconscious bias and bystander approaches. 82 per cent of all council staff participated in at least one training session. Elements from the training sessions were incorporated into annual staff inductions.  The CEO supported the program by sending communications about the work to staff and the community.  Ultimately, the council created a gender equity in the workplace action plan, developed a leadership statement on gender equity and implemented a gender equity advisory committee. |

* 1. How to deliver capability development

Live face-to-face learning is most effective for primary prevention and should be delivered by specialists. It is important specialists are involved not only for their subject matter expertise, but also because they will know how to respond to disclosures that may emerge during training. There are several options available for specialist trainers, including:

* specialist prevention of violence against women, gender equality or prevention of family violence staff at your council
* specialists at other councils
* Safe and Equal (previously the Domestic Violence Resource Centre Victoria and Domestic Violence Victoria)
* women's health services
* No to Violence
* external trainers and consultants.

If you are selecting an external training provider, make sure that you consider if their training program is suitable for the local government context – many providers deliver generic training that may not be relevant or easily adapted. Also consider if the training program meets your staff where they are at – that is, the program does not assume any background knowledge if staff are just starting out in understanding primary prevention.

Connecting with other councils can support capability development. You may consider partnering with other councils to pool resources for capability development training. Peer learning opportunities are also an invaluable way of building capability, for example see [MAV’s Gender Equality and Preventing Violence Against Women and all forms of Gender-Based Violence Network page](https://www.mav.asn.au/fvp_network) <https://www.mav.asn.au/fvp\_network>. If face-to-face training is not possible, there is also a range of online courses available (eLearning).

Some of the key resources for capability development are shown in Table 9.

Table 9: Capability development resources

|  |  |
| --- | --- |
| Audience | Resource |
| For contributors | [Family Violence and Gender Equality Learning Portal](https://liberateforequality.com/) <https://liberateforequality.com> – free eLearning about the basics of gender equity and family violence, developed by Port Phillip City Council in collaboration with other councils and partners. |
| For practitioners | Partners in Prevention:   * [Partners in Prevention's Where to start page](https://www.partnersinprevention.org.au/resources/careers-in-primary-prevention/where-to-start/) <https://www.partnersinprevention.org.au/resources/careers-in-primary-prevention/where-to-start> * helpful resources for practitioners to extend their knowledge and skills, and for people interested in a career in primary prevention.   Women’s Health Victoria (WHV):   * [WHV's Introduction to the prevention of violence against women course](https://womenshealthvictoria.otrainu.com/product/pvaw-101/) <https://womenshealthvictoria.otrainu.com/product/pvaw-101> – free course to develop foundational knowledge to support further studies or work in gender equity and prevention of violence against women. * [WHV’s Online courses in gender equity: Microcredentials page](https://whv.org.au/resources/whv-publications/online-courses-gender-equity-microcredentials) <https://whv.org.au/resources/whv-publications/online-courses-gender-equity-microcredentials> – online courses developed to support gender equity practitioners. |
| For both | Your local women’s health service will offer a range of learning and development courses.  [No to Violence’s training and professional development page](https://ntv.org.au/sector-resources/training/) <https://ntv.org.au/sector-resources/training>– courses for a range of audiences from specialist practitioners to leadership groups.  Safe and Equal – a range of information, tools and training programs:   * [Safe and Equal's Training and professional development page](https://safeandequal.org.au/training-events) <https://safeandequal.org.au/training-events> – a mixture of formal accredited courses, non-accredited courses, online and in-person training * [Safe and Equal's Family violence foundations course page](https://safeandequal.org.au/training-events/family-violence-foundations) <https://safeandequal.org.au/training-events/family-violence-foundations> * bystander training * workplace equality and respect standards training.   Accredited course: Identifying and Responding to Family Violence Risk (22510VIC):   * [MySkills' Course in Identifying and Responding to Family Violence Risk page](https://www.myskills.gov.au/courses/details?Code=22510VIC) <https://www.myskills.gov.au/courses/details?Code=22510VIC>.   Participating in free networks like the Partners in Prevention network for practitioners and communities of practice set up by women’s health services can help build capability. |

| In action: Nillumbik Shire Council develops capability through gender equity advocates |
| --- |
| Nillumbik Shire Council implemented a peer learning approach that trained 15 staff members as gender equity advocates, who then worked with service teams across council to provide information and guidance on incorporating gender equity in their work.  An authorising environment was created through the participation of five executives in the advocates training, delivered by external experts.  The advocates delivered 29 presentations to a total of 243 staff.  The staff capacity building has resulted in staff embedding gender equity principles into their practice. This includes gender equity in procurement and gender neutral language in the communications writing style guide.  At the completion of the 12-month project all gender equity advocates reported increased skills, knowledge and confidence in understanding that gender inequality is a driver of violence against women. The project was funded under the Free from Violence Local Government Grants Program in 2018.[[52]](#endnote-53) |

1. Embedding this work into everyone’s roles

| In this section |
| --- |
| **For: Doer, leader and specialist**  This section of the guide explains how primary prevention can be embedded into the day-to-day work of each council area.  Use this section to:   * learn more about the drivers of family violence and violence against women, and the essential actions to address them, * understand how primary prevention is relevant to each part of your day-to-day work, and * identify areas where you could incorporate primary prevention into your work. |

Primary prevention of family violence is a part of everyone’s role and daily work. Primary prevention aims for social transformation on a scale that will create a safe and equal world. We need to change the norms, practices and structures that underpin the drivers of family violence and violence against women. When we understand what this change is, it becomes clear that many activities can contribute to change – including the everyday work of everyone across council.

* 1. How can my day-to-day work address drivers of family violence?

Extensive work by advocate organisations has identified **essential actions** that everyone can take in their work to address the drivers of family violence. **Drivers** are the social conditions that lead to violence. For more information on the drivers of family violence, read **An introduction to family violence and all forms of violence against women**.

|  |
| --- |
| Where to start |
| You don’t need to do everything at once – just pick one thing that you can start doing in your day-to-day work and build from there. |

### Everyone can incorporate the essential actions into their work

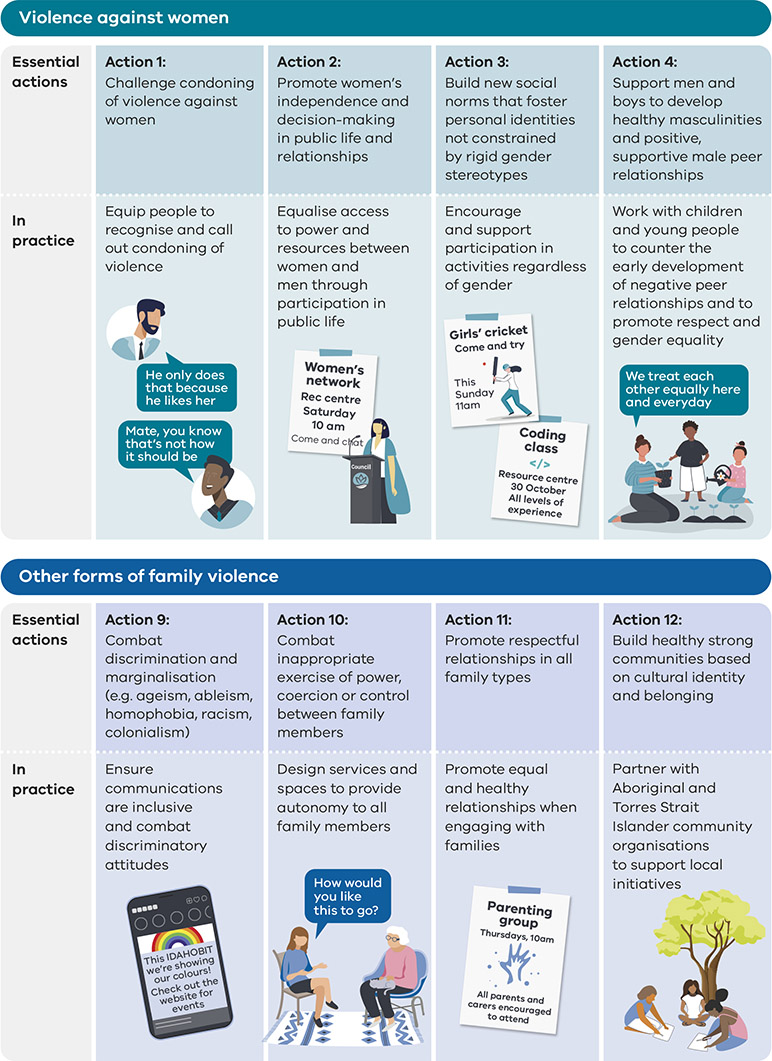
Our Watch’s national framework for preventing violence against women and their children, *Change the story*, has identified five essential actions to address the drivers of violence. Essential actions identify proven and promising approaches that can be applied across a range of contexts.

The Free from violencestrategy identifies four essential actions to address other factors which contribute to family violence, based on emerging areas of evidence.

These actions can be applied in everyone’s work. Figure 10 shows some of the drivers of violence against women, the essential actions to address them and select examples of what this may look like in your work.

Every action – big or small – helps to address the drivers of family violence and all forms of violence against women and prevent it from happening.

Figure 10: Essential actions diagram



* 1. Understanding the actions in your everyday work

**Internal and external partnerships** – primary prevention and equality specialist organisations can deliver essential capability development for your team. Community organisations may also offer cultural sensitivity or other capability building programs. Partnering with community organisations or advocacy groups can also enable you to engage with more of your community than you could on your own.

**Applying intersectional practice** – your role and work will affect members of your community differently depending on their experiences. When considering how to best be inclusive or address drivers of violence, it’s important to keep these experiences front of mind, consult broadly and work with communities.

It is important to understand how each of the essential actions can be incorporated into your role, work and workplace.

You can use **Appendix E** to build your understanding of primary prevention in your work and commit to being a part of the solution. The exercise explains a wide range of initiatives you could undertake – but it is not comprehensive. For more ideas or examples:

* see [MAV's Family violence prevention resources page](https://www.mav.asn.au/fvp_resources) <https://www.mav.asn.au/fvp\_resources>
* speak to a practitioner in your council or in a similar area of another council.

You can complete this exercise as an individual, or as a team.

The appendix contains a page of guidance for each ‘functional area ‘. Your council may not use these names or categories for dividing work, so your area may be missing or named differently – choose the page which is most relevant to your work. The pages provide a starting point for your thinking but are not exhaustive.

Head to the **Appendix E** to find the page that best matches your area of work:

* arts and culture
* built environment and open space
* community services
* corporate services, including finance, communications and IT
* councillors
* emergency management
* governance
* local laws
* people and culture
* social and community planning
* sports and recreation.

| Completing gender impact assessments (GIAs) and embedding primary prevention |
| --- |
| These planning tools can also help you complete your GIAs. The tools help you think through how the essential actions look in your context. This is directly transferable to thinking about the gendered impacts of your service or program. You can:   * complete this tool while completing your GIA to inform your thinking * use this tool to identify areas where a GIA would be helpful. |

1. Tailored action plans

| In this section |
| --- |
| **For: Doer, leader and specialist**  This section of the guide outlines key considerations for planning primary prevention actions. It should be used as a subject-specific addition to your standard project or work planning materials.  You can use this section to discuss and plan an action. You may wish to use **section 5,** **Embedding this work into everyone’s roles**, to identify an action before using this section. |

While primary prevention should be done as part of your everyday work, it can take specific actions to embed good practice. Actions can create space for everyone to better undertake primary prevention work – for example, reviewing gender equality requirements for council partners can empower staff to outline these expectations and work with organisations. Undertaking a primary prevention action can also be an opportunity to engage others and build buy-in.

| Note |
| --- |
| If you do not have a specific action in mind yet, head to **section 5,** **Embedding this work into everyone’s roles**, or speak to those with primary prevention expertise in your council or other councils. |

Getting primary prevention actions ‘right’ requires consideration of many elements. Previous experience in councils and other organisations points to several critical elements for success.

Table 10 provides guidance for planning an action and a worked example. You can find an empty template at **Appendix F** to complete your own planning. Use this guidance in addition to your usual project planning and management tools.

| Note |
| --- |
| You can use the template in **Appendix F** to plan your action.  We recommend that you have the template open next to you while you read this section. |

Table 10: Planning an action – guidance

**Action overview and purpose**

| Field | Response |
| --- | --- |
| What is the action? | **Example**: Provide gender equality and respectful relationships education for staff who work with community recreation organisations. |
| How will this deliver on one or more of the essential actions?  (That is, what is the long-term objective of this action?) | Contributing to one of the essential actions can be thought of as a long-term project objective. This is the end goal you are contributing to, though it may take a long time and other related factors to reach it. You can choose multiple drivers or essential actions but try to be specific and targeted. For more information on the drivers and essential actions, see **section 5**. A clear link to an underlying driver will also help you explain the rationale and mechanism of the action to others.  **Example**:   * 8: Strengthen positive, equal and respectful relations between and among women and men, girls and boys, in public and private spheres. * 5: Promote and normalise gender equality in public and private life. |
| What are the short- and medium-term objectives of this action? | Short- and medium- term objectives are within your control and describe what will be different as a result of your activities. Short term objectives should be achievable by the end of your project, while medium term objectives might happen soon after or on an ongoing basis.  **Example**:   * Short term objective: staff understand gender equality and respectful relationships, including how to explain these concepts to others and promote good behaviour. * Medium term objective: community organisations have increased understanding of the importance of gender equality, respectful relationships and the role they play in contributing to these. Staff are able to direct organisations to resources for their own training and actions. |
| How does this action align with council plans, strategies and legislative obligations? | Determining how this action aligns to endorsed plans in your council will assist in building buy-in, tracking progress against the plan and moving towards a whole-of-council model. Consider how to align your action with your council plan, strategy for your council area or department, primary prevention strategy or prevention of violence against women (if you have one). Your primary prevention or gender equality specialist may be able to direct you to the relevant plans in your council. To read more about integrating primary prevention into your plans or about relevant external strategies, head to **section 2**.  **Example**: this action aligns with pillar 2 of our strategy, ‘build capability’. |
| What does success look like and what indicators will you use to recognise it? | Clear indicators will enable you to reflect on the action or conduct evaluation. For more information on evaluation, head to **section 7**.  **Example**:   * Staff report improved understanding and comfort discussing key topics. * Staff report having included key topics in their work with organisational representatives and reflect together on emerging opportunities to further educate.   Staff will be surveyed to provide indicators. |

**Delivery**

| Field | Response |
| --- | --- |
| What community support is there for the action? | You can increase the effectiveness of your action by tailoring it to your community’s needs and readiness. Community attitudes can signal a need for education, a strength to build on or possible partners. Consider which part of the community is most relevant for your action and how best to engage them. Our Watch has developed helpful materials for engaging with the community:   * [Our Watch's Identify community stakeholders page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/identify-stakeholders/) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/identify-stakeholders> * [Our Watch's Conduct a community readiness assessment page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/readiness-assessment/) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/readiness-assessment> * [Our Watch's Run a co-design process with your community page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/run-a-co-design-process-with-your-community) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/run-a-co-design-process-with-your-community>.   **Example**: Once trained, staff to conduct a community readiness assessment with organisational representatives to understand current attitudes. |
| What internal support is there for the action? | See **section 1** for engaging internal stakeholders to build support for change.  For actions which will require additional resourcing or policy change, you may need to complete a business case. The AIHW provides useful analysis about the ongoing impacts of violence, including burden of disease and increased risks of homelessness. These statistics can help you in building one part of your business case for investment in prevention actions. You will need to undertake other analysis and research to complete the business case.  **Example**: sport and recreation leadership supports the action in theory, but will require a business case to devote budget funding. Business case development has been assigned to a team member. Most staff tagged for training are open to the concept but some are hesitant. |
| What current or potential partners could you engage with? | Partnerships can be an effective way to deliver a solution and work with a range of demographics and communities. Consider if there are current or potential partners who could bring:   * specialist expertise or experience * meaningful and appropriate connection to communities.   When entering a partnership, ensure that all parties are agree on the guiding values, objectives and parameters of the partnership. For more guidance, see [VicHealth's Partnership analysis tool page](https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool) <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool> to develop an understanding of the purpose of collaborations, reflect on established partnerships and find ways to strengthen partnerships. |
| Can you partner with an Aboriginal organisation or otherwise contribute to self-determination and reconciliation through this action? | Consider whether the challenge, opportunity or initiative you are considering looks different for Aboriginal and Torres Strait Islander people or communities in your LGA. You may wish to partner with a local organisation or consult with community to ensure that you conduct meaningful, appropriate and successful work.  Learn more about:   * ways to engage with local communities using the [Maggolee website](http://www.maggolee.org.au/) <http://maggolee.org.au>, a Reconciliation Victoria resource (funded by the Victorian Government) to support local council engagement with Aboriginal communities * Aboriginal-led approaches and priorities using Dhelk Dja, an Aboriginal-led agreement to address family violence in Aboriginal communities – available on the [Victorian Government’s Dhelk Dja: Safe our way page](https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way) <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way>.   **Example**: investigate local Aboriginal-led gender equality or cultural awareness training programs and incorporate into training. Consult through existing partnerships with Aboriginal recreational organisations and representative groups to hear what skills are important for council to have. |
| How will you communicate about this action and to whom? | Clear and careful communication about primary prevention actions will improve likelihood of success. For actions that are communication-focused (such as a campaign to improve girls’ participation in sport), see [Our Watch’s Practice guidance: Communications guide page](https://workplace.ourwatch.org.au/resource/communications-guide) <https://workplace.ourwatch.org.au/resource/communications-guide>.  For other actions, use standard communication tools to share clear, simple messages about your action.  **Example**: Training plan outline including purpose to be sent to all identified staff in advance. Project lead available to answer questions. Trained staff to develop standard messages for sharing with their organisational contacts. |
| Has a similar action been undertaken in another area of council, or in the example database? Can you contact that team to get advice? | Creating good practice is a continuous effort and requires learning from each other. You are not alone on this journey and are usually not the first one to have tried something! Reach out to your colleagues across council and the local government sector to seek advice on any of the elements in this planning tool and learn from their experience. There are also databases of good practice which you can learn from linked at the end of this section.  **Example**: Action plan is based on case study. Staff member assigned to contact the project lead from the case study council for further advice. |
| How will you respond to internal or community backlash or resistance? | Primary prevention actions often result in backlash or resistance. This typically comes from a lack of understanding or fear. VicHealth has created resources to help plan for and manage backlash and resistance to gender equality actions. The guidance is applicable across primary prevention actions, but may require tailoring, for example if addressing racial discrimination or homophobia. Consider which approaches will be most relevant for your project.   * VicHealth report, Encountering resistance – available on [VicHealth’s 13 steps to tackle gender discrimination page](https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination) <https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination> * [Our Watch’s Practice guidance: Dealing with backlash page](https://workplace.ourwatch.org.au/resource/practice-guidance-dealing-with-backlash) <https://workplace.ourwatch.org.au/resource/practice-guidance-dealing-with-backlash> * Chief Executive Women and Male Champions of Change, *Backlash and Buy-in: responding to the challenges in achieving gender equality* – available on [Chief Executive Women’s Backlash and buy-in page](https://cew.org.au/topics/backlash-and-buy-in) <https://cew.org.au/topics/backlash-and-buy-in> * Safe and Equal, Dealing with backlash video series. Find the [Unpacking resistance playlist on Safe and Equal’s YouTube channel](https://www.youtube.com/playlist?list=PL1xbJ7cebeaq4ckiMrux26987mLW7PKWJ) <https://www.youtube.com/playlist?list=PL1xbJ7cebeaq4ckiMrux26987mLW7PKWJ>   **Example**: Staff member to develop standard messages about the purpose of the action and prepare strategies for backlash and resistance using VicHealth resources. |

* 1. Links to learn more about components of action planning

Our Watch resources for planning stakeholder and community engagement:

* [Our Watch's Identify community stakeholders page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/identify-stakeholders/) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/identify-stakeholders>
* [Our Watch's Conduct a community readiness assessment page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/readiness-assessment/) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/readiness-assessment>
* [Our Watch's Run a co-design process with your community page](https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/run-a-co-design-process-with-your-community) <https://handbook.ourwatch.org.au/localgovtoolkit/3-take-action/run-a-co-design-process-with-your-community>.

VicHealth’s *(En)countering resistance: Strategies to respond to resistance to gender equality initiatives*:

* for information on expecting resistance and backlash and strategies for responding to people who are not committed
* available on [VicHealth’s 13 steps to tackle gender discrimination page](https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination) <https://www.vichealth.vic.gov.au/media-and-resources/publications/13-steps-to-tackle-gender-discrimination>.

Our Watch’s Dealing with backlash practice guidance:

* practical guidance on dealing with backlash
* available on [Our Watch’s Practice guidance: Dealing with backlash page](https://workplace.ourwatch.org.au/resource/practice-guidance-dealing-with-backlash) <https://workplace.ourwatch.org.au/resource/practice-guidance-dealing-with-backlash>.

Chief Executive Women and Male Champions of Change, *Backlash and Buy-in: responding to the challenges in achieving gender equality*

* information about reasons for resistance and backlash and how to build buy-in
* available on [Chief Executive Women’s Backlash and buy-in page](https://cew.org.au/topics/backlash-and-buy-in) <https://cew.org.au/topics/backlash-and-buy-in>.

Safe and Equal’s *Unpacking resistance in respectful relationships and prevention of violence against women*

* video series with real life examples of resistance and how to respond
* find the [Unpacking resistance playlist on Safe and Equal’s YouTube channel](https://www.youtube.com/playlist?list=PL1xbJ7cebeaq4ckiMrux26987mLW7PKWJ) <https://www.youtube.com/playlist?list=PL1xbJ7cebeaq4ckiMrux26987mLW7PKWJ>.

Maggolee:

* a Reconciliation Victoria resource (funded by the Victorian Government) to support local council engagement with Aboriginal communities
* [Maggolee website](http://www.maggolee.org.au/) <http://maggolee.org.au>.

*Dhelk Dja: Safe our way*

* the statewide agreement that guides partnership and collaboration for working with Aboriginal communities and Aboriginal services through principles of self-determination
* available on the [Victorian Government’s Dhelk Dja: Safe our way page](https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way) <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/priorities-for-2020-2023/dhelk-dja-safe-our-way>.

Domestic Violence Victoria, *Family violence experts by experience framework*:

* guidance on preparing for and engaging people with lived experience
* available on [Domestic Violence Victoria’s The family violence experts by experience framework page](https://dvvic.org.au/members/experts-by-experience) <https://dvvic.org.au/members/experts-by-experience>.

MAV’s resources on family violence prevention:

* includes examples of promising practice to illustrate what other councils are doing in this space
* available on [MAV’s Family violence prevention resources page](https://dhhsvicgovau.sharepoint.com/Users/jkaul/Documents/Happy%20Words/Happy%20Words%202021/DFFH%20OPFVC/MAV’s%20Family%20violence%20prevention%20resources%20page) <https://www.mav.asn.au/fvp\_resources> .

VicHealth’s partnership analysis tool:

* to develop an understanding of the purpose of collaborations, reflect on established partnerships and find ways to strengthen partnerships
* available on [VicHealth's Partnership analysis tool page](https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool) <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool>.

1. Monitoring, evaluation and dissemination

| In this section |
| --- |
| **For: Strategist**  This section provides guidance on how to undertake monitoring and evaluation of primary prevention, and how to share your learnings. Although this section has been written for strategists who will structure and drive the evaluation work, everyone will be involved in monitoring and evaluation in some way – by providing feedback, helping record data or taking part in evaluation activities (such as consultations as part of a formal evaluation).  Use this section to:   * understand the different purposes of monitoring and evaluation * understand how to plan and conduct monitoring and evaluation, including development of program logic models * identify data sources for monitoring and evaluation * find practical guides and tools for monitoring, evaluation and dissemination of evaluation findings. |

Monitoring, evaluation and dissemination of primary prevention work has four main objectives:

* demonstrate progress and achievement in your organisation
* contribute to an evidence base of primary prevention work in local government about what works
* identify necessary adjustments to programs and ongoing process improvements
* identify where resources should be committed to effectively achieve outcomes.

To achieve these objectives, a planned approach to monitoring and evaluation is best. The ‘process’ of monitoring, evaluation and dissemination should be underpinned by a monitoring and evaluation plan. A monitoring and evaluation plan should be developed early to help make sure everything you are doing is driving towards your goals and that you know how to tell if those goals are being achieved.

**Support from specialists** – expertise in the drivers of family violence and violence against women and the ‘theory of change’ (how action leads to change) for primary prevention is important for evaluations.

Monitoring and evaluation can vary in complexity and comprehensiveness – how sophisticated it needs to be and what approach is used will depend on: its objectives, the complexity of what you are evaluating, the level of funding (if any) and any requirements for evaluations outlined in contracts or funding agreements. For example, you may undertake a **formative evaluation** if you want to understand if an initiative is being implemented as planned. You may undertake a detailed **summative evaluation** if you want to demonstrate that positive community outcomes are attributable to a program that your council ran.

Regardless of the approach, evaluation generally involves a few basic steps:

1. **Define the evaluation’s purpose** and its stakeholders (**section 7.1**)
2. **Develop a program logic model** with indicators of success (**section 7.2**)
3. **Select the methods of data collection** and develop data collection instruments (**sections 7.3** and **7.4**)
4. **Undertake** **the analysis** (**section 7.5**)
5. **Report and disseminate** key findings (**section 7.6**).

Practical guidance, details and tools for each stage, refer to VicHealth’s *Evaluating Victorian projects for the primary prevention of violence against women*.[[53]](#endnote-54) This is available on [VicHealth’s A concise guide to evaluating primary prevention projects page](https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects) <https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects>. **Note:** this resource uses slightly different language to this guide – most importantly, VicHealth’s resource uses ‘impacts’ instead of ‘outcomes’.

Your council may have an established monitoring and evaluation framework. You should use your best judgement about when you might incorporate primary prevention outcomes into existing frameworks, or when you should set up a fresh monitoring and evaluation framework in line with the model that follows.

| Where to start |
| --- |
| Your council may not be at the point where it has the need or capacity to establish a sophisticated monitoring and evaluation approach. Regardless of the stage your council is at, there are some basic principles for successful monitoring and evaluation.   * **Value the process of planning**. Critically thinking through a program logic model (discussed in **section 7.1**) will help you conceptualise how actions lead to change. The process of planning will also prompt thinking on assumptions and risks. Ultimately, the program logic model and monitoring and evaluation plan don’t need to be complicated – they just need to help you think about why you are doing what you are doing. * **Think compass, not map**. Social change is complex, non-linear and beyond your control. A program logic model will set a path toward your goals but expect surprises. Keep developing ideas in response to change. * **Data collection is** **essential**. Data collection does not have to be an onerous and complex process. Start by simply recording any information you can about activities and outputs, building up to more advanced methods later (expanded in **section 7.2**). * **Be locally led**. Develop the evaluation plan with a range of people who have a stake in the outcomes. Your community is diverse and has different challenges to other municipalities. The elements in your activities and evaluation plan should respond to its unique needs and context. * **Prioritise learning**. Acknowledge that you will need to adjust your primary prevention activities over time as you learn from experience and your context evolves. |

* 1. The purpose of monitoring and evaluation

**Aboriginal self-determination** – evaluations aim to investigate the impact of an activity on a group of people. It is critical to collaborate with Aboriginal communities and organisations to understand the impact of primary prevention activities from their perspective.

Agreeing the purpose of monitoring and evaluation is the first part of planning as it sets the direction for your monitoring and evaluation activities.

Evaluations are undertaken for several reasons, including:

* informing design of an action, initiative or program
* aiding the overall judgement of the effectiveness of an action
* accountability for outcomes
* generating knowledge of good practice

It is important to agree the objective of an evaluation at the outset with stakeholders.

### The different levels of evaluation

Evaluation first requires you to identify **what you are evaluating**, at what **scale**and over what **time frame** – collectively called the ‘scope’ of the evaluation. There are different ‘levels’ to evaluation, each with their own purpose and scope. The objectives of the three levels of evaluation that can be applied to council are summarised in Table 11 and are adapted from the *Free from violence: Monitoring and evaluation strategic framework*.[[54]](#endnote-55) The framework is available on [Respect Victoria’s Publications page](https://www.respectvictoria.vic.gov.au/publications) <https://www.respectvictoria.vic.gov.au/publications>.

Table 11: Levels of evaluation

| Level | Objectives and scope |
| --- | --- |
| **Initiative:** The most granular level of evaluation. Looks at specific initiatives that were delivered. | * Assess the extent to which an initiative has been implemented as intended. * Assess the extent to which intended outcomes have been realised for participants and other beneficiaries (individuals and organisations), and the extent to which these outcomes contribute towards the aims and objectives of the strategy. * Establish key implementation lessons and assess any unintended outcomes or consequences. * Provide findings that will inform the design and implementation of future initiatives (such as, what might need adjustment, replication or scaling up) and will be aggregated for use in relevant higher-level evaluations (cluster-level or strategy-level). * Contribute to the Victorian, national and global evidence base on what works to prevent family violence and violence against women. |
| **Cluster:** Looks at multiple initiatives that comprise a cluster for groups of interest (such as, for certain cohorts, settings, locations, council domains of influence, internal, community-facing).  For example, working with the sports and recreation sector in your municipality may involve a cluster of initiatives such as delivering training to sports facilities managers, running workshops with sports clubs about gender equity, and creating a communications campaign targeted at people who use sports facilities. | * Assess the effectiveness of initiatives (outcomes and impacts) and establish key learnings in relation to specific group(s) of interest or types of initiatives. * Consider the extent to which outcomes for this cluster contribute towards the aims and objectives of the strategy. * Provide important evidence to inform successive plans or strategies, investment priorities, program development, primary prevention policies and service delivery decisions (that is, facilitate continuous improvement in process design and implementation of interventions). * Assess whether a priority area’s investments have rolled out initiatives as intended and met its identified objectives. * Make a broad assessment of the outcomes and impacts of an initiative delivered in clusters to inform key learnings about ‘what works’ * Contribute to the Victorian, national and global evidence base on what works for whom to prevent family violence and violence against women. |
| **Strategy:** Consolidates findings from lower-level evaluations. | * Provides an overall assessment of the strategy’s effectiveness in the community, that is, the degree to which its activities have led to the prevention of family violence and violence against women. The assessment may also consider unintended consequences at an aggregate level. * Assess elements of the strategy that are most effective and areas of comparative weakness or gaps in approach. * Assess the extent to which the strategy’s overall design and implementation are appropriate for primary prevention of family violence and violence against women in the community. * Provide critical evidence to inform primary prevention policy and programming going forward * Support policy accountability and determine the value and cost-effectiveness of the strategy. * Contribute to the Victorian, national and global evidence base on what works to prevent family violence and violence against women. |

* 1. Program logic model

A **program logic model** describes how activities contribute to an ultimate change in the world. Figure 11 shows the structure of a program logic model. This model attempts to understand how activities lead to change, and help you think through how a new idea or initiative will create the outcomes you are looking for. Developing a program logic model will also help you conceptualise the problem, understand your assumptions and identify potential risks.

Figure 11: Components of a program logic model



The **vision and goals**components of a program logic should be articulated in your council’s primary prevention strategy if you have one – as described in **section 2,** **Strengthening engagement across council**. If your council does not have a broader strategy, begin to formulate a vision by asking yourself the question of what your community should look like if you successfully deliver the program or initiative you are planning.

**Short-, medium- and long-term outcomes** are also likely described in your council’s primary prevention strategy if you have one. Outcomes should describe the change you want to see in the world over a set time frame.

Each of the program logic components are described and examples for primary prevention are given in Table 12.

Table 12: Components of a program logic for primary prevention

| Program logic component | Description | Example for primary prevention |
| --- | --- | --- |
| **Vision and goals** | The vision is the aspirational, ‘big picture’ statement that describes what council wants to achieve for the community.  Your vision and goals should be articulated in your council’s primary prevention strategy if you have one, as described in section 2. | *Free from violence: Victoria’s strategy to prevent family violence and all forms of violence against women* (FFV)[[55]](#endnote-56) articulates a clear vision for Victoria that can be adapted to the local council setting. The FFV vision is ‘to create a Victoria free from violence, where all Victorians:   * experience equality and respect in all of their relationships, particularly within their families and with intimate partners * are empowered and respected at home and everywhere * are supported in their relationships to reach their full potential.’ |
| **Long-term outcomes** | Outcomes articulate what success looks like and reflect your ambition for your community. They are clear, unambiguous and high-level statements about the things that matter for people and communities.  Remember that the outcomes we are seeking in primary prevention are very long-term changes that may happen on the scale of decades. | FFV also has a set of high-level outcomes that describe what needs to be achieved. These outcomes are reiterated in the Family violence outcomes framework (FVOF)[[56]](#endnote-57) and can be adapted for the local context. The outcomes are:   * Victorians hold attitudes and beliefs that reject gender inequality and family violence * Victorians actively challenge attitudes and behaviours that enable violence * Victorian homes, organisations and communities are safe and inclusive * all Victorians live and practise confident and respectful relationships. |
| **Short- and medium-term outcomes** | These outcomes describe what you expect to change within a nearer-term window.  How you define short- and medium-term is up to you and depends on the scale of change you are seeking. For example, in primary prevention short-term outcomes may centre around changes in individual behaviour and medium-term outcomes may centre around changes in organisations. | The FVOF also describes the outcome indicators for each of the outcomes. Example indicators for the ‘Victorians hold attitudes and beliefs that reject gender inequality and family violence’outcome:   * increased awareness of what constitutes violence – measured by number of council staff who demonstrate that they understand what family violence and violence against women is, and what its drivers are * increased recognition of the significant impact of violence on victim survivors – measured by number of council staff who state that they understand what the effect of family violence and violence against women is * increased visible rejection of violence by public and community leaders and in media – measured by the increase in public announcements, speeches and addresses that relate to primary prevention from councillors, mayors and the council CEO.   Other examples of outcomes indicators and measures can be found in:   * FVOF Measuring and monitoring implementation strategy – available on the [Victorian Government’s Family violence outcomes framework page](https://www.vic.gov.au/family-violence-outcomes-framework) <https://www.vic.gov.au/family-violence-outcomes-framework> * Counting on change: A guide to prevention monitoring – available on [Our Watch’s Counting on change page](https://www.ourwatch.org.au/resource/counting-on-change-a-guide-to-prevention-monitoring) <https://www.ourwatch.org.au/resource/counting-on-change-a-guide-to-prevention-monitoring> |
| **Outputs** | Outputs are how we count what we deliver. The number products produced, or people served. | Outputs that relate to awareness raising in the workplace may include:   * number of council staff who completed a free eLearning module on the foundations of primary prevention * number of internal council communications that include a primary prevention message.   **Note:** outputs can be related to more than one outcome indicator. For example, an e-Learning module could both help participants understand what family violence is and the extent of family violence in the community. The number of people who complete the e-Learning module, therefore, contributes to both increased awareness of what constitutes violence and increased recognition of the significant impact of violence. |
| **Activities** | Activities are what we deliver to achieve the specified goals of the action. The programs, services and initiatives we undertake. | Activities that relate to awareness raising in the workplace may include:   * team leaders delivering communications to their team members about the eLearning course that is available * council internal communications department developing a primary prevention message plan.   One way that you can group activities is by council’s four domains of influence: council as a workplace, council as a service provider, council as a community connector and councillors as leaders and decision makers.  The activities that are in your program logic model should include the outputs of section 5, [**Embedding this work into everyone’s roles,**](#_Section_5:_Embedding) and section 6, [**Tailored action plans**](#_Section_6:_Tailored). |
| **Inputs** | Inputs are the resources or investments allocated to deliver activities (funding, staffing, capital or infrastructure). | Primary prevention does not necessarily have to involve resource-intensive work. Some inputs into a whole-of-council primary prevention approach could be:   * staffing * funding * partnerships. |
| **Problem** | The problem statement clearly states the problem that is being addressed. The problem statement should reflect the scale and scope of the program you are making the logic model for. The key is that it has to be targeted. | A problem statement for the issue of family violence and violence against women broadly could be:   * Social and cultural norms that perpetuate inequality and discrimination lead to family violence and violence against women.   A problem statement for a program targeted at promoting more inclusive workplace behaviours could be:   * Women and people from minority groups tend to have fewer leadership opportunities in the workplace. |

### Outcome indicators and measures

Your evaluation needs a clearly defined way to measure success. Outcome indicators and measures will tell you if, and to what extent, the desired outcomes in your program logic model are being achieved. Developing indicators and measures as part of your monitoring and evaluation plan help you understand what data to collect and how this data will demonstrate success.

**Outcome indicators** specify what needs to change to achieve a desired outcome and set the direction for change. They reflect the key drivers and influences on progress towards an outcome.

**Outcome measures** provide the more granular detail beneath outcome indicators and are specific about what will change and how you know you are making progress. Outcome measures count the size, amount or degree of change achieved.

Table 13: Components of a program logic for primary prevention

| Program logic component | Description | Example for primary prevention |
| --- | --- | --- |
| Outcome indicators | Outcome indicators specify what needs to change in order to achieve a desired outcome and set the direction for change. They reflect the key drivers and influences on progress towards an outcome.[[57]](#endnote-58) | The FVOF has outcome indicators against each of its desired outcomes. Within the outcome of ‘Victorians hold attitudes and beliefs that reject fender inequality and family violence’, there are two indicators:   * Increased awareness of what constitutes violence * Decrease in attitudes that justify, excuse, minimise, hide or shift blame for violence.   These indicators have a clear direction (increase or decrease) and speak to the drivers with a direct connection to the target outcome. |
| Outcome measures | Outcome measures provide the more granular detail beneath outcome indicators. They are specific about what will change and how you know you are making progress. Outcome measures count the size, amount or degree of change achieved.  Outcome measures will tell you what you need to measure. | The FVOF also has outcome measures for its indicators. Continuing with the above example, to measure the increased awareness of what constitutes violence, the FVOF’s outcome measure is:   * Victorian mean score on the Understanding of Violence Against Women Scale (UVAWS), by gender. |

* 1. Data collection – monitoring

Monitoring is about understanding whether your activities are being delivered as expected (such as, expenditure, activities and outputs), and whether they are progressing towards desired outcomes. It is an ongoing activity that should be incorporated into everyday work. The information collected through monitoring activities can feed into implementation adjustments and contribute towards measuring outcome measures.

Broadly speaking, monitoring involves:

* **recording** what you are doing (inputs and activities)
* **collecting qualitative and quantitative data** to see what might be changing (outputs, and outcome measures and indicators)
* **reflecting** on what your information means for what is going well or not so well and adjusting your approach with what you have learned (learning and continuous improvement).

### Recording what you are doing

It’s important to have a structured way of recording the resources committed to each activity (inputs), what your council is doing (activities) and what its direct outputs are. You should identify what information you will collect and structure the monitoring in accordance with your program logic model.

Simply recording council’s activities and outputs can be powerful. Data on activities and outputs – together called **process indicators** – can be used to understand if the program or initiative is being implemented as planned. Process indicators are especially important in primary prevention because changes in outcome indicators may only be evident over long time periods.

The responsibility for recording this information should not rest on one person or team – for example it could be an emergency management coordinator if the activity was delivered within the emergency management team. Use whatever information capture tool for monitoring what is most practical for your council – it could be as simple as a spreadsheet. It can be helpful to consult with relevant partners about recording data if you are working with them.

### Collecting data to see what might be changing

Like developing a program logic, data collection on outcome indicators can be simple or complex depending on your needs.

**Internal communication and engagement and community communication and engagement** –council staff and community members are a valuable data source to help you understand how your primary prevention activities are going and the difference they are making.

**Applying intersectional practice and inclusion of diverse groups** – collecting gender-disaggregated data is important for primary prevention, but it is also important to try to collect data disaggregated by other demographic factors like race, age and disability status to see how impacts are different for people in these groups.

**Simple feedback** is an extremely effective and efficient way of collecting data. This may be qualitative or quantitative data. For example, after running a training workshop you could ask council staff for comments about what they learned, what they think they will change about their work as a result, and how valuable they thought the session was out of five.

**Formal data collection** can provide consistent data at a scale that will give your monitoring some more robust evidence. Councils already collect and collate data that can help you understand if you are making progress on outcome measures and indicators, as outlined in Table 14.

Your council may also choose to engage your community, businesses, councillors and staff to collect data specifically for the purposes of monitoring and evaluation.

Table 14: Readily available data sources and processes for primary prevention monitoring

| Data source | Data description | Relevance |
| --- | --- | --- |
| Existing data collection for council services and programs (disaggregated by gender and other factors when available or appropriate) | Council regularly collects data for a range of standard services and programs. For example, your council may include a short customer experience survey for a library service or might record the number of parking fines.  In this way, councils are a rich source of data for many different sectors of the community. | Your council may already collect data that you can pick up and use to monitor and evaluate primary prevention activities. Otherwise, small adjustments in data collection methods and tools can help capture the right data.  It is crucial that data about council services and programs can be gender and demographic disaggregated – that is, the data can be ‘sliced’ by gender or other demographics. Disaggregation means council can understand if services and programs differentially serve certain groups. |
| Data collected as part of GIA processes (as part of Gender Equality Act requirements, regular) | Councils are required to develop GIAs for all new policies, programs and services that directly and significantly impact the public, as well as those up for review.  Developing GIAs may involve collecting data from internal sources, desktop research and stakeholder engagement.  The data will help answer the following questions for policies, programs and services:   * Who is likely to be affected? * What are the lived experiences of diverse groups? * What different impacts may be likely for different people?   More guidance on how to conduct a GIA is available on the [Commission for Gender Equality in the Public Sector's Gender impact assessments page](https://www.genderequalitycommission.vic.gov.au/gender-impact-assessments) <https://www.genderequalitycommission.vic.gov.au/gender-impact-assessments> | Data collected as part of GIAs will help councils understand how policies, programs and services affect gender equality and inclusion. This data can contribute to assessing progress in outcome measures and indicators.  The data may also highlight where council has significant opportunities to advance gender equality and inclusion. |
| Workplace gender audit (as part of Gender Equality Act requirements, annual) | Councils are required to conduct workplace gender audits under the Gender Equality Act. These audits must report on gender equality indicators:   * gender pay equity * gender composition at all levels of the workforce * gender composition of governing bodies * workplace sexual harassment * recruitment and promotion * gendered work segregation * leave and flexibility.   More guidance on how to conduct a gender equality audit is available on the [Commission for Gender Equality in the Public Sector's Workplace gender auditing page](https://www.genderequalitycommission.vic.gov.au/workplace-gender-auditing) <https://www.genderequalitycommission.vic.gov.au/workplace-gender-auditing > | The gender equality indicators help measure gender equality in the workplace. For all activities and outcomes related to the council as a workplace (as a domain of council’s influence), the results of the workplace gender audit will be directly relevant. |
| Council household or community surveys (variable frequency) | Some councils undertake annual household or community surveys. The results of these surveys are used for a range of strategic planning processes. | Council can add questions to these surveys that are directly related to experiences of or attitudes towards gender inequality, family violence and violence against women.  Responses should be able to be gender disaggregated. |

### Reflecting on outcomes and continuous improvement

**Internal and external partnerships** – collaborating across departments (internal) and with partner organisations (external) can help create mutually reinforcing cycles of improvement.

The information you have recorded and collected should be used to make improvements to your activities. Developing a regular cycle of reflection and adjustment will enable your council to rapidly improve. You can embed a continuous improvement by:

* building reporting into decision-making processes and governance structures to enhance transparency and accountability
* using the cycles of reflection to iterate the program at the project management level
* targeting the content and length of reports to specific audiences – reports should address the issues that are relevant and important to their audiences and have the right level of detail to inform their decision making
* ensuring the timing and frequency of reporting aligns key milestones or decision-making points – if reporting is not timely, people may not be able to use the information to inform changes to an activity or initiative
* ensuring all stakeholders have a common and clear understanding and interpretation of the data reported.
  1. Data collection – evaluation

Evaluations may build on monitoring data by collecting more information through consultations, surveys, document reviews, observation and more.

There are many sources of data that councils and other agencies already collect that can contribute to outcome measures and indicators for evaluations. The data sources shown in Table 15 build on those shown in Table 14, but data is published less frequently and therefore lend themselves to evaluations (rather than ongoing monitoring). The data can be used as a baseline (that is as the ‘before activity’ data point) or to demonstrate changes over the long term. Note that you should be careful about attributing any changes in large, population-level indicators to any specific program or initiative.

Table 15: Readily available data sources for primary prevention evaluation

| Data source | Type of data | Relevance |
| --- | --- | --- |
| Responses to the Gender Equality and Preventing Violence Against women Survey of Victorian Councils (MAV, every two to three years) | MAV’s biennial survey to assess how councils are promoting gender equality and prevention violence against women across Victoria. Councils that respond to this voluntary survey have reported on:   * how gender equality and violence against women is recognised formally in strategies, plans and public campaigns * gender distribution of leadership * inclusion of gender equality and prevention of violence against women in plans and policies * the resources committed to primary prevention work * primary prevention training offered to staff * promotion of gender equality in the workplace through policy and practice * support for staff experiencing family violence. | The data collection exercise required to respond to the MAV survey overlaps with some primary prevention monitoring. The data can be used to comment on outcomes related to the workplace, council as a service provider (by looking at organisational plans and policies for different functional areas and training given to council staff in these areas) and councillors as leaders and decision makers (by looking at formal recognition and commitment within councils). |
| [Crime Statistics Agency’s Family Violence Data Portal](https://www.crimestatistics.vic.gov.au/family-violence-data-portal) <https://www.crimestatistics.vic.gov.au/family-violence-data-portal>  [Crime Statistics Agency's Latest crime data by area](https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area) (annual or more frequently depending on the data) <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area> | The Crime Statistics Agency collects and publishes data on family violence incidents annually. This data, along with other justice statistics, are often used by councils in public health and wellbeing planning.  Some data can be disaggregated by LGA. | Crime statistics disaggregated by LGA can be used to track the trends in incidence of family violence over time. Other crime statistics, disaggregated by demographics, can be used to track how people in marginalised groups experience injustices differently and can be a useful indicator to understand how social norms are changing. |
| [Prevention of Family Violence Data Platform](https://files.crimestatistics.vic.gov.au/Prevention-of-Family-Violence-Data-Platform.html) <https://files.crimestatistics.vic.gov.au/Prevention-of-Family-Violence-Data-Platform.html>, hosted by the Crime Statistics Agency with support from Respect Victoria (variable) | The platform has a series of interactive dashboards that track Victoria’s progress towards preventing family violence. The platform draws together data from over 30 sources on the prevalence of violence, community attitudes and other markers of discrimination. Data is reported against the FVOF’s four outcomes.  Data cannot be disaggregated by LGA in the platform itself but some raw data sources can be disaggregated by LGA. | The platform helpfully brings together data directly related to the four outcomes in the FVOF. The data can be used to track trends in outcomes and outcome measures. |
| [Women’s Health Atlas](https://victorianwomenshealthatlas.net.au/) <https://victorianwomenshealthatlas.net.au>, Women’s Health Victoria (variable) | Women’s Health Atlas compiles a huge range of data that measure social attitudes and crime. These measures include:   * perceptions of safety for women * sexual offences * family violence * Intimate partner violence * gender equality in the labour force (such as, labour force status, unpaid domestic work) * women in leadership (such as, number of female council CEOs and councillors) * experience of transport limitations.   Some, but not all, data can be exported in factsheets that disaggregate information by LGA. | Women’s Health Atlas data can be applied to understand the change in many different outcome indicators. For example, labour force participation and statistics on unpaid domestic work can be used to understand how community attitudes are changing around the independence of women and girls in public and private life. |
| [ANROWS National Community Attitudes towards Violence against Women Survey](https://www.anrows.org.au/research-program/ncas/) (NCAS) (every four years) <https://www.anrows.org.au/research-program/ncas> | The NCAS is a nationwide survey that collects information on how people understand violence against women, their attitudes towards it, what influences their attitudes and changes over time.  The data is not available to be disaggregated by LGA. | NCAS data, while unable to be disaggregated by LGA, can be a useful baseline to understand how changes in your LGA compares to national changes. Find guidance on how to use this data on [Respect Victoria's Re-shaping attitudes toolkit page](https://www.respectvictoria.vic.gov.au/national-community-attitudes-violence-against-women-survey-ncas) <https://www.respectvictoria.vic.gov.au/national-community-attitudes-violence-against-women-survey-ncas>.[[58]](#endnote-59)  The questions in this survey can be used as inspiration for surveys that you can run locally. A modified version of the NCAS survey tool has also been developed by MAV. |
| Australian Census, ABS (every four years) – see [ABS’ Find Census data page](https://www.abs.gov.au/census/find-census-data) <https://www.abs.gov.au/census/find-census-data> | The Census collects population demographic data from the entire Australian population every four years.  Data can be disaggregated by LGA. | The Census has demographic data that can be helpful to understand independence and access to opportunities for different groups at a high level through measures such as rates of education, income and employment. |

* 1. Analysis

Analysis explores the significance and consequences of council’s activities – aiming to understand if an initiative, program or strategy is meeting or has delivered its intended outcomes, and why or why not. Analysis can draw together data collected over a period (such as via monitoring) and data collected at a point-in-time (via formal evaluation activities) to gain a deeper understanding of what is happening.

There are many different kinds of analysis and how you choose to analyse your data depends on your evaluation objective. Some kinds of analysis are listed next.

For quantitative data:

* **Statistical analysis** – to assess whether relationships or comparisons are significant with data.
* **Social return on investment (SROI) analysis** – quantifies the costs and benefits of an activity in a more holistic sense where the benefits are not just monetary.
* **Assessment against the counterfactual** – assesses the effect of an activity compared to if it did not occur, requiring a ‘baseline’ data set.

For qualitative data:

* **Thematic analysis** – identifies common themes or ideas across a range of qualitative data.
* **Case study** – an in-depth investigation of an example (such as a person, a process, model) that identifies insights about broader related concepts and is helpful for illustrating impact. Can combine with quantitative data.

The most robust analysis involves drawing conclusions using more than one data point – ‘triangulating’ multiple pieces of information.

Be prepared to identify things that are outside of your program’s objective. There are many ‘incidental’ findings that can be made during an evaluation.

* 1. Dissemination

The impact of monitoring and evaluation efforts is significantly amplified when the learning is shared with others. Dissemination aims to:

* **clearly articulate the outcomes or benefits of primary prevention work to key stakeholders**. This can help them understand why they should continue to pursue this work by committing resources, or communicate how the initiative, program or strategy can be improved.
* **help other councils and the wider network of primary prevention to be more effective** by providing the evidence for what works, for whom, for how long and under what circumstances. Providing details on how to deliver and what to consider in delivery will also help other organisations to implement effectively.

Some channels you should consider sharing your monitoring and evaluation findings with:

* MAV, specifically the Gender Equality, Prevention of Violence Against Women and Gender-Based Violence Network
* women’s health network regional partnerships, if your council is part of one
* partners in your community and community groups.

VicHealth’s guide on evaluating primary prevention of violence against women[[59]](#endnote-60) discusses strategies for dissemination and includes practical tools to help plan how you will share findings:

* Available on [VicHealth’s A concise guide to evaluating primary prevention projects page](https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects) <https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects>.

| In action: MAV’s Gender Equality and Preventing Violence Against Women and all forms of Gender-Based Violence Network[[60]](#endnote-61) |
| --- |
| The Gender Equality and Preventing Violence Against Women and all forms of Gender-Based Violence Network (the Network) convened by MAV is a group of local government organisational representatives and community partners. The purpose of the Network is to provide leadership to the local government sector on matters related to primary prevention.  The Network’s quarterly meetings often involve presentations from councils and partners about primary prevention initiatives and programs, research and evaluations. Meetings are often attended by more than 70 people representing the majority of councils in Victoria and many partner organisations. |

### Links to learn more about monitoring, evaluation and dissemination

Respect Victoria’s Free from violence monitoring and evaluation strategic framework:

* to understand the structure of monitoring and evaluation for Victoria’s top-level primary prevention strategy
* available on [Respect Victoria’s Publications page](https://www.respectvictoria.vic.gov.au/publications) <https://www.respectvictoria.vic.gov.au/publications>.

Family violence outcomes framework measurement and monitoring implementation strategy:

* describes overall outcomes with associated outcome measures and indicators for the Victorian population
* available on the [Victorian Government’s Family violence outcomes framework page](https://www.vic.gov.au/family-violence-outcomes-framework) <https://www.vic.gov.au/family-violence-outcomes-framework>.

Our Watch’s Counting on change: A guide to prevention monitoring:

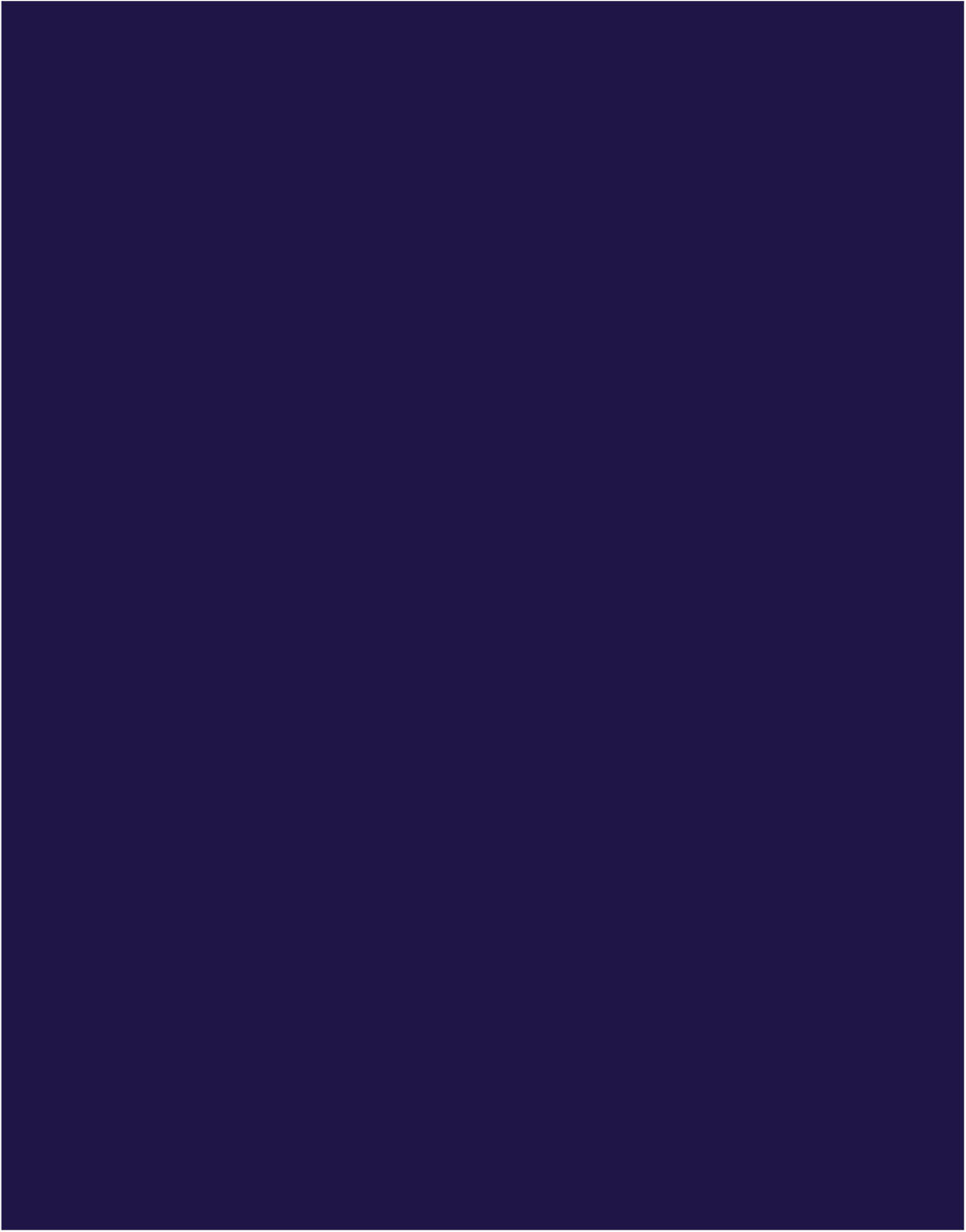
* for a range of process and outcome measures that are directly related to the drivers of violence against women
* available on [Our Watch’s Counting on change page](https://www.ourwatch.org.au/resource/counting-on-change-a-guide-to-prevention-monitoring) <https://www.ourwatch.org.au/resource/counting-on-change-a-guide-to-prevention-monitoring>.

VicHealth’s guide on evaluating primary prevention of violence against women:

* for practical guidance and tools on conducting evaluation and dissemination
* Available on [VicHealth’s A concise guide to evaluating primary prevention projects page](https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects) <https://www.vichealth.vic.gov.au/media-and-resources/publications/a-concise-guide-to-evaluating-primary-prevention-projects>.

Inner North West Primary Care Partnership’s INCEPT evaluation guidance:

* practical advice on how to monitor and evaluate prevention of violence against women projects
* includes a range of tools and templates
* available on the [INCEPT website](https://www.incept.org.au/) <https://www.incept.org.au>.

Appendices

1. Glossary

| Term | Definition |
| --- | --- |
| **Ableism** | Ableism is a set of practices and dominant attitudes in society that devalue and limit the potential of persons with disability, in favour of people without disability. An ableist society is said to be one that treats non-disabled individuals as the standard of ‘normal living’, which results in public and private places, services, and policies that are built to serve 'standard' people, thereby inherently excluding people with disability. |
| **Ageism** | Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. |
| **Backlash** | The resistance, hostility or aggression that gender equality or violence prevention strategies are met with by some groups.  From a feminist perspective, backlash can be understood as an inevitable response to challenges to male dominance, power or status – and is often interpreted as a sign that such challenges are proving effective.[[61]](#endnote-62) |
| **Class** | A system of structured inequality based on unequal distributions of power, education, wealth and income that determine social position and status.[[62]](#endnote-63) |
| **Domestic violence** | Refers to acts of violence that occur in domestic settings between two people who are, or were, in an intimate relationship. It includes physical, sexual, emotional, psychological and financial abuse.[[63]](#endnote-64)  See also ‘Family violence’. |
| **Emotional or psychological violence** | Can include a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death.[[64]](#endnote-65) |
| **Family violence** | As defined in the *Family Violence Protection Act 2008*: any behaviour that is sexually, emotionally, psychologically or economically abusive, coercive or threatening, or any behaviour by a person that causes a child to hear or witness or otherwise be exposed to the effects of behaviours described previously. |
| **Formative evaluation** | A type of evaluation that provides feedback about the effectiveness of the methods and processes used to achieve outcomes. A formative evaluation is usually conducted part-way through a program to assess implement to date and provide guidance on ongoing implementation improvements. |
| **Gender** | The socially learnt roles, behaviours, activities and attributes that any given society considers appropriate for men and women – gender defines masculinity and femininity.  Gender expectations vary between cultures and can change over time.[[65]](#endnote-66) |
| **Gender-based violence** | Any form of violence targeting a person based on their gender or gender presentation. It is recognised that gender-based violence disproportionality affects women.[[66]](#endnote-67) |
| **Gender equality** | As defined in the *Gender Equality Act 2020*: equality of rights, opportunities, responsibilities and outcomes between persons of different genders. |
| **Gender equity** | Entails the provision of fairness and justice in the distribution of benefits and responsibilities based on gender. The concept recognises that people may have different needs and power related to their gender and that these differences should be identified and addressed in a manner that rectifies gender-related imbalances.[[67]](#endnote-68) |
| **Gender inequality** | Where women and men do not have equal social status, power, resources or opportunities, and their voices, ideas and work are not valued equally by society. |
| **Homophobia** | Homophobia includes prejudice, discrimination, harassment and acts of violence brought on by fear and hatred of people who are homosexual or thought to be homosexual. (See also: [**transphobia**](#_Transphobia)) |
| **Impacts of colonialism** | The social and economic impact impacts of British colonisation of Australia continue to impact Aboriginal peoples today.  Many policies and practices have systematically disadvantaged First Nations peoples, which has resulted in the transmission of trauma, poverty and other forms of disadvantage from generation to generation. Much of the disadvantage we see today is often the long-term effect of lack of opportunities in previous generations, including poor nutrition and inadequate education and health care. |
| **Intergenerational trauma** | A form of historical trauma transmitted across generations. Survivors of the initial experience who have not healed may pass on their trauma to further generations.  In Australia, intergenerational trauma particularly affects Aboriginal and Torres Strait Islander people, especially the children, grandchildren and future generations of the Stolen Generations.[[68]](#endnote-69) |
| **Intersectional approach or practice** | An intersectional approach means identifying how the intersections of identity attributes (including but not limited to gender, race, sexuality, faith, and age) result in either discrimination or privilege due to the structure of systems and institutions.  These systemic barriers can lead to increased risk, severity or frequency of experiencing different forms of violence, harassment or inequality. It means that these various factors cannot be isolated or considered alone and are integral to ensuring primary prevention initiatives are effectively and appropriately tailored to the target population.[[69]](#endnote-70) |
| **Intersectionality** | Diversity within the Victorian population means that people’s lives are complex and not defined by any single factor.  People’s experiences are shaped by the intersection of a number of social conditions such as gender, class, ethnicity, ability, sexuality, gender identity, religion and age. Each of these factors (or identity attributes) influences and has an impact on our lives and our experiences.  Social structures and systems, and the way they intersect, play a large role in creating social conditions that result in power and privilege or discrimination and oppression, thus shaping the ways in which people experience inequality, disadvantage and violence.[[70]](#endnote-71) |
| **Intimate partner violence** | Any behaviour within an intimate relationship (including current or past marriages, domestic partnerships or dates) that causes physical, sexual or psychological harm.  This is the most common form of violence against women.[[71]](#endnote-72) |
| **Lived experience** | Lived experience is defined as ‘personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.’[[72]](#endnote-73)  It also includes ‘the experiences of people on whom a social issue or combination of issues has had a direct impact,’[[73]](#endnote-74) such as a sibling of a woman killed through an act of intimate partner violence. |
| **Patriarchy** | A social structure where the ideas, needs and actions of men are dominant over those of women (and non-binary people) and where men (as a group) hold social, political, cultural and economic power.  Patriarchy is associated with a set of ideas that seek to explain and justify this dominance and attribute it to innate differences between men and women.[[74]](#endnote-75) |
| **Perpetrator** | The term ‘perpetrator’ has intentionally not been used in this guide. Perpetrator is a technical term that is used in the judicial system. When we are discussing behavioural change, we aim to acknowledge people who may use violence as people first instead of labelling them as perpetrators. In doing so, we continually attribute accountability to a person who has made behavioural choices and recognise that there is more to a person than their use of violence. |
| **Primary prevention of violence** | A long-term agenda that aims to prevent violence from ever happening in the first place. Primary prevention works by identifying the deep underlying causes of violence (the social norms, structures and practices that influence individual attitudes and behaviours) and acting across the whole population to change these, not just the behaviour of people who use violence.[[75]](#endnote-76) |
| **Racism** | Racism is when a person is treated worse, excluded, disadvantaged, harassed, bullied, humiliated or degraded because of their race or ethnicity (including people’s colour, nationality, citizenship, and ethnic or national origins). |
| **Self-determination** | Self-determination is a right granted to indigenous peoples across the world in Article 3 of the United Nations Declaration on the Rights of Indigenous Peoples: ‘Indigenous peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.’  In Australia, Aboriginal self-determination allows communities to make their own decisions about their social, cultural and economic needs. It does not mean that Aboriginal people or communities are separate from the wider Australian community. |
| **Social norms** | The informal, mostly unwritten and unspoken collective rules that define typical, acceptable, appropriate and obligatory actions in a social group, setting or society.  They are produced and reproduced by customs, traditions and value systems that develop over time to uphold particular forms of social order.[[76]](#endnote-77) |
| **Summative evaluation** | A type of evaluation that explores the outcomes that a program has achieved, its impact, how a program made an impact and the effectiveness of the process to make change. A summative evaluation is usually conducted towards the end of a program to make decisions about future funding and approaches. |
| **Transphobia** | Transphobia is the fear, hatred, disbelief, or mistrust of people who are transgender, thought to be transgender, or whose gender expression doesn’t conform to traditional gender roles. (See also: [**homophobia**](#_Homophobia)) |
| **Violence against women** | As defined by the United Nations Declaration on the Elimination of Violence against Women: 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 in private life. |

1. Legislative links to primary prevention

| Legislation | Relevance to primary prevention of family violence |
| --- | --- |
| [Local Government Act 2020](https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020) <https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020> | The Local Government Act provides a contemporary legislative framework for councils based on five principles including community engagement, strategic planning, financial management, public transparency and service performance. The Local Government Act has implications for how councils operate as a workplace, how council staff and councillors behave, and how the community should be engaged. These factors are related to primary prevention of family violence in several ways.   * The role of a council is to provide good governance in its municipal district for the benefit and wellbeing of the municipal community (Section 8(1)). This includes achieving the best outcomes for the municipal community, including future generations (Section 9(2)(b)). Acting to prevent family violence and violence against women will clearly improve outcomes for communities in the present and the future. * In their responsibility to establish and maintain an organisational structure as part of Section 46(3)(a), a CEO must develop and maintain a workforce plan that sets out measures to seek to ensure gender equality, diversity and inclusiveness (Section 46(4)(a)(iii)). This is supported by Section 48(2)(c) that requires the CEO to adopt and maintain a recruitment policy that has regard to the gender equity, diversity and inclusiveness measures specified in the workforce plan. By creating safe and inclusive workplaces, councils will be acting to address drivers of family violence by promoting and normalising gender equality in public and private life. * Section 49 requires that councils develop and implement a code of conduct for members of Council staff. A staff code of conduct can be an important tool to help reinforce a workplace culture that values inclusiveness and equality. * Section 55(1) requires that councils adopt and maintain a community engagement policy that must adhere to community engagement principles, including that: participants in community engagement must be representative of the persons and groups affected by the matter that is the subject of the community engagement (Section 56(e)). While not directly related to preventing family violence, the legislation reinforces how important it is to engage the municipality on community issues. It will be important to engage a representative group of community members, including those with lived experience, in developing primary prevention activities. * Section 139 has a provision for a Councillor Code of Conduct. As defined in Section 139(2), the purpose of the Councillor Code of Conduct is to include the standards of conduct expected to be observed by Councillors in the course of performing their duties and functions as Councillors, including prohibiting discrimination, harassment (including sexual harassment) and vilification. Councillors are leaders in the community and a code of conduct can help guide them to model attitudes and behaviours that promote equality, respectful relationships and healthy communities.   [Local Government Victoria's Local Government Act 2020 page](https://www.localgovernment.vic.gov.au/council-governance/local-government-act-2020) <https://www.localgovernment.vic.gov.au/council-governance/local-government-act-2020> has detailed information and implementation guidance about the Local Government Act*.* |
| [Gender Equality Act 2020](https://www.legislation.vic.gov.au/in-force/acts/gender-equality-act-2020) <https://www.legislation.vic.gov.au/in-force/acts/gender-equality-act-2020> | As stated in the Act’s gender equality principles (Section 6), ‘gender equality is a precondition for the prevention of family violence and other forms of violence against women and girls’. The Gender Equality Act is a legislative mechanism to promote gender equality, and therefore has direct relevance to primary prevention of family violence.  The Gender Equality Act recognises the impact that councils have externally in their public-facing services and interactions by requiring GIAs, and also internally as a workplace by requiring a GEAP.  The following is specified by the Gender Equality Act.  Section 9(1) requires councils to ‘undertake a GIA when developing or reviewing any policy of, or program or service provided by, the entity that has a direct and significant impact on the public’.  The remainder of Section 9 stipulates the requirements of a GIA, including that it must assess how policies, programs and services may impact people of different genders, how they are varied to address gender inequality and consider compounding factors of disadvantage or discrimination such as Aboriginality, age, disability and ethnicity.  Section 10(1) requires councils to develop and implement a GEAP, which includes:   * Results of the workplace gender audit (Section 10(1)(a)) that must assess the state and nature of gender inequality in the workplace (Section 11(2)) * Strategies and measures for promoting gender equality in the workplace (Section 10(1)(b)). * The Act enables the Public Sector Gender Equality Commissioner to deal with disputes, arising under an enterprise bargaining agreement (EBA) or a workplace determination, relating to systemic workplace gender equality issues. A systemic gender equality issue is one that relates to one or more of the workplace gender equality indicators in the Act and adversely affects a class or group of employees in the organisation. Councils can access this mechanism only if a relevant clause is inserted into their EBA. * The [Commission for Gender Equality in the Public Sector](https://www.genderequalitycommission.vic.gov.au/) <https://www.genderequalitycommission.vic.gov.au> has more information detailing requirements, examples and tools for all defined entities including councils. |
| [Public Health and Wellbeing Act 2020](https://www.legislation.vic.gov.au/in-force/acts/public-health-and-wellbeing-act-2008/043) <https://www.legislation.vic.gov.au/in-force/acts/public-health-and-wellbeing-act-2008> | Primary prevention of family violence is fundamentally a health and safety issue. The Public Health and Wellbeing Act requirescouncils to consider prevention of family violence in its public health planning.   * Section 26(1) requires that councils must prepare a municipal public health and wellbeing plan (MPHWP) that aligns with the state’s health and wellbeing plan. Section 26(2)(ba) specifies that a MPHWP must ‘specify measures to prevent family violence and respond to the needs of victims of family violence in the local community’. * Section 26(3) requires that the MPHWP that councils prepare ‘must have regard to the State Public Health and Wellbeing Plan’. The most recent state plan includes prevention of all forms of violence, including violence and violence against women, as one of its pillars. See [Health.vic’s Victorian public health and wellbeing plan 2019–2023 page](https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-plan-2019-2023) <https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-plan-2019-2023>. |
| Other relevant legislation | There are other pieces of legislation that relate to councils’ obligations to manage risk and share information about family violence matters. These are more related to the secondary and tertiary responses to violence, as opposed to the primary prevention response.  Multi-agency risk assessment and management (MARAM) framework aligns policies, processes and procedures for family violence risk assessment and management.  Municipal Association of Victoria has MARAM information sharing policy guidance for councils. This is available under ‘MARAMIS’ on [MAV’s Maternal and child health resources page](https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/children-youth-family/maternal-and-child-health-children-0-6-years/maternal-and-child-health-resources) <https://www.mav.asn.au/what-we-do/policy-advocacy/social-community/children-youth-family/maternal-and-child-health-children-0-6-years/maternal-and-child-health-resources>.  More detail is available on the [Victorian Government’s MARAM Framework: summary for organisational leaders page](https://www.vic.gov.au/maram-framework-summary-organisational-leaders) < https://www.vic.gov.au/maram-framework-summary-organisational-leaders>.[[77]](#endnote-78) [[78]](#endnote-79)  The *Family Violence Protection Act 2008* outlines several requirements for councils:   * Some council services – such as maternal and child health (MCH) and supported playgroups – must comply with the MARAM Framework * Some council services such as MCH and supported playgroups are considered an ‘Information Sharing Entity’ (ISE) <https://iselist.www.vic.gov.au/ise/list> and must share information under the Family Violence Information Sharing Scheme (FVISS). The FVISS allows information to be shared between authorised organisations to promote the safety of victim survivors and keep people who use family violence in view. Use the [ISE List website](https://iselist.www.vic.gov.au/) to identify prescribed organisations <https://iselist.www.vic.gov.au>. See the [Victorian Government's Family Violence Information Sharing Scheme page](https://www.vic.gov.au/family-violence-information-sharing-scheme) <https://www.vic.gov.au/family-violence-information-sharing-scheme>.   The *Child Wellbeing and Safety Act 2005* outlines several requirements for councils:   * All organisations that provide services or facilities for children, including councils, must implement Child Safe Standards to protect them from abuse. Learn more on the [Commission for Children and Young People’s The 11 Child Safe Standards page](https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards) <https://ccyp.vic.gov.au/child-safe-standards/the-11-child-safe-standards>. * Similar to the FVISS, some council services are considered an Information Sharing Entity and must share information under and Child Information Sharing Scheme (CISS). The CISS allows information to be shared between authorised organisations to promote the safety and wellbeing of children. Use the [ISE List website](https://iselist.www.vic.gov.au/) to identify prescribed organisations <https://iselist.www.vic.gov.au>. See the [Victorian Government’s Child Information Sharing Scheme page](https://www.vic.gov.au/child-information-sharing-scheme) <https://www.vic.gov.au/child-information-sharing-scheme>. |

1. Health check tool

Throughout this health check, **primary prevention** collectively refers to prevention of family violence and all forms of violence against women. Note that ‘primary prevention’ is a public health term and can be used in other contexts, such as primary prevention of smoking or primary prevention of road accidents – these are not what we are referring to in this document.

| Stop! Have you read Section 1 of the guide? |
| --- |
| This health check tool is designed to be used after reading **section 1, Health check**. Please ensure you have read Section 1 and undertaken all recommended preparation before using this tool. |

The health check uses one table per model component, split into four sections.

| Model section | Element |
| --- | --- |
| **Characteristics of a whole-of-council approach** | * Shared understanding of purpose and goals * Leadership commitment * Organisational fluency in primary prevention |
| **Councils’ domains of influence** | * Council as a workplace * Arts and culture * Built environment and open space * Community services * Corporate services, including finance, communications and IT * Councillors * Emergency management * Governance * Local laws * People and culture * Social and community planning * Sports and recreation * Council as a connector * Councillors as leaders and decision-makers |
| **Monitoring, evaluation and dissemination** | * Monitoring, evaluation and dissemination |
| **Critical elements required for successful primary prevention** | * Internal communication and engagement * Community communication and engagement * Aboriginal self-determination * Applying intersectional practice and inclusion of diverse groups * Inclusion of people with lived experience * Anticipation and response to resistance and backlash * Connection to the response sector and support for victim-survivors * Support from specialists * Internal and external partnerships |

Characteristics of a whole-of-council approach

### Shared understanding of purpose and goals

#### Our council has a clear expression of its primary prevention role, goals and plans

| Response | Mark with X |
| --- | --- |
| No or Never |  |
| Somewhat or Sometimes |  |
| Yes or Always |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council has a formal statement about its commitment to primary prevention in plans, strategies or its website
* Council has a strategy or plan (possibly as part of other plans or as a separate document) which outlines its goals and upcoming actions
* Primary prevention objectives or plans are reported against annually at the council or area level, both internally and to community or stakeholders
* Council has commitments to equality across gender, race, religion, cultural background, age and ability in its values statement

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Staff in our council understand and are committed to council’s role in primary prevention

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most council staff understand what primary prevention of family violence and all forms of violence against women is
* Most council staff could express council’s role in primary prevention and what it means for their work if asked
* Most council staff are comfortable discussing primary prevention and council’s role with community or stakeholders when relevant.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Leadership commitment

#### Our councillors and executive leadership show strong and consistent support for primary prevention efforts

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Councillors and executive leadership have made statements to the public and council about the problem of family violence and all forms of violence against women, the role councils can play in primary prevention including the need to promote gender equality and reduce discrimination, and how these issues are linked
* Councillors and executive leadership condemn acts of violence and other discriminatory acts when they occur and to the public and council (where appropriate)
* Councillors and executive leadership have key performance indicators (KPIs) related to elements of primary prevention
* Councillors and executive leadership allocate budget and resourcing to ongoing primary prevention work and major initiatives.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Our functional and people leaders help their teams understand and execute their role in primary prevention

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Leaders have made statements to their team about the problem of family violence and violence against women, the need to create equality and reduce discrimination, and how these issues are linked
* Leaders take complaints of discriminatory acts seriously and condemn acts of violence and other discriminatory acts (where appropriate)
* Leaders can respond effectively to disclosures of family violence from staff
* Leaders are available and equipped for conversations with team members about why and how primary prevention is part of their work, through regular conversations and periodic communications or reporting
* Leaders champion primary prevention initiatives within their team and to the rest of council.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Organisational fluency in primary prevention

#### Training is provided throughout an employee’s tenure to build fluency in primary prevention at the general and area-specific level

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Staff (including management and Councillors) have attended training about primary prevention, family violence and gender equality
* Standard council induction processes include an explanation of council’s commitment to primary prevention and training on primary prevention, family violence and gender equality
* Functional areas attend area-specific training or team reflections about how primary prevention relates to their work
* Staff can access further training and professional development to refresh and expand their knowledge.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Primary prevention is a part of our regular communications and discussions

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* There are regular communications within and between teams about current primary prevention work
* Most staff would report having discussions about primary prevention in their day-to-day work
* People other than gender equality, primary prevention or anti-discrimination practitioners discuss primary prevention in council.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Domains of influence

### Council as a workplace

#### Our council has policies, procedures and supports in place to ensure it is an equitable, respectful and inclusive workplace

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Our council has policies on diversity, discrimination, harassment and equal opportunity working that are well understood and used by staff
* Our council has a completed gender equality action plan which is well understood and supported by staff
* Staff are aware of council’s family violence policy and support available to staff experiencing family violence
* Our council has policies to support an equitable working environment, for example flexible working arrangements, mentorship programs and pay equity audits
* Our council provides ways for employees and employee representatives to raise and seek to address complaints of systemic gender equality issues
* Councillors and executive leadership show strong support for the policies which support an equitable working environment and advocate for staff to access all available supports
* Our council has requirements for diversity on hiring panels, promotion panels and other decision-making bodies.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Staff feel that the workplace is inclusive and their complaints or challenges are addressed

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Staff surveys indicate that all staff feel equally safe and supported by the organisation and that they are comfortable to challenge inappropriate behaviour in the workplace
* Staff who have used complaints handling procedures or raised concerns about discrimination report being satisfied with the process (consider consulting existing data from your gender audit or responses to previous audits such as the VAGO sexual harassment report)

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – arts and culture

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are, and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – built environment and open space

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services and all major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – community services

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – corporate services (including finance, communication, IT)

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are, and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area.

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – councillors

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – emergency management

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – governance

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – local laws

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – people and culture

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – social and community planning

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a service provider – sports and recreation

#### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

#### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council as a connector

#### Council coordinates or engages with local networks for improving primary prevention or gender equality

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council is an active member of local and regional primary prevention partnerships and networks, family violence networks, and anti-discrimination networks
* Council is known by partners and the local or regional sector as an engaged and active organisation, including through coordination or leadership of local campaigns (such as 16 Days)

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Councillors as leaders and decision-makers

#### Our councillors publicly show support for primary prevention efforts and condemnation of violence

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Councillors have made statements to the public or the council about the problem of family violence and violence against women, the need to create equality and reduce discrimination, and how these issues are linked
* Councillors and executive leadership condemn acts of violence and other discriminatory acts when they occur and to the public and council (where appropriate)
* Councillors support plans and budgets that include primary prevention

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Critical elements

### Council has rich and varied partnerships with the local response sector and victim-survivor representatives

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Staff at council understand the difference and connection between primary prevention, secondary response and tertiary response to family violence and all forms of violence against women
* Staff at council can see the connection between primary prevention work, the work of the response sector and the stories of victim survivors
* Where relevant, the parts of council working in secondary or tertiary response can feed insights and lessons into council’s primary prevention work
* The parts of council working in secondary and tertiary response have strong and active connections to both the local response sector and any victim survivor representative bodies

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council partners with Aboriginal organisations and promotes self-determination in its primary prevention work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council has an agreement or strong working relationship with local representative Aboriginal organisations (the type and structure of representative body will differ by area) and draws on this relationship for primary prevention work
* All areas of council have a partnership or strong working relationship with Aboriginal organisations working in their field
* Primary prevention services and initiatives that Aboriginal people will encounter are designed in partnership or consultation with Aboriginal organisations and delivered by those organisations where possible
* Council has and amplifies Aboriginal voices from within its organisation, with appropriate role definition and remuneration

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Communications from all areas of council are inclusive and informed by primary prevention

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Guidance for communications officers and teams includes how to use inclusive language and reflect diverse families and communities
* Council runs dedicated awareness communications about gender, LGBTQI+, racial, disability or age equality where appropriate (such as IDAHOBIT, International Day for the Elimination of Racial Discrimination, 16 Days of Activism against Gender Based Violence, International Women’s Day)
* Council has clear messaging available about its approach to primary prevention and how it relates to family violence and violence against women

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Inclusive, representative, genuine community engagement informs all relevant work at council

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Community consultation is designed to allow all members of the community to contribute – such as sessions are run at various times of day and locations, sessions are run in partnership with organisations to ensure cultural appropriateness, options for written feedback are available, interpreters are available
* Where relevant to an initiative, targeted consultation with representative organisations is undertaken
* Consultation data is disaggregated to test how well it represents the community (such as does it cover all groups, in what proportions) and to consider how different portions of the community are affected or have needs
* Co-design approaches are used for all major programs of work or initiatives

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council has consistent and well understood practices for considering intersectional experiences

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list. For further explanation of intersectionality, ask your facilitator or coordinator.

* Most staff can explain what intersectionality means in their work
* Functional areas or teams have recorded guidance about how different communities experience or engage with their services and can be best accommodated
* Functional areas or teams have standard approaches to consultation, partnership and analysis to ensure their work considers a variety of experiences
* Teams and leadership are diverse

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council has plans and guidance for responding to backlash and resistance and can provide support

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* VicHealth guidance on managing backlash is easily accessible on council intranet
* Primary prevention practitioners are equipped and resourced to help other staff members plan for backlash
* Leaders are committed to ‘backing’ initiatives and staff in the face of backlash to provide safety and confidence

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Specialists are visible and able to support but not solely responsible for work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most initiatives undertaken in functional areas are either prompted or delivered by those areas
* Staff who have led or delivered initiatives would generally say they received the support that they needed from specialists
* Staff have access to clear guidance or can say what level of planning they should undertake on their own and what specialists can help with
* Specialists report being able to focus on their BAU and having sufficient guidance available to direct other staff to pursue their own independent primary prevention work

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Monitoring and evaluation

### Council has monitoring practices for data collection (including gender disaggregated data) and continuous improvement

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Information about primary prevention activities is recorded in a database
* Council services regularly collect gender disaggregated data and collect and record qualitative data when appropriate
* Staff report that they can use the data from monitoring to consider how to improve their primary prevention activities

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council conducts robust evaluations for its primary prevention work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Evaluations follow a clear program logic model
* Evaluations use data from monitoring, existing data sources and new data sources (such as stakeholder engagement for the evaluation) to form evidence-based conclusions
* Where relevant, evaluations are conducted at the initiative, cluster and strategic level

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Council shares its learning from evaluations

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

##### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council publishes its monitoring and evaluation findings so they are accessible to other organisations in the primary prevention network (such as other councils, women’s health services, state government)
* Staff report that the results of monitoring and evaluation are communicated back to them so they can understand their progress

##### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

1. Prioritising effort

Possible actions to make change

| Field | Response |
| --- | --- |
| What opportunities to improve were identified in the health check? |  |
| Are there areas of particular strength that you can celebrate, build on or share? |  |
| Are we meeting our legislative or strategic obligations? |  |

Available resources

| Field | Response |
| --- | --- |
| What funding do we have available? |  |
| Where is there community support or demand? |  |
| Where is my internal support or opposition? |  |

Identified actions

| Field | Response |
| --- | --- |
| Priority 1, timeframe and responsibility |  |
| Priority 2, timeframe and responsibility |  |
| Priority 3, timeframe and responsibility |  |

1. Embedding primary prevention into your role – worksheets

About this appendix

|  |
| --- |
| Stop! Have you read section 5 of the guide? |
| This appendix is designed to be used after reading section 5, **Embedding this work into everyone’s roles**.  **For**: Doer, leader and specialist. |

Use these worksheets to build your understanding of primary prevention in your work and commit to being a part of the solution.

The worksheets explain a wide range of initiatives you could undertake. For more ideas or examples:

* see [MAV's Family violence prevention resources page](https://www.mav.asn.au/fvp_resources) <https://www.mav.asn.au/fvp\_resources>
* speak to a practitioner in your council or in a similar area of another council.

### Essential actions to address family violence and violence against women

The following essential actions are referred to throughout this appendix:

* challenge condoning violence against women (see Note 1)
* promote women’s independence and decision-making in public life and relationships1
* foster positive personal identities and challenge gender stereotypes and roles1
* strengthen positive, equal and respectful relationships between and among women, and men, girls and boys (see Note 1)
* promote and normalise gender equality in public and private life (see Note 1)
* combat discrimination and marginalisation (see Note 2)
* combat inappropriate exercise of power, coercion or control between family members (see Note 2)
* promote respectful relationships in all family types (see Note 2)
* build healthy strong communities based on cultural identity and belonging (see Note 2).

**Notes**

**Note 1**: Our Watch (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*

**Note 2**: Respect Victoria (2021). *Free from violence monitoring and evaluation strategic framework*

### Instructions

You can complete this exercise as an individual, or as a team.

Use the worksheet that best matches your area of work.

**Note**: the title may not match perfectly to how your council categorises work.

Worksheets:

* Arts and culture
* Built environment and open space
* Community services
* Corporate services – including finance, communications and IT
* Councillors
* Emergency management
* Governance
* Local laws
* People and culture
* Social and community planning
* Sports and recreation

Arts and culture

Arts and culture work in council is a unique opportunity to support communities to tell their stories, meet and grow.

Consider how your arts and culture work can include primary prevention.

### Information and examples

| Info | Provide and manage public and rentable spaces | Support community organisations and businesses | Promote arts and culture to the community and further |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 1, 2, 3, 6 and 9 | Essential actions 1, 5, 6 and 9 | Essential actions 2, 3, 4, 6 and 9 |
| **Examples to address essential actions in everyday work** | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Call out power or representation imbalances – does this team or meeting allow all voices to be heard? * Require contractors and space-users to meet equity and diversity goals * Review programming for inclusivity – have we supported programming which tells stories and makes space for everyone? * Staff events with trained and diverse people to create a safe and inclusive space * Share information about networks, support and quality in public spaces * Include liaisons at all events to help people comfortably navigate | * Direct organisations that I work with to funding for improving their own primary prevention * Lead by example – reflect equality and speak about its importance to Council * Use GIAs to signal council’s position to organisations * Provide relevant training programs, such as gender equality, bystander training * Require partners and grant applicants to meet equity and diversity goals * Conduct workshops or seminars to bring partners organisations together | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Keep up to date on the different arts and culture events – not just the ones I’m familiar with * Launch campaigns about arts and culture in our LGA which challenge stereotypes and represent us * Target initiatives to promote arts and culture to groups who have previously not been able to participate |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Provide and manage public and rentable spaces |  |
| Support community organisations and businesses |  |
| Promote arts and culture to the community and further |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Built environment and open space

Built environment and open space directly influence the physical form of a community that influences how people interact and move.

Consider how you can incorporate primary prevention into built environment and open space work.

### Information and examples

| Info | Manage and maintain council assets | Plan urban spaces and infrastructure | Compliance and regulation |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2, 5, 6, 7 and 8 | Essential actions 2, 3, 4, 5, 6, 8 and 9 | Essential actions 2, 6, 7 and 8 |
| **Examples to address essential actions in everyday work** | * Identify physical spaces that favour access of one group over another when out in the field (such as only accessible by car) * Discuss council’s goals of preventing family violence and violence against women with contractors when making changes to assets to promote broader community understanding * Require contractors to meet equity and diversity goals, and review list of approved contractors * Assess if all assets are maintained equally often and to the same quality (such as men’s and women’s toilet facilities) * Review council assets for inclusivity – are the physical spaces that council is responsible for create an inclusive and safe environment for everyone? | * Think about how spaces that I am planning will be accessible and inclusive of everyone (such as ensuring pathways are accessible for those without cars or for people with prams) * Consult diverse community groups when planning infrastructure and other developments * Embed engagement with diverse groups, including women, the elderly and marginalised populations, into the process of planning urban spaces and infrastructure * Require contractors and consultants to meet equity and diversity goals, and review list of approved contractors and consultants * Advocate for cheaper and more regular public transport with more frequent evening hours | * Use accessible and plain English writing for compliance notices or regulation that I am writing * Assess if fees and charges I am setting will have a disproportionate impact on some groups * Address people directly if something affects them (such as not a woman’s husband or an older person’s carer) * Ensure that our teams represent diverse views that reflect the community who will use community spaces * Consult with a reference group that provides a diversity of perspectives, including women the elderly and marginalised populations, when developing regulations |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Manage and maintain council assets |  |
| Plan urban spaces and infrastructure |  |
| Compliance and regulation |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
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|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Community services

Community services allow council to directly interact with community members and their families.

Consider how social and community planning can include primary prevention work.

### Information and examples

| Info | Provide aged and disability services | Provide early years and family services | Manage and operate facilities |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2, 3, 5, 6 and 9 | All essential actions | Essential actions 2, 3, 5, 6 and 9 |
| **Examples to address essential actions in everyday work** | * Engage with members of the community who are clients for discussion and decision-making wherever possible (and explain to guardians where the bounds of their powers are) * Support clients to build confidence in making their own choices * Create a safe environment and relationship for clients to use their voice * Connect clients to support or social groups to build independence * Support service scheduling that is flexible to client needs * Provide training and support to carer staff about engaging with diverse family types and supporting autonomy | * Promote equitable roles and duties within the home in engagements with clients (such as discussing caring duties) * Engage all parents in services to promote equal responsibilities and autonomy (such as parents groups) * Share resources about respectful relationship and equality (such as public links, posters in bathrooms) * Run direct participation programs about respectful and healthy relationships * Audit facilities for whether they promote equal participation (such as change tables in male bathrooms, availability of prayer spaces) * Model equality by recruiting and supporting a diverse workforce | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Discuss primary prevention and equality with contractors or users of facilities during regular interactions * Ensure program of events and organisations is diverse and inclusive * Audit facilities for whether they promote equal participation (such as change tables in male bathrooms, availability of prayer spaces) * Provide relevant training programs, such as gender equality, bystander training * Require partners and grant applicants to meet equity and diversity goals * Conduct workshops or seminars to bring partners organisations together |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Provide aged and disability services |  |
| Provide early years and family services |  |
| Manage and operate facilities |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
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|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Corporate services – including finance, communications and IT

Corporate services are the backbone of council’s operations and have wide-reaching influence for both internal and external council stakeholders.

Consider how you can incorporate primary prevention into your role in corporate services.

### Information and examples

| Info | Finance and procurement | Marketing, engagement and communications | Information technology |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2, 5 and 6 | All essential actions | Essential actions 2, 5 and 6 |
| **Examples to address essential actions in everyday work** | * Use accessible and plain English language when communicating with stakeholders * Discuss council’s goals of preventing family violence and violence against women with suppliers to promote broader community understanding * Require council suppliers to meet equity and diversity goals, and review list of approved suppliers * Collect gender disaggregated data on rates and revenue to understand how services affect genders unequally | * Use accessible and plain English language when communicating with stakeholders * Promote and market diverse community events (such as a local women’s sports match, not just the men’s) * Use images on marketing collateral that depict the diversity of the community * Develop a community communications campaign that has primary prevention messages such as gender equality, respect for the elderly, respect in families * Provide banners that council staff can include in their email signatures that has primary prevention messages | * Use accessible and plain English language when communicating with stakeholders * Use images on website and internal council tools that reflect the diversity of the community * Collect gender disaggregated data on council satisfaction with IT services to understand how they may work for groups differentially |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Finance and procurement |  |
| Marketing, engagement and communications |  |
| Information technology |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Councillors

Councillors are role models that people trust to make the right leadership decisions for their community.

Consider how you can incorporate primary prevention into your role as an elected official.

### Information and examples

| Info | Provide civic leadership | Approve council strategies development plans and budgets | Lead and participate in council panels or governance groups |
| --- | --- | --- | --- |
| **Relevant essential actions** | All essential actions | All essential actions | All essential actions |
| **Examples to address essential actions in everyday work** | * Demonstrate that I am an advocate for greater inclusion and equity in the way that I behave and what I say * Call out power imbalances, discrimination and marginalisation when I see it happening in the community * Ensure my language is inclusive and unbiased, when communicating * Promote gender equality, inclusion and accessibility in public addresses * Let the community know through communications that I firmly support improving gender equality, inclusion and accessibility, and outline how I am committed to it | * Advocate for the inclusion of a detailed and robust primary prevention strategy for council (that could be part of the council plan and municipal public health and wellbeing plan) * Think about how new projects that are happening in the council will impact segments of the community differently * Support programs and initiatives that relate to primary prevention when I am reviewing the council budget * Plan to consult a range of diverse community members, including women, older people and marginalised groups, before making decisions | * Advocate for council programs, plans and initiatives to be as inclusive as possible * Work with other members of council panels and governance groups to help them understand how to incorporate primary prevention into their work * Ensure equal weight and time is given to all perspectives in meetings I lead or participate in * Recognise when council panels or governance groups I am a part of do not include a range of perspectives and advocate for greater inclusion |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Provide civic leadership |  |
| Approve council strategies, development plans and budgets |  |
| Lead and participate in council panels or governance groups |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
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|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Emergency management

Emergency management shapes community relationships and the systems that support them in times of disaster.

Consider how emergency management planning can include primary prevention work.

### Information and examples

| Info | Emergency management planning and capacity building | Emergency response and relief | Post-emergency recovery, including monitoring and debrief |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 1, 3, 5, 6 and 9 | All essential actions | Essential actions 1, 2, 4, 6, 7, 8 and 9 |
| **Examples to address essential actions in everyday work** | * Include a standard agenda item for Municipal Emergency Management Planning Committee (MEMPC) to consider equality and diverse experiences in planning * Seek input from a diverse and representative set of community organisations * Display visible signs of inclusivity (such as rainbow lanyards, pronoun labels) to create an inclusive space * Support partner or community organisations to understand primary prevention * Ensure diversity in representation on planning and decision-making bodies (such as MEMPC) * Develop a checklist to support MEMPC to plan equitably * Engage in gender equality and primary prevention training as a MEMPC * Ensure diversity in leadership within council emergency management teams | * Ensure my language is inclusive, plain and unbiased, at work and when communicating to the public * Ensure messaging does not assume or imply traditional gender and family structures * Support partner or community organisations to understand primary prevention * Run inclusive training and capability building activities for relief work (such as chainsaw workshops for women) | * Ensure my language is inclusive, plain and unbiased, at work and when communicating to the public * Engage groups that represent marginalised community groups as part of the community development process * Target new projects to prioritise groups who have not been able to access or participate in them as easily in the past * Assess how the distribution of social and community services funding or grants can break down biases, promote inclusion and improve equality |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Emergency management planning and capacity building |  |
| Emergency response and relief |  |
| Post-emergency recovery, including monitoring and debrief |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Governance

Governance ensures that council meets its obligations under relevant legislation and regulation. Its influence, therefore, spans many different council activities.

Consider how you can incorporate primary prevention into your role in corporate services.

### Information and examples

| Info | Compliance with council’s governance rules | Manage council information and documents | Monitoring and reporting |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2 and 6 | Essential actions 2 and 6 | Essential actions 1, 2, 3, 5 and 6 |
| **Examples to address essential actions in everyday work** | * Identify how governance rules and processes may be exclusionary or favour some groups over others * Review governance rules and processes to ensure they are inclusive and avoid power imbalances by affecting some groups more than others (such as women, people from different cultural backgrounds and so on) | * Use accessible and plain English language when communicating with internal and external stakeholders * Use accessible and plain English language when publishing official council documents publicly * Review public pages (such as public interest disclosures, freedom of information) for accessibility and plain language | * Use gender disaggregated data in monitoring and reporting to identify where genders experience programs, services and enforcement of laws differentially * Advocate for diverse representation on leadership groups I am reporting to * Introduce primary prevention training to the leadership groups I report to, such as councillors |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Compliance with council’s governance rules |  |
| Manage council information and documents |  |
| Monitoring and reporting |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Local laws

Local laws officers have a diverse range of interactions with the community and internal council stakeholders.

Consider how you can incorporate primary prevention into your work in local laws.

### Information and examples

| Info | Develop local laws | Enforce local laws |
| --- | --- | --- |
| **Relevant essential actions** | Essential actions 2 and 6 | Essential actions 2, 6 and 7 |
| **Examples to address essential actions in everyday work** | * Consider how local laws may impact certain genders differently to reinforce gendered structures * Ensure language that I use in the wording of local laws is inclusive and unbiased * Review existing local laws for inclusivity – do they have implications for members of different genders and diverse groups? | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Identify physical and social spaces that can be changed to better promote gender equality and safety when I am out in the community * Address people directly if something affects them (such as not a woman’s husband or an older person’s carer) * Advocate to relevant parts of council to address physical and social spaces that could be made more gender equal * Collect gender disaggregated data for local law infringements and enforcement * Review enforcement policies for any disproportionate impacts on particular groups, particularly in the case of rates and financial hardship |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Develop local laws |  |
| Enforce local laws |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

People and culture

People and culture play a significant role in shaping how councils operate and the culture within them. People and culture teams will likely be responsible for the gender equality action plans that are required as part of the Gender Equality Act.

Consider how:

* you can incorporate primary prevention as a member of the people and culture team
* they might become part of your gender equality action plan.

### Information and examples

| Info | Workforce planning and organisational design | Recruitment, induction, learning and development | Workplace policies and procedures |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2, 3 and 5 | All essential actions | Essential actions 2, 3, 5, 6 and 7 |
| **Examples to address essential actions in everyday work** | * Assess how organisational and leadership structures favourably promote people from one group over another * Collect data for internal surveys so it can be gender disaggregated * Advocate for a gender equity committee or governance group as part of council’s structure * Establish targets for gender equal representation on leadership groups and across other levels of workplace leadership * Conduct regular audits to understand the diversity of people across various levels in council | * Ensure language is inclusive and unbiased when communicating with job applicants * Ensure language is inclusive and unbiased when creating and promoting professional development courses * Document gender composition of recruitments * Have gender equal and diverse recruitment or interview panel members * Include training on primary prevention in induction programs * Ensure work experience placements are offered to genders equally * Promote workplace and professional development initiatives to targeted groups if appropriate * Provide opportunities for council staff to extend their learning of primary prevention through other courses | * Assess how workplace policies I am reviewing or developing support gender equal leadership and promotion structures * Assess how workplace policies I am reviewing or developing enable all people to access the same remuneration and leave entitlements fairly * Create workplace policies that enable flexible working * Develop and promote policies that provide all people with equal parental leave * Deliver the activities in your council’s gender equality action plan |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Workforce planning and organisational design |  |
| Recruitment, induction, learning and development |  |
| Workplace policies and procedures |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Social and community planning

Social and community planning shapes the way that communities grow an interact.

Consider how social and community planning can include primary prevention work.

### Information and examples

| Info | Plan for current and future community needs | Community mobilisation and strengthening | Community development |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2, 3, 5, 6 and 9 | All essential actions | Essential actions 2, 3, 5, 6 and 9 |
| **Examples to address essential actions in everyday work** | * Assess how the programs and services I am planning enable equal access for all genders and groups * Identify where I think a program or service is targeting a particular segment of the community and plan to engage them to get their perspectives on what they need * Review planned programs and services for inclusivity – are they equally accessible and creating opportunities for gender or group? * Use gender-disaggregated data for planning to understand how programs and services serve different genders unequally | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Provide relevant training programs, such as gender equality, bystander training * Develop coalitions of community partners who can contribute to primary prevention in the community * Conduct workshops or seminars to bring partners organisations together | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Engage groups that represent marginalised community groups as part of the community development process * Target new projects to prioritise groups who have not been able to access or participate in them as easily in the past * Assess how the distribution of social and community services funding or grants can break down biases, promote inclusion and improve equality |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Plan for current and future community needs |  |
| Community mobilisation and strengthening |  |
| Community development |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

Sports and recreation

Sports and recreation engage with a wide cross-section of the community and promote a range of activities.

Consider how social and community planning can include primary prevention work.

### Information and examples

| Info | Build and manage facilities | Promote physical activity and provide programs | Support local clubs, their committees and their leaders |
| --- | --- | --- | --- |
| **Relevant essential actions** | Essential actions 2, 3, 5, 6 and 9 | All essential actions | All essential actions |
| **Examples to address essential actions in everyday work** | * Identify physical spaces that favour access of one group over another when out in the field (such as only accessible by car) * Discuss council’s goals of preventing family violence and violence against women with contractors when making changes to assets to promote broader community understanding * Audit facilities for whether they promote equal participation (such as change tables in male bathrooms, availability of prayer spaces, gender neutral spaces) * Ensure buildings meet *State sporting association facility guidelines* * Audit capital works budget to ensure that funding is not disproportionately allocated to male-dominated sports * Create an allocation or management policy which promotes equitable access to spaces * Conduct GIAs on recreation fees and charging policies | * Ensure my language is inclusive and unbiased, at work and when communicating to the public * Provide relevant training programs, such as gender equality, bystander training * Support This Girl Can and other programs * Conduct workshops or seminars to bring partners organisations together * Provide a variety of scheduling options and supports, such as childcare to support attendance * Run communications campaigns that challenge stereotypes and encourage participation | * Discuss primary prevention and equality with clubs during regular interactions * Support clubs and ‘champions’ to share their success stories with others * Support clubs to embed primary prevention in their policies and procedures * Work with state sporting association initiatives, such as special rounds * Conduct direct participation programs for clubs, such as respectful relationships, bystander action, healthier masculinities * Conduct decision-making and development workshops with clubs * Coordinate networks of clubs or champions to promote causes, such as women in sport, LGBTQI+ people in sport * Provide grants to clubs to conduct primary prevention work * Require partners and grant applicants to meet equity and diversity goals |

### Responses

#### How can my team and I address these essential actions in our everyday work?

Fill in the gaps in the table with your ideas and reflect in the next section.

| Area | Response |
| --- | --- |
| Build and manage facilities |  |
| Promote physical activity and provide programs |  |
| Support local clubs, their committees and leaders |  |

#### Reflect

| How much of this am I doing? |
| --- |
|  |

| What could I start doing? |
| --- |
|  |

| What are the three things I will commit to doing today? |
| --- |
|  |

Is there a new policy or initiative you want to pursue? Section 6 will help you make an action plan with your manager

1. Action planning template

Action overview and purpose

| Field | Response |
| --- | --- |
| What is the action? |  |
| How will this deliver on one or more of the essential actions? (That is, what is the long-term objective of this action?) |  |
| What are the short- and medium- term objectives of this action? |  |
| How does this action align with council plans, strategies and legislative obligations? |  |
| What does success look like and what indicators will you use to recognise it? |  |

Delivery

| Field | Response |
| --- | --- |
| What community support is there for the action? |  |
| What internal support is there for the action? |  |
| What current or potential partners could you engage with? |  |
| Can you partner with an Aboriginal organisation or otherwise contribute to self-determination and reconciliation through this action? |  |
| How will you communicate about this action and to whom? |  |
| Has a similar action been undertaken in another area of council, or in the example database? Can you contact that team to get advice? |  |
| How will you respond to internal or community backlash or resistance? |  |

1. Image descriptions

Figure 3: Whole-of-council-model

Figure 3 outlines the elements that comprise the whole-of-council model for primary prevention.

### Characteristics of a whole-of-council approach to primary prevention

* Shared understanding of purpose and goals
* Leadership commitment
* Organisational fluency in primary prevention

### Councils’ domains of influence

* Council as a workplace
* Council as a service provider
* Council as a connector
* Councillors as leaders and decision makers

Examples of focus areas for implementation:

* gender equal leadership
* recruitment and leave
* promotion and remuneration
* review of policies and procedures
* inclusion of diverse views
* staff capability development
* maternal and child health (MCH) and early years
* sports and recreation
* planning and spaces
* promoting self-determination
* council staff as leaders in community
* business support
* engagement and education
* role modelling
* community group support.

### Monitoring, evaluation and dissemination

Monitoring, evaluation and dissemination.

### Critical elements required for successful primary prevention

1. Internal communication and engagement
2. Community communication and engagement
3. Aboriginal self-determination
4. Applying intersectional practice and inclusion of diverse groups
5. Inclusion of people with lived experience
6. Anticipation and response to resistance and backlash
7. Connection to the response sector and support for victim survivors
8. Support from specialists
9. Internal and external partnerships.

Return to **A whole of-council model for primary prevention**.

Figure 4: Councils’ domains of influence

Example actions by domain.

### Councils as a workplace

| Number | Example action | Illustration |
| --- | --- | --- |
| 1 | Gender equal and diverse leadership | A leader speaks to a team of four. |
| 2 | Equitable leave entitlements | A parent holds their baby and introduces them to two work colleagues. |
| 3 | Targets for equitable recruitment | A diverse group of people, including age, disability, gender, and cultural and linguistic diversity. |

### Councils as a service provider

| Number | Example action | Illustration |
| --- | --- | --- |
| 4 | Gender equal access to sports facilities | Two young people play basketball. |
| 5 | Education on respectful relationships | Children outside the front of their school building. |
| 6 | Promoting independence and access of all groups | A child arrives by bicycle. A school bus approaches the school. |
| 7 | Building networks with a sense of belonging | A group of women sit on chairs in a circle outside a community centre. |
| 8 | Inclusive social and physical spaces | A park where two people play on swings, and a couple and their dog watches two people breakdancing in front of a stereo. |
| 9 | Challenging gender stereotypes | A woman holds a chainsaw after having cut down a tree. |

### Councils as a connector

| Number | Example action | Illustration |
| --- | --- | --- |
| 10 | Partnering with local services and businesses | Buildings housing local services and business. |
| 11 | Seeking diverse perspectives | Someone surveying a group of three people from different cultural backgrounds. |
| 12 | Connecting community organisations | A building for a community organisation. |
| 13 | Enabling self-determination of First Nations people | Three First Nations people doing an activity outside under the shade of a tree. |

### Councillors as leaders and decision makers

| Number | Example action | Illustration |
| --- | --- | --- |
| 14 | Civic leadership and role modelling | A councillor presenting at a local citizenship ceremony. |
| 15 | Balanced support for events focused for different genders and groups | A diverse range of people attending an outdoor community event. A man behind a barbeque prepares a plate for a waiting woman watching a small child play with a ball. A family enjoys ice creams. A vision-impaired person uses an aid as they walk with their partner. A woman sits on a blanket while someone using a wheelchair reads a book. A woman holds a microphone and talks to camera, being held by a man. |
| 16 | Funding projects that create equitable and accessible space | A building construction site, with a large crane, truck and a dumpster for construction waste. |

Return to **Councils' domains of influence**.

Figure 5: The whole-of-council model and this guide

Remember: not everyone in council will need to read every section of this guide.

| Section | Relevant part of model | Description |
| --- | --- | --- |
| 1: Health check | - | See the ‘bigger picture’ – understand how you compare to the whole-of-council model and identify possible focus areas. |
| 2: Council responsibilities and engagement approaches | Characteristics | Understand the different roles that people across council can play and build support for primary prevention work. |
| 3: Strategy integration | Characteristics | Define a strategy for primary prevention work and consider how to integrate it with existing plans. |
| 4: Building organisational capability | Characteristics | Understand the who, what, when and where of capability development for primary prevention work. |
| 5: Embedding this work into everyone’s roles | Domains of influence | Identify actions to embed primary prevention into day-to-day work for each functional area of council. |
| 6: Tailored action plans | Domains of influence | Plan for a successful primary prevention initiative. |
| 7: Monitoring, evaluation and dissemination | Monitoring, evaluation and dissemination | Undertake monitoring and evaluation of your primary prevention work and share your learnings with other councils. |
| Throughout the guide | Critical elements | Guidance about the critical elements appears throughout the guide to help you embed them into your practice. |

Return to **Everyone in council has a role but not everyone needs to play every role**.

Figure 6: Journeys through this guide

| Role | Relevant sections |
| --- | --- |
| **I’m a doer** who wants to understand how primary prevention relates to my role and day-to-day work | * 2: Understand your role in primary prevention * 5: Embed primary prevention into your day-to-day work and role * 6: Plan primary prevention initiatives |
| **I’m a leader** in my team or department who wants to plan and embed primary prevention work | * 2: Understand your role in primary prevention and how to engage with others about their role * 3: Integrate primary prevention work into your existing plans and strategies * 5: Embed primary prevention into your day-to-day work of your team or area * 6: Prioritise and plan primary prevention initiatives * 7: Capture insights from your work and measure progress |
| **I’m a specialist** who wants to support teams and individuals on their primary prevention journey | * 2: Engage with people across council about their role in primary prevention * 3: Integrate into core strategies and plans * 4: Support your human resources team to provide capability building * 5: Support people across council to understand how primary prevention relates to their day-to-day work * 6: Support people across council to prioritise and plan primary prevention initiatives |
| **I’m a strategist** who wants to get a council-wide view and help my organisation be more strategic about primary prevention | * 1: Understand primary prevention activity across council and opportunities for growth * 2: Engage with people across council about their role in primary prevention * 3: Integrate primary prevention work into core council strategies and plans * 7: Monitor progress and feed insights into a state-wide evidence base |

Return to **Everyone in council has a role but not everyone needs to play every role**.

Figure 7: Spectrum of attitudes toward primary prevention work

The spectrum spans the following attitudes:

* Entrenched opposition
* Unconvinced
* Curious
* Enthusiastic
* Fully committed.

| Attitude | Suggested engagement approach |
| --- | --- |
| Entrenched opposition to Unconvinced | Engage them in ongoing dialogues about primary prevention.  Establish organisational structures and an authorising environment that enables primary prevention work to proceed without full commitment from them. |
| Unconvinced to Curious | ‘The movable middle’ – focus on this group as it is where change can most effectively begin.  Engage them in learning programs, send messages that are framed in a way that will resonate with them and create organisation structures to facilitate change. |
| Curious to Fully committed | Support and enable them to undertake primary prevention work.  Present opportunities for them to become more involved and develop greater skills and capability. |

Return to **Responding to resistance and backlash**.

Figure 8: Adapted outcomes reform architecture

The architecture is shown as a pyramid.

Describing success (top):

* Vision

Measuring success (middle):

* Outcomes
* Outcome measures and indicators

Measuring delivery (base):

* Outputs
* Activities
* Inputs

The figure also illustrates how each section or element relates to the three areas of strategy, monitoring and evaluation.

| Area | Description | Element |
| --- | --- | --- |
| Strategy | Sets the direction of the work by articulating the ultimate change we want to see in the world (the vision) and outcomes we are seeking. | * Vision * Outcomes |
| Monitoring | Ongoing tracking of progress towards outcomes.  Detailed in section 7. | * Outcome measures and indicators * Outputs * Activities * Inputs |
| Evaluation | Looks across the entirety of what we have done and what has happened to understand the significance and consequences of our work. Can be done at various ‘levels’.  Detailed in section 7. | * All |

Return to **Developing a vision and strategy**.

Figure 9: Options for integrating a primary prevention strategy

The figure illustrates how different levels of plans relate or feed into other plans. It shows four levels, with council plans at the end (level 4).

**Level 1:**

* Other business unit, department or work plans
* Other action plans, such as reconciliation action plan, disability action plan or EDI action plan.

Level 1 plans are connected by a dotted line to Level 2.

**Level 2:**

* Detailed primary prevention strategy.

Level 2 is connected by a dotted line to Level 3.

**Level 3:**

* Municipal public health and wellbeing plan – includes ‘Primary prevention as a priority action’
* Gender equality action plan (this is connected by a dotted line to ‘Primary prevention as a priority action’).

Level 3 plans are connected by a solid arrow to Level 4.

**Level 4:**

* Council plan.

**Note**: Some councils may have combined the council plan and municipal public health and wellbeing plan.

Return to **Integrating with internal documents**.

Figure 10: Essential actions

This figure outlines actions and practice, along with simple illustrations of examples.

### Violence against women

| Essential action | In practice | Illustration |
| --- | --- | --- |
| Promote and normalise gender equality in public and private life | Conduct gender impact assessments in all policies | Front page of a document titled ‘Gender impact assessment report’. |
| Challenge condoning violence against women | Equip people to recognise and call out condoning of violence | One man says, ‘He only does that because he likes her.’  The second man replies, ‘Mate, you know that’s not how it should be.’ |
| Promote women’s independence and decision making in public life and relationships | Equalise access to power and resources between women and men through participation in public life | A sign reads ‘Women’s network. Rec centre Saturday 10 am. Come and chat.’  Below the sign, a woman speaks at a lectern. |
| Foster positive personal identities and challenge gender stereotypes and roles | Encourage and support participation in activities regardless of gender | Two signs:   * ‘Girl’s cricket. Come and try. This Sunday 11 am’ (A girl batting is on the poster) * ‘Coding class. Resource centre 30 October 2021. All levels of experience’. |
| Strengthen positive, equal and respectful relations between and among women and men, girls and boys | Work with children and young people to counter the early development of negative peer relationships and to promote respect and gender equality | An adult and two young people gardening. The adult says, ‘We treat each other equally here and every day.’ |

### Other forms of family violence

| Essential action | In practice | Illustration |
| --- | --- | --- |
| Combat discrimination and marginalisation (such as ageism, ableism, homophobia, racism, colonialism) | Ensure communications are inclusive and combat discriminatory attitudes | Mobile phone displaying IDAHOBIT message:   * Below a rainbow, the message reads, ‘This IDAHOBIT we’re showing our colours! Check out the website for event’ |
| Combat inappropriate exercise of power, coercion or control between family members | Design services and spaces to provide autonomy to all family members | A younger person sits opposite an older woman (who has a grey cat on her lap) and asks, ‘How would you like this to go?’ |
| Promote respectful relationships in all family types | Promote equal and healthy relationship when engaging with families | A sign reads ‘Parenting group. Thursdays, 10 am. All parents and carers encouraged to attend’ |
| Build healthy, strong communities based on cultural identity and belonging | Partner with Aboriginal and Torres Strait Islander community organisations to support local initiatives | Three people sit under the shade of a large tree. Two are painting as the youngest watches. |

Return to **Everyone can incorporate the essential actions into their work**.

Figure 11: Components of a program logic model

The figure shows seven components. ‘Vision and goals – What are we trying to achieve for the community?’ is overarching (it sits above and across the other components).

The other six components in order are:

* **Problem**: What is the underlying issue we are trying to solve?
* **Inputs**: What resources do we have? – Consider people, funding, time, knowledge, networks, physical assets and partnerships
* **Activities**: What will we do to try to create change? How often, who with and where?
* **Outputs**: What do we produce?
* **Short- and medium-term outcomes**: In the short to medium term, what changes as a result of our activities?
* **Long-term outcomes**: What changes in the longer term? – Acknowledging that these outcomes will be influenced by factors other than your program.

Return to **Program logic model**.

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