TOGETHER FOR EQUALITY & RESPECT

Interim Report

December 2016

Collated by the TFER Evaluation Working Group (EWG)

Sue Rosenhain – Women's Health East

Belinda Crockett – EACH TFER Project Officer (Former) & Boorondara City Council

Catherine D'Arcy – EACH TFER Project Officer (Current)

Jayde McBurnie – TFER Student Volunteer

Kelly Naughton – Outer East Health & Community Support Alliance

Laura Newstead – Outer East Health & Community Support Alliance

Lauren Alberico – TFER Student Volunteer

Rebecca Morgan – Inner East Primary Care Partnership

Sophie Allen – Inner East Primary Care Partnership

All interim results based on data collated in July 2016, therefore some data may not appear accurate, but has been captured for the next round of reporting. If you have any queries or concerns, please contact as per details above.

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INTRODUCTION

This interim report provides a snapshot in time of data collection against the six objectives of the Together for Equality and Respect [TFER] Strategy 2013-17.

This document does not provide background to the Strategy, its development, evidence base, methodology, action plan, tools and resources or implantation. There are a range of foundational documents which can be accessed on the TFER Website which provide this background detail:

- TFER Strategy 2013-2017 – Strategic document includes the case for action in the primary Prevention of Violence Against Women [PVAW], explains the causation and evidence for primary PVAW prevention. Building on this knowledge, and developed through a collaborative and consultative process, this document provides a vision for the future of the Eastern Metropolitan Region [EMR], and some directions for how we can achieve this vision together.

- TFER Action Plan 2013-2017 – Articulates current activities being undertaken by the TFER partners during the relevant financial year. This plan is updated each year.

- TFER Evaluation Framework – Provides a summary of evaluation methodology and methods for the six objectives within the TFER Action Plan. This document provides the background and foundation to each of the six objectives reported against in this Interim Report.

As this is an interim report, based on an ongoing strategy, data collection is ongoing and will be further reported on at the end of this cycle of the TFER Strategy. Data collection will continue until June 2017, when the Evaluation Working Group [EWG] in collaboration with the TFER Leadership Group, will analyse the data, with the intent to report in full in December 2017.

This interim report is part of a suite of resources produced by the EWG to complement the dissemination of this report:

- TFER Interim Report Infographic
- TFER Timeline
- TFER Case studies – see appendices

These resources will be made available on the TFER Website and hardcopies distributed to partner organisations with this report in early 2017.

Achievements to date

TFER has already made a number of significant achievements. The EWG have utilised academic partnerships to complete a detailed ethics application and have received approval from the Deakin University Human Research Ethics Committee for the entire TFER Strategy. Specific data for each of the six regional objectives have been collected and continue to be collected. Some dissemination activities have already occurred and a range of partnership forums have also been delivered to develop the evaluation plan, support TFER partners and share learnings to date.

The TFER Partnership itself has given focus to recognition of violence against women [VAW] as an issue in our community and advocates for an evidence-based primary prevention approach which includes policy, action and implementation. With TFER as the platform, as a region we are informed, supported and well placed to align with State policy developments and directions, such as the implementation of the Royal Commission into Family Violence recommendations.

OBJECTIVE 1

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

Objective One aims to increase the number of Eastern Metropolitan Region [EMR] organisations with established systems that promote gender equality.

A key process where TFER has supported this, has been the TFER Gender Equity Audit [TFER GE Audit] process (WHE 2015b). This process, developed out of a literature review of current relevant tools, provides the basis for consistent work across organisational partners to systematically analyse their systems (policies, procedures, structures, HR systems, etc.) against evidence based benchmarks and, based on the findings of this process, implement system improvements.

The evaluation will measure, over time and throughout the life of the TFER Strategy, changes across EMR organisations in terms of the increase in organisations which reflect gender equitable policies, procedures and practices across the 10 benchmark audit items. It will explore the extent of such system change and the enablers and barriers to this work. It is important to note, that while the TFER GE Audit Tool provides a powerful basis for collective impact planning and monitoring, where partners engaged in Objective One work are not using the tool, other data reflecting relevant changes will be used.

This Interim report presents the current information available based on organisations who have completed the audit or who have committed to Objective One. It includes data on organisational reach and on the current perceived impacts and learnings from Partner project workers.

Preliminary Reach Results

Table 1 below provides a count of the EMR organisations engaged in Objective One in 2014 (WHE 2014d) and 2016 (WHE 2016). In July 2016, over 20 partner organisations were included in the TFER Action Plan as engaged in Objective One, reflecting an increase of over 50% from the original 10 listed in the 2014 Action Plan. The increase was particularly strengthened by the EMR Regional Family Violence Partnership Network's support for Network members to undertake the TFER GE Audit as part of implementing Objective One. This reflects a significant increase in reach of individuals impacted by the policies, procedures and structural changes implemented as a result of the audit.

Note that there have been change of organisational names and/or mergers of organisations which are reflected below.

Table 1: A summary of organisations engaged in objective one

2014	2016
Inner East Community Health Manningham Community Health	Access Health and Community
	Anglicare
	Boroondara City Council
	Camcare
Whitehorse Community Health Service	Carrington Health
EACH Knox Social & Community Health	EACH inc. Knox SCH
	Eastern Community Legal Centre
	Eastern Health/YVCH
	Eastern Melbourne PHN
	EDVOS
	Inspiro
	Knox City Council
MonashLink Community Health Service	Link Community Health
	Manningham City Council
Maroondah City Council	Maroondah City Council
Monash City Council	Monash City Council
	Relationships Australia
	RFVP Cultural Diversity & Prevention WGs
	Wesley Mission
Whitehorse City Council	Whitehorse City Council
	Women's Health East
Yarra Ranges Council	Yarra Ranges Council

Preliminary Impact Results

Over time impact evaluation reporting on Objective One will present collated results across organisations over two or more time points as indicators of systems change within, and across, organisations. This is not able to be reported as yet, given no organisation has collected data at more than one time point.

At the time of this report, six partner organisations have undertaken TFER GE Audits. Three of these have provided data to the TFER Evaluation Working Group. Results presented here are based on Case Study Reports. Project Officers from the three organisations that provided TFER with their GE Audit data and have written reports. These reports were based on key questions related to their Audit process, their perceived impacts and their perceived
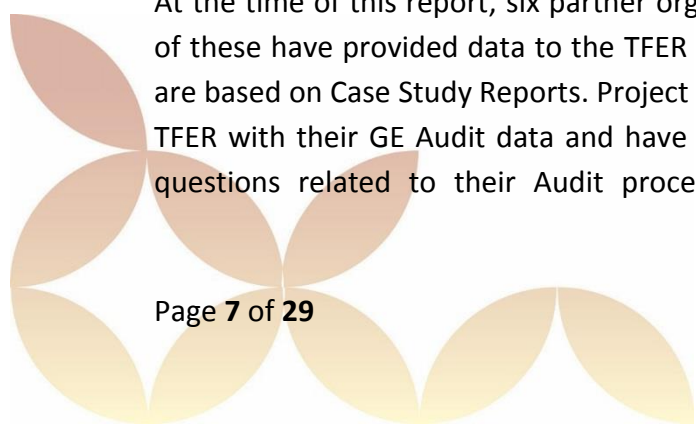
learnings as a result of the Audit. Themes across the Case Studies were identified by the Evaluation Working Group and are presented in Table 2 below.

Table 2: Preliminary identification of systems impacts or outcomes of the TFER Gender Equity Audit, identified from organisations who have completed the audit

| Systems impacts or outcomes	Evidence
Gender equity embedded in organisational policy	Direct reference to gender equity in the Strategic Plan
Leadership support and capacity building **Support for collaborative action across different parts of the organisation**	Senior management having accountability for Gender Equity
Creating opportunities to exchange ideas and learn from each other	Organisational documentation reviewed with a gendered lens and the Organisational Policy review process included a gender lens

Themes summarised in Table 2 show important systems impacts at even the early stage in GE Auditing processes. As a result of the TFER GE Audit, project workers pointed out evidence that gender equity had been embedded in organisational policy, including the Strategic Plan, and senior management accountabilities. Capacity had also increased for staff tasked with policy development and implementation to incorporate a gender lens into their policy review and creation processes.

Further information relevant to these themes can also be found in Appendices. Appendix 1 – Gender Equity Audit Case Study presents one of three Case Studies, where Appendix 2 – Promoting an Integrated Approach Case Study provides detail including illustrative quotes for each of the themes in the context of demonstrating the integration between Objective One and Objective 5: Organisational Internal Capacity Building.

Reflections

Organisational systems change has also been influenced by approaches other than GE Auditing. Partner organisations report the following systems impacts:

- Staff have been employed with a specific Gender Equity role in at least two organisations
- Gender Equity Strategies have been developed, of which an audit is one component.
- Strategic planning for GE Auditing. The Regional Family Violence partnership also identified that 50% of their organisational partners would have completed a GE by December 2018.
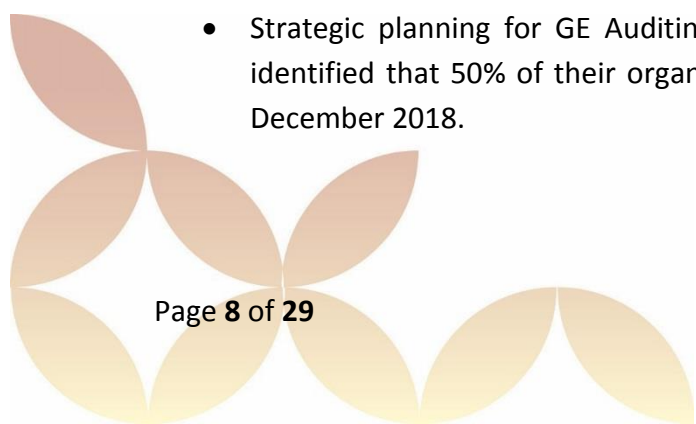
Individual organisational support and regional training have been provided to support the sector to implement GE Audits. Staff from twenty-two partner organisations attended the regional training sessions held in May and September 2016.

OBJECTIVE 2

Regional Objective 2: At the completion of the Strategy there will be greater diversity (cultural, age, geographic) of population groups engaged in gender equity/PVAW initiatives in the EMR.

Objective 2 relates to the work partner organisations are doing to promote equal and respectful relationships across the EMR (WHE 2014d). It was written in recognition that in the early stages of implementation the work would be focused on creating opportunities for community conversations and building partnerships in a wide range of settings. The purpose of this objective is to ensure that this engagement involves diverse groups across the EMR.

The evaluation plan (WHE 2015a) describes two sources of data for this objective; qualitative data sourced from partner interviews and socio-demographic data to be provided by partner organisations in relation to the activities undertaken. Templates for data collection were developed for partners to use to collect this socio-demographic data.

Reflections

At this stage, there is limited information available in relation to this objective. Data collected through partner interviews has not yet been collated and many of the projects initially listed under this objective either did not proceed or have not provided data.

The number of projects listed in the Action Plan under this objective could be expanded as information from partner interviews indicates there are more initiatives underway that contribute to community engagement around PVAW and building support for gender equality than are captured in the Action Plan. Capturing this information will be a key piece of work to inform the final evaluation.

Objective 2 also included specific indicators relating to local research, designed to build an understanding of how to work on PVAW in a culturally appropriate manner. This research was undertaken by three community health centres in partnership with Deakin University School of Psychology. The research has now concluded and it is anticipated that the findings will be used to inform a TFER Forum on primary prevention in CALD communities planned for 2017.

OBJECTIVE 3

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

Objective 3 describes the change in attitudes anticipated across the EMR resulting from combined initiatives undertaken by TFER partners (WHE 2014d). At present the main data available is from the WHE led social marketing campaign implemented across the 16 days of Activism Against Gender-Based Violence in 2014 and 2015 (Rutgers 2016). This international campaign runs annually from 25th November (International Day for the Elimination of Violence against Women) to 10th December (International Human Rights Day).

In 2015 the campaign message was #HandsUp for Gender Equality. 26 Partner organisations were provided with resources to participate in this campaign. This material included evaluation tools and resources, data from which would be used to inform the regional evaluation. 9 organisations provided process evaluation data. A summary of the evaluation findings is presented below. For further information see Appendix 3.

78 Facebook posts

24,021 people reached

1096 engagements of campaign posts

Over 132 tweets from twitter accounts across the region

Over 46,000 impressions

#HandsUp was trending

The Speaking Out program provides a mechanism for women who have experience violence to influence the public discourse around violence against women and gender equality. This program supports women who have experienced sexual assault or family violence to share their stories, provide insight into how we prevent violence against women and highlight the need for systemic change. Data from this program in 2015/16 indicates that of 75 engagements completed:

- 25 of these were with the media
- 22 were public speaking e.g. at 16 Days of Activism events
- 27 were other contributions e.g. commenting on the recommendations arising from the Victorian Royal Commission into Family Violence.

Reflections

As yet, impact data is not available. This objective relates to the work being done to change attitudes across the community to be more supportive of gender equality. By definition, people who are the target of these messages are not necessarily in direct contact with organisations. Various methods for collecting region wide information about community

attitudes are available; however, they require significant resources to implement. Opportunities for implementing an EMR specific survey using the key questions relating to gender equality from the National Community Attitudes Survey are being pursued. The recently released VicHealth (2016) Indicators Report includes two questions from this survey and information from this is available at the Local Government level. However, these questions are limited to the view of gender equality in relationships. The data is not able to be sex-disaggregated nor can it be reliably compared across LGAs.

As the 16 Days of Activism campaigns are managed by WHE, a member of the EWG, it is relatively easy to collate the data collected for these campaigns. Further strategies are being explored to gather data from other campaigns conducted in the EMR. The regular partner visits provide an important opportunity to request evaluation data and to share ideas for strengthening data collection approaches. At these visits, a member or members of the EWG visit key contacts in partner organisations to discuss progress with anticipated PVAW actions and discuss evaluation methods and results. They are an important component of the evaluation plan as they present an opportunity to collect information across a number of objectives at the one time, and to explain the intent of the regional approach to evaluation.

OBJECTIVE 4

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

Objective 4 focuses on dissemination activities promoting and creating awareness of the TFER Strategy, actions and activities, as a means to add to the evidence base for primary PVAW strategies and actions.

The overall TFER strategy has also been successful in obtaining Ethics Approval through Deakin University Human Research Ethics Committee, which allows us to publish TFER learnings, process and outcomes. The EWG is also drawing on a range of academic partnerships to work with Universities to add to this objective.

As illustrated in Figure 1 below, there have been range of dissemination activities to date such as:

- **4 TFER Presentations** including:
  - PLEDGE Forum, November 2015
  - GEAR presentation at Inaugural Asia-Pacific Conference on Gendered Violence & Violations, February 2015
- **1 Journal Article**
  Upston, Poljski & Wirtz, 2015, '**The role of a Community Health Service in prevention of violence against women**', Family Medicine and Community Health, Vol 3, Is 4, Pg 38-47
- **1 Abstract submission** accepted to present at the 15th World Congress on Public Health in Melbourne, April 2017.

Figure 1: Dissemination mechanisms utilised by TFER Partners
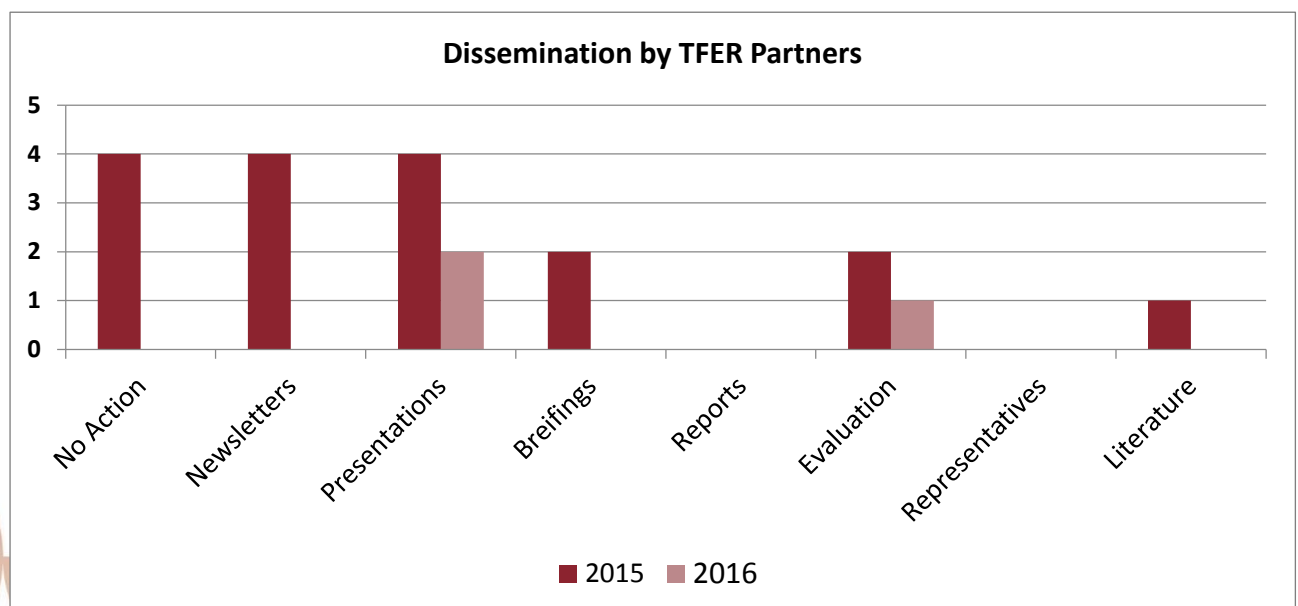
As part of the Strategy, TFER have implemented a series of TFER Forums focusing on different themes to support partner organisations. The attendance at these forums can be seen in Figure 2, below which indicates improved attendance and support from a range of non TFER partners for the Leadership Breakfast in December 2015.

Figure 2: Breakdown of attendance at TFER events
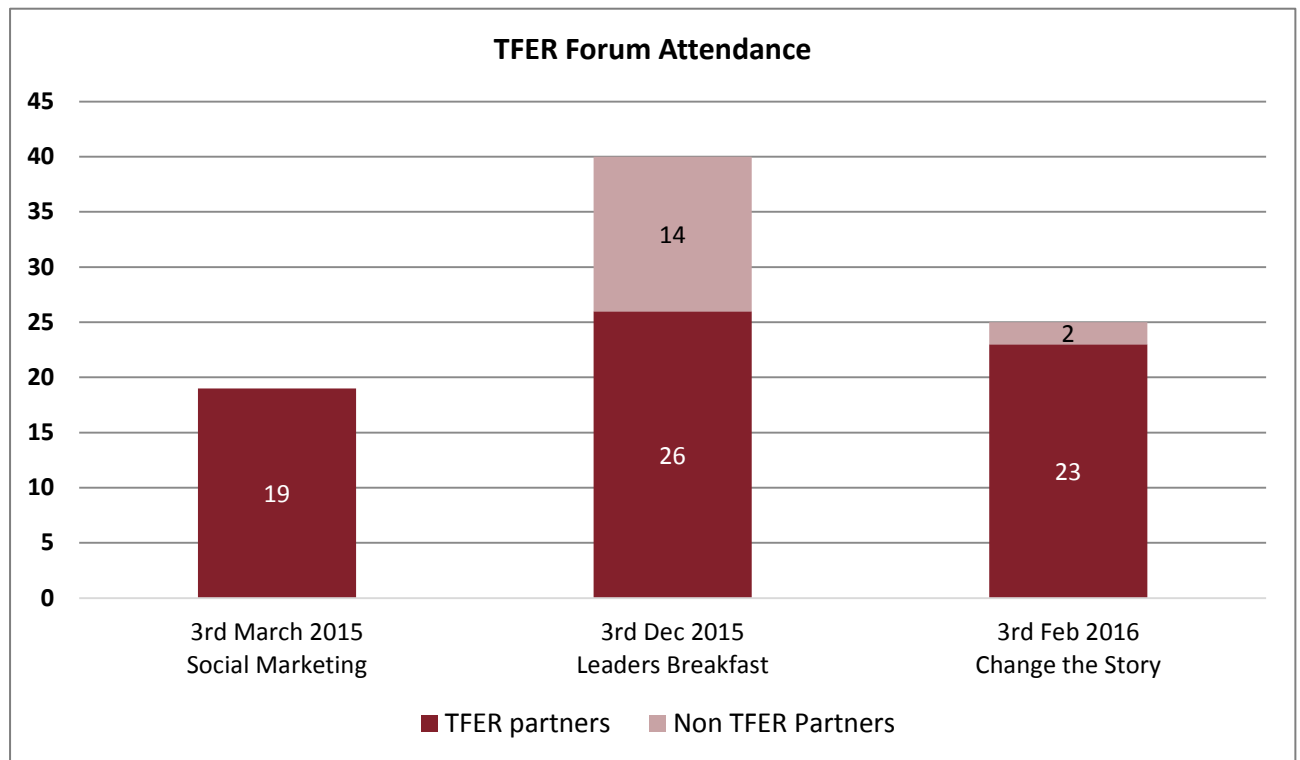
Reflections

Data to date is limited for Objective 4, although it is anticipated that much of the more formal dissemination activities, such as journal articles and abstracts, will occur after this first iteration of the TFER strategy cycle (i.e. 2017 and beyond).

However, the EWG have also reflected that there are probably a range of less formal activities being undertaken by TFER partner organisations that are yet to be captured fully. Partner organisation visits are a key method in collecting this data. As such the EWG will focus on ensuring enough prompting questions are asked of partners to obtain this data, as well as querying if there are any barriers to dissemination where the EWG and TFER Leadership Group may be able to support these activities.

OBJECTIVE 5

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

Objective 5 explores the extent to which the TFER Partner workforce has increased capacity to support, lead, participate in and evaluate gender equity initiatives.

Objective 5 Methods and Tools

In evaluating Objective 5, the EWG is exploring workforce capacity increases in terms of whether, and ways in which, the partner workforce has been increasing in its capacity to implement gender equity initiatives relevant to TFER. In doing this, the EWG is focusing on collecting and analysing a mix of quantitative and qualitative data across participating organisations and across different time points. Organisations participating in this shared evaluation are administering and providing data to the EWG for all of or some of the following:

- **TFER Pre-Training Survey**: Online staff survey implemented prior to capacity building activities with unique identifying codes allowing individual staff responses to be matched to allow sensitive analysis.
- **TFER Post-Training Survey:** The same survey as for Pre-survey administered after capacity building activities.
- **TFER Post Training Focus Group**: These are facilitated by EWG member with a cross section of staff across participating partner organisations.

The Survey tools referred to here are the TFER Pre and Post Capacity Building Online Survey Tools (WHE 2014a, 2014c). Developed based on a review of standardised survey tools, this tool includes several gender equity focused questions from the National Community Attitudes Survey [NCAS] (VicHealth 2014). As such, the data will be based on tested tools and will also be able to be compared with an existing Victorian Community dataset.

Preliminary Report on Objective 5 organisational reach

Table 3 summarises the evaluation elements undertaken by each of the six partner organisations which have so far participated in collective evaluation of their work in capacity building. It shows that two community health services have provided all elements (pre and post surveys and focus groups), one has provided adapted post survey data and participated in post focus groups while three Councils provided adapted post survey data only.

Table 3: Summary of organisational data received as of December 2016

Pre Survey	Post Survey	Post Focus Group
Community Health Service 1	Community Health Service 1	Community Health Service 1
Community Health Service 2	Community Health Service 2	Community Health Service 2
	Community Health Service 3 (adapted data)	Community Health Service 3
	Council 1, 2 and 3 (adapted data)	

Preliminary Report on Pre and Post Survey Results

While the final 2017 Evaluation Report will provide an analysis of change (using combined quantitative and qualitative results) across and within TFER organisations, this report provides a snapshot to date. In regards to the Pre and Post Survey data, results from a selection of NCAS (VicHealth 2014) and other survey questions are presented in Figures 3 to 8 below. These provide an illustrative case study from one organisation (n=69 pre survey responses and n=40 post survey responses). As seen in these figures, post results see a marked improvement in attitudes towards Gender Equity which may be attributed to implemented training in organisations.

Figure 3: Pre/Post results for 1 TFER Partner organization (Question source: VicHealth 2014)
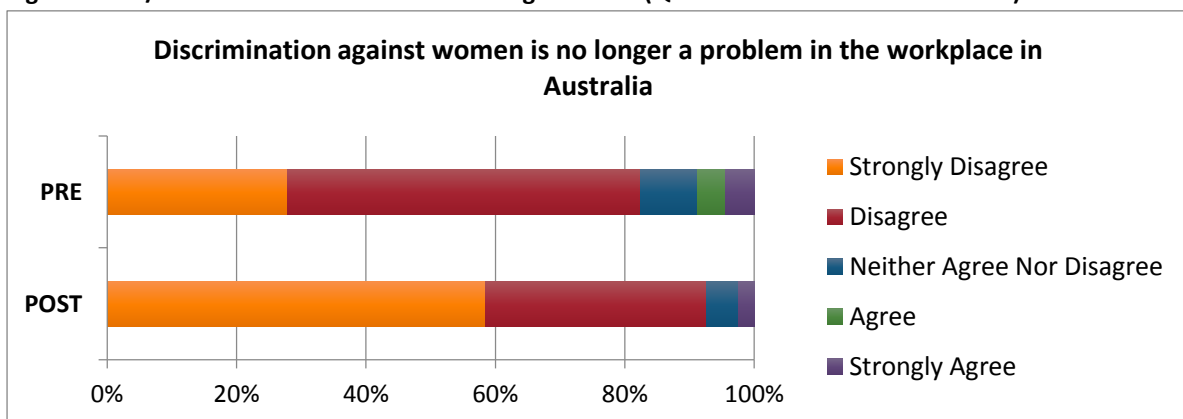
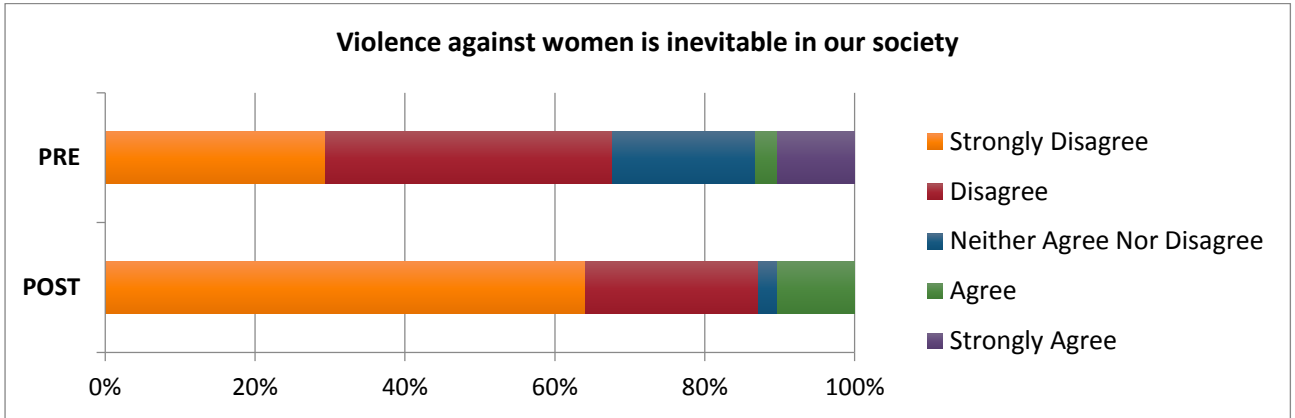**Figure 4: Pre/Post results for 1 TFER Partner organization**

Violence against women is inevitable in our society

Legend: Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

Figure 5: Pre/Post results for 1 TFER Partner organization (Question source: VicHealth 2014)

A woman has to have children to be fulfilled

Legend: Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree
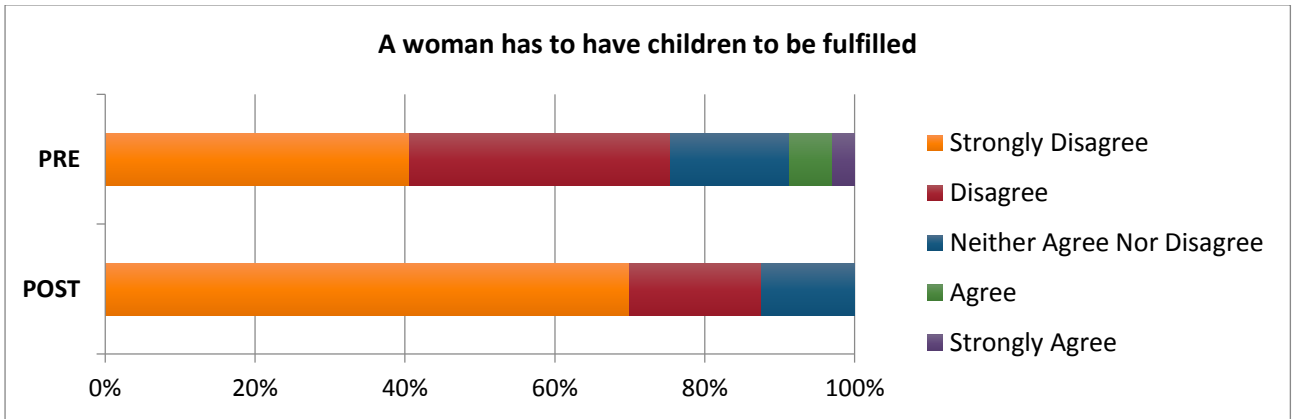
Figure 6: Pre/Post results for 1 TFER Partner organization (Question source: VicHealth 2014)

Men should take control in relationships and be head of the household

Legend: Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree
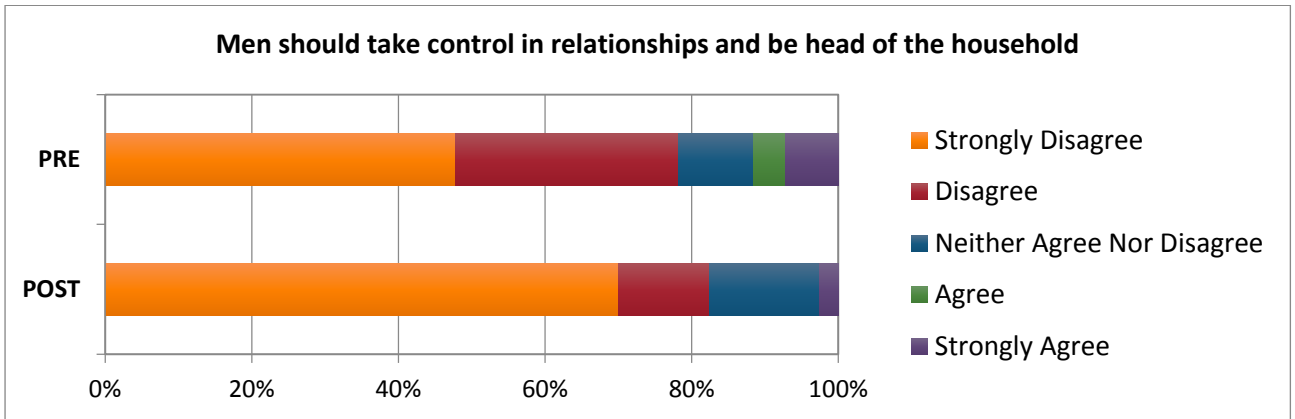
Figure 7: Pre/Post results for 1 TFER Partner organization

Do you think gender is relevant to your work?

Legend:
- Yes
- No
- Don't Know/Unsure
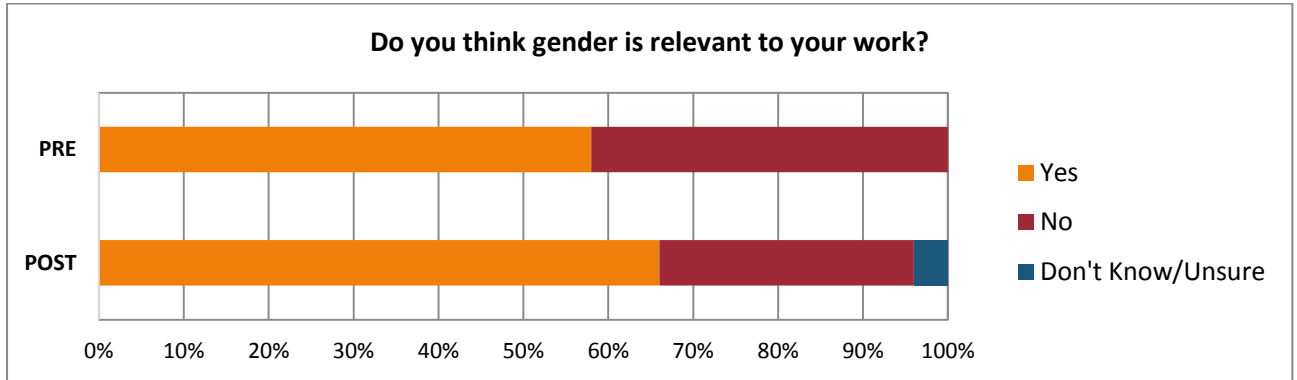
Figure 8: Pre/Post results for 1 TFER Partner organization

Do you think you have a role to play in preventing violence against women and/or promoting gender equity?

Legend:
- Yes
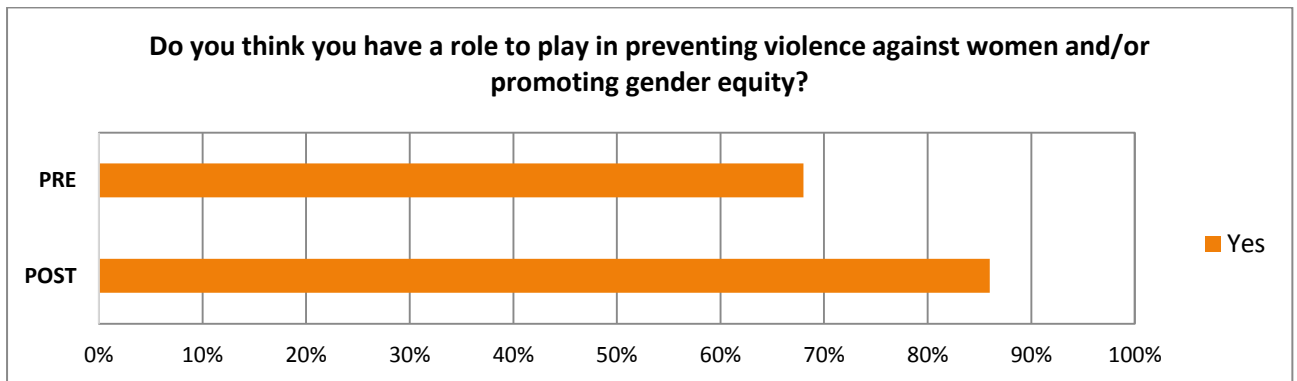
Preliminary Focus Group Results

Information below provides a snapshot of the outcomes of the capacity building based on information from three organisations' focus group data. It provides an illustration of changes in understanding of gender equality.

Table 4: Summary of themes identified in the preliminary data analysis of Focus Groups from three partner Community Health Services (December 2016)

Systems impacts or outcomes	Evidence
Understanding of the issues of Violence Against Women	"…in (LGA), which is thought to be a higher class suburb, to see the incidence of violence against women, is just as high in those populations as others."
Gender equity and social norms	"I have really been noticing, like 'throws like a girl', like how it denotes something weaker or less than or less strong." "And in the sports they always put the male's sports! Every single news forecast, and females out before male's every time in sport, it locks it in, and lots of things, I have rung all the stations, I'm one of those people."
Complexity of the issue and the need for reinforcing activity	"I wanted to say it took me a while to, I think it was we had the three training sessions, because I have a background in health promotion and really should be quite across these things, but really it was quite a journey for me to make the link between gender equity and violence against women."
Empowerment and critical reflection	"I don't mean to, I just want to put it out there, I might have a vision', we were talking about this and we were all laughing, and I do consider myself a feminist, and yeh. One of the women, in the group said I don't see why that's remotely funny, we are laughing at women, making apologies."

Interim Results of Objective 1 and Objective 5 interconnections

As with all the TFER Objectives, Objective 5 has important links to other objectives, particularly Objective 1. While these interconnections will be explored in greater detail, organisations undertaking systems level work to embed gender equity (Objective 1) are likely to find this will also contribute to their workforce capacity and similarly when organisations build workforce capacity to embed gender equity, and there is likely to be increased embedding of gender equity in systems. The 2017 TFER Evaluation Report will seek to explore these interconnections across different areas of TFER Focus. In this Interim report, some evidence of such interconnections have been identified and are outlined in Appendix 2.
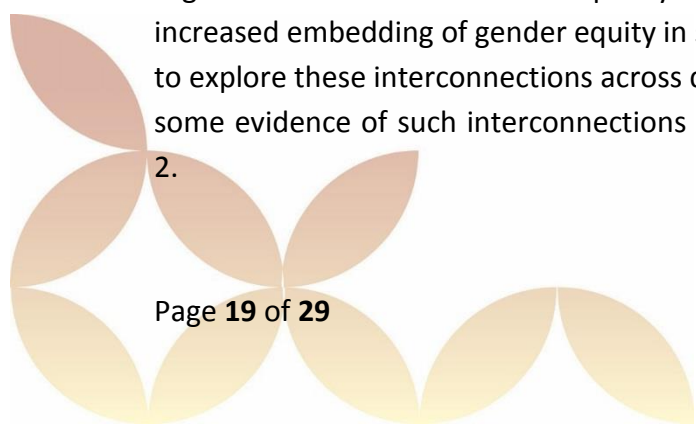
OBJECTIVE 6

Regional Objective 6: From 2013 to 2017 implementation of the Together For Equality and Respect Action Plan enhances the partnerships created and outcomes achieved towards the primary prevention of violence against women across the EMR.

In the spirit of collaboration TFER partners were the organisations represented on a shared commitment statement. Representatives from these organisations signed a commitment to work together to prevent violence against women at the launch of the Strategy in May 2013. Since this time the partnership has expanded to include other organisations. TFER partners organisations undertake or contribute to initiatives listed in the Action Plan, and/or participate in regional forums and/or advocate for prevention of violence against women. Building the number and type of organisations as well as the strength of the relationship between partner organisations within TFER, requires strategic direction and initiative. Assessing the progress of this work is important for identifying where progress is being made and where there are gaps. Both of these inform future engagement approaches.

In May 2014, a 'Partnership Report' (WHE 2014b) was prepared by the Inner East PCP detailing the outcomes of consultations with nine members of the TFER partnership. In 2014/15 a health promotion worker with no previous engagement with the TFER Strategy was employed by Women's Health East to expand the consultations to include a further twelve members of the partnership. Consultation questions were arranged and reported under a number of themes.

The following provides a snapshot of key findings from this evaluation.

Achievements

Partners identified the following as key achievements of the TFER Strategy and Partnership:

- Development of a regional plan and evaluation tools
- Prioritising PVAW across the region – including actions on everyone's plans
- Endorsement of the action plan by diverse member agencies
- Coordination and collaboration across the partnership
- Validation of the work happening in the region through Intervention Mapping (June 2013). This process added further value by identifying gaps and opportunities.
- Growing momentum- more people and organisations are engaged as the strategy progresses.

Success Factors

Partners identified the following success factors:

- Working together towards a shared vision.
- Goodwill and trust between the organisations.
- Using the extensive skills of practitioners in the development of shared tools.
- Collaboration within the priority area – coordination of partners in the priority area to achieve a greater impact.
- WHE leadership freed organisational resources to contribute and engage in the process and allowed agencies to focus on implementation.

This evaluation report also identified opportunities for strengthening the partnership and both the Leadership Group and EWG have used these to inform their activities. The partner evaluation will be repeated in the first six months of 2017.
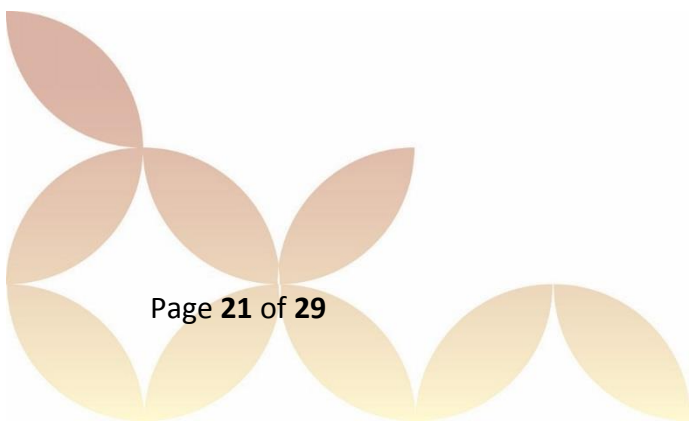
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WHE 2015b, *Together for Equality and Respect-Gender Audit Tool and Guidelines*, Women's Health East, Melbourne, Australia, <http://whe.org.au/tfer/wp-content/uploads/sites/2/2014/06/Gender-Equity-Tool-Final-September-2015.pdf>.

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Appendix 1 – Gender Equity Audit Case Study

CASE STUDY
TFER GENDER EQUITY AUDIT

Women's Health East conducted a gender audit using the TFER Gender Equity Audit guidelines, looking both at our internal policies, practices and culture, and externally in how we conduct our business as a women's health service. The 2016 WHE Gender Equity Audit included ten items from the regional TFER Gender Equity Audit tool which have been selected by TFER partners to contribute to the shared region-wide database for evaluation of the TFER Strategy, as well as several additional items.

Methods

- Document review of relevant organisational statements, policies, procedures, position descriptions and so forth by members of the working group
- Key informant feedback (members of the working group)
- Key stakeholder feedback (consultation with CEO and Board for relevant items identified)
- Staff survey (limited number of questions regarding organisational culture and practices based on findings of other aspects of the audit)

Data from the above sources was used as evidence for the self-assessment and analysis process undertaken collaboratively by the working group, with the findings documented in the *2016 Women's Health East Gender Equity Audit Self-Assessment Report,* currently in draft.

Supporting structures

The Gender Audit Working Group met nine times from March to September 2016. The group comprised membership from across the organisation (Quality Improvement, Health Promotion, Finance and HR, and Gender Equity Support). Members of the Working Group consulted with the CEO on two occasions. Recommendations arising from the audit will be presented to the Board of Governance at its December meeting.

Outcomes

The 2016 WHE Gender Equity Audit is not finalised at this point in time. However, overall WHE rated well with each criterion being in place or being implemented. The organisation has clear commitment to gender equality and continuous quality improvement. The audit process has highlighted several interesting findings for consideration by feminist organisations such as WHE:

Internal Theme

Organisational culture

- Could there be unexamined internal cultural practices related to gender in our organisation?

Policy

- Should we discuss and clarify the organisation's position about sex and gender identity in employment and governance issues?

External Theme

Projects, Programs and Services

- Sex disaggregated data is not usually relevant for planning, monitoring and evaluation of projects, programs or services, given we are a women's health service. However in some situations could this be required? (For example, when reaching the whole community with social marketing messages)

Community consultation

- Do we acknowledge and incorporate gender diversity in community consultation?

Lessons

The process has taken longer than at first anticipated but it has been very useful to take this time and have a close look at our culture and practices, and having the different perspectives from within the organisation has been valuable to inform the process. Keeping the CEO informed of progress is also very important. Some of the TFER gender equity audit questions, at first glance, seem irrelevant being a women's health service with the values we have, however we have identified some areas that may be worth further exploring and setting objectives for our gender equity plan.

Appendix 2 – Promoting an Integrated Approach Case Study

CASE STUDY
PROMOTING AN INTEGRATED APPROACH

Many organisations across the Eastern Metropolitan Region are currently in the process of implementing Gender Equity audits (objective 1) and Capacity Building actions (objective 5) for staff. This resource provides current findings and early insights into the implementation and evaluation of objectives. An extensive analysis of organisational systems change resulting from these objectives will be compiled in the final report.

Objective 1 - Gender Equity Audit

Systems or Structures Supporting Implementation

• Prevention of Violence Against Women Strategy Committee

• Gender Equity Working Group

• HP EFT committed to implementation of the audit

Intervention

• Document review statements, policies, procedures, position descriptions, etc.

• Survey of staff and managers.

• Consultations with identified key informants (working group, CEO, Board, HR and management)

Who was engaged?

• Human Resources staff and management

• Quality Improvement Management

• Health Promotion

• Strategic Planning Management

• Executive Management

• Board Members

Systems impacts or outcomes	Evidence
Gender equity embedded in organisational policy	Direct reference to gender equity in the Strategic Plan
Leadership support and capacity Support for collaborative action across different parts of the organisation	Senior management having accountability for Gender Equity
Creating opportunities to exchange ideas and learn from each other	Organisational documentation reviewed with a Gendered lens and the Organisational Policy review process included a gender lens

Objective 5 - Capacity Building Training

Systems or Structures Supporting Implementation

- Prevention of Violence Against Women Strategy Committee
- HP EFT and budget

Who was involved/trained?

- **Team 1**
- **Team 2**
- **Team 3**
- **Team 4**
- **Team 5**

Intervention

- Management PVAW training and Bystander course
- Participatory Gender Audit training for chair of PVAW committee
- PVAW/GE Organisational orientation module
- GE training delivered to Team, program areas and groups
- PVAW Committee workshops re PVAW and GE
- Staff Forum 2014 awareness activity about diversity and health
- Regular E-bulletins and internal communications including 16 days of activism
- Organisational commitment statement

Systems impacts or outcomes	Evidence
Understanding of the issues of Violence Against Women	"…in (LGA), which is thought to be a higher class suburb, to see the incidence of violence against women, is just as high in those populations as others."
Gender equity and social norms	"I have really been noticing, like 'throws like a girl', like how it denotes something weaker or less than or less strong." "And in the sports they always put the male's sports! Every single news forecast, and females out before male's every time in sport, it locks it in, and lots of things, I have rung all the stations, and I'm one of those people."
Complexity of the issue and the need for reinforcing activity	"I wanted to say it took me a while to, I think it was we had the three training sessions, because I have a background in health promotion and really should be quite across these things, but really it was quite a journey for me to make the link between gender equity and violence against women."
Empowerment and critical reflection	"I don't mean to, I just want to put it out there, I might have a vision', we were talking about this and we were all laughing, and I do consider myself a feminist, and yeah. One of the women, in the group said I don't see why that's remotely funny, we are laughing at women, making apologies."

Lessons

The process has taken longer than at first anticipated but it has been very useful to take this time and have a close look at our culture and practices. Having the different perspectives from within the organisation has been valuable to inform the process and the importance of engaging and informing leaders within the organisation, including: CEO, HR and Quality. Some of the TFER gender equity audit questions, at first glance, seem irrelevant being a women's health service with the values we have, however have identified some areas that may be worth further exploring and setting objectives for our gender equity plan.

The importance over time of engaging staff from all levels of the organisation across all processes being undertaken including the capacity building and the audit. This includes addressing barriers that may stop some staff accessing training. It is important to ensure there is dedicated resourcing before implementation of the initiatives.

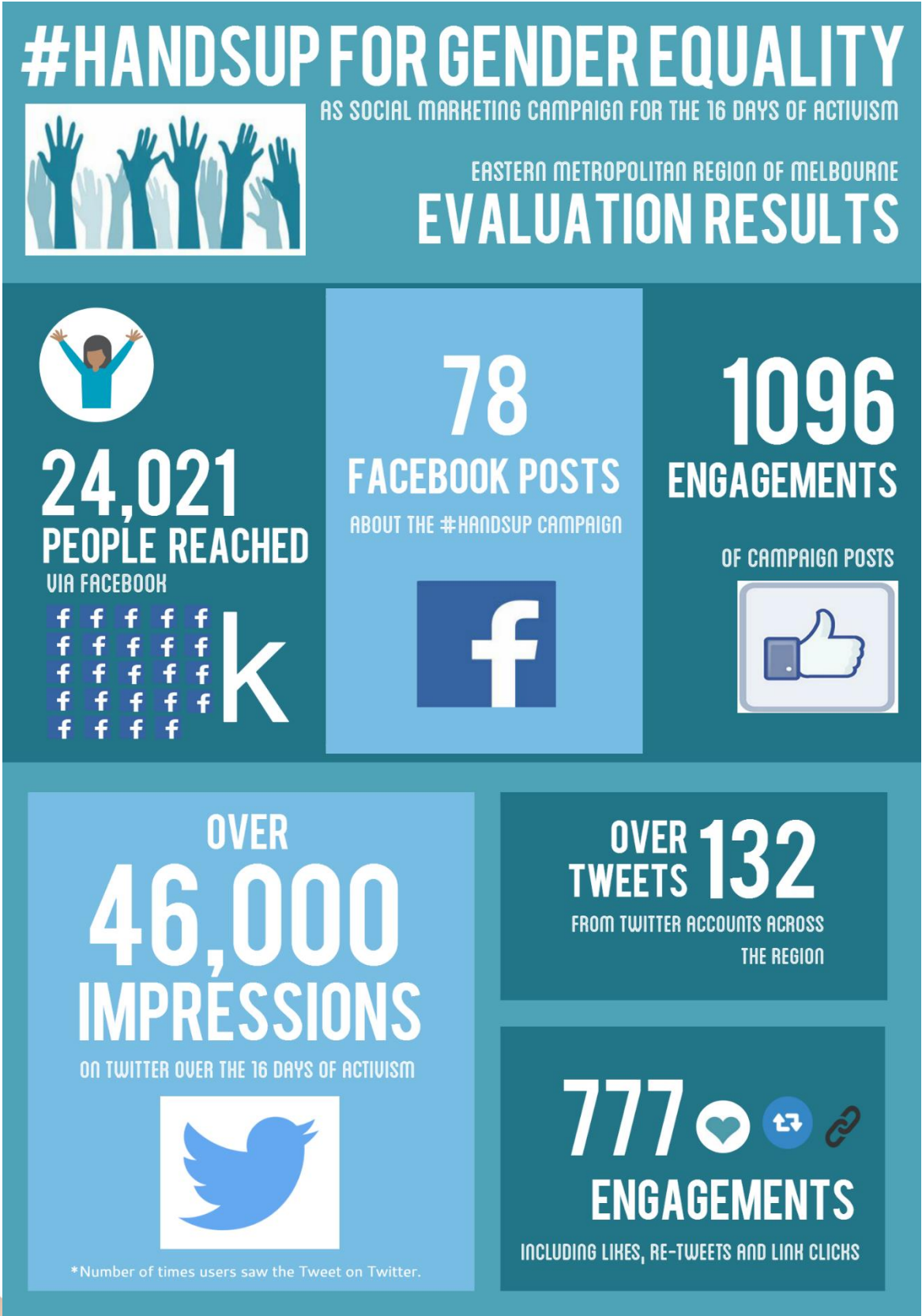## How objectives interconnect: Early insights

Both the audit and the workforce development activities both contribute to organisational capacity of embedding gender equity lens. The audit processes were in and of themselves doing that, but further opportunities could be found for that to occur e.g. ensuring those doing policy reviews being engaged in the GE document review built their capacity to use a gender lens in other policy reviews.

Workforce development was able to be tailored to link into the results of the audit. For example the audit showed opportunities to work with HR, this could lead the capacity building to focus on HR. The training could also then be used to test out the possible actions that the audit process would ultimately recommend. Evaluation processes for the capacity building could include audit questions and therefore the issue of staff being over consulted for two different areas of evaluation is addressed.

There is more likely to be structural change when there is mutually reinforcing actions. This was seen in that both capacity building and audit processes (and all the reports from both of these) reinforced the same messages for senior management for the need to embed GE in planning and other systems.

The capacity building enables a voice across different parts of the organisation which more effectively fosters commitment to the actions and recommendations that come out of the audit and also provides more interest to support change as well.

Appendix 3 – 2015 #HandsUp 16 Days of Activism Campaign Evaluation Infographic

#HANDSUP FOR GENDER EQUALITY

AS SOCIAL MARKETING CAMPAIGN FOR THE 16 DAYS OF ACTIVISM

EASTERN METROPOLITAN REGION OF MELBOURNE
EVALUATION RESULTS

24,021 PEOPLE REACHED
VIA FACEBOOK

78 FACEBOOK POSTS
ABOUT THE #HANDSUP CAMPAIGN

1096 ENGAGEMENTS
OF CAMPAIGN POSTS

OVER 46,000 IMPRESSIONS
ON TWITTER OVER THE 16 DAYS OF ACTIVISM

*Number of times users saw the Tweet on Twitter.

OVER 132 TWEETS
FROM TWITTER ACCOUNTS ACROSS THE REGION

777 ENGAGEMENTS
INCLUDING LIKES, RE-TWEETS AND LINK CLICKS

#HANDSUP WAS TRENDING*

*A twitter trend refers to a hashtag driven topic that is immediately popular at a particular time.

Women's Health East
@WHEast

#HandsUp is trending! Keep the messages about gender equality coming. #16days #victoriaagainstviolence

Australia Trends @trendinaliaAU
The 3 most active users for #HandsUp were:

@WHEast (98 Tweets & RTs)
@WHGrampians (56)

RETWEET 1   LIKES 3

9:57 AM - 2 Dec 2015

SOCIAL MARKETING ACTVITIES

WITHIN ORGANISATIONS:

- CAMPAIGN EMAIL SIGNATURES FOR STAFF
- E-BULLETINS TO STAFF ABOUT THE CAMPAIGN
- PROMOTION VIA INTERNAL STAFF WEBSITES
- DISPLAYING CAMPAIGN PICTURES & POSTER AROUND THE OFFICE
- ENGAGING STAFF IN WORKSHOPS TO WRITE THEIR OWN #HANDSUP MESSAGES IN THE TEMPLATE TO DISPLAY AROUND THE OFFICE
- ORGANISATIONAL #HANDSUP PHOTOS
- ORGANISATION NEWSLETTER ARTICLES ABOUT THE CAMPAIGN

WITH COMMUNITY:

DISPLAYING #HANDSUP MESSAGES AROUND PUBLIC SPACES

ENGAGING COMMUNITY MEMBERS AT STALLS AND IN WORKSHOPS TO WRITE THEIR OWN #HANDSUP MESSAGES IN THE TEMPLATE

Women's Health East

#HandsUp for gender equality

TOGETHER FOR EQUALITY & RESPECT