

Margins to the Mainstream

Preventing violence
against women with
disabilities project

2020–2022
Evaluation
Report

Acknowledgements

Acknowledgement of Country

Women's Health East acknowledges the Wurundjeri Woi-Wurrung people, the Traditional Owners of the land on which we work. We pay our respects to Elders past, present and future. We affirm that sovereignty was never ceded, and that colonialism and racism continue to impact on the lives of Aboriginal and Torres Strait Islander women and contribute to the high rates of violence they may experience. We recognise the strength, resilience and leadership of Aboriginal and Torres Strait Islander women and express our hope for and commitment to reconciliation.

Acknowledgement of lived experience

Women's Health East acknowledges the lived experience of women with disabilities, including neurodiversity, mental health and chronic health conditions, and their strength, knowledge, expertise and resilience. Women's Health East also acknowledges the important advocacy work undertaken by women with disabilities and their organisations - including Women with Disabilities Victoria - to secure the human rights of all women with disabilities.

Women's Health East honours the women whose voices we cannot hear as their lives have been taken by violence. We acknowledge the lasting impacts of violence on women with disabilities, their children and communities, and express our commitment to prevent violence against all women.

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Foreword

Women's Health East is proud of the Margins to the Mainstream project and the positive impact it has had to prevent gender and disability inequality.

At the heart of the Margins to the Mainstream Project are the women with lived experience of disability who are members of the Project Experts Group. Their expertise and experiences have provided the foundation for all project activities. Our sincere appreciation to Andrea, Jody, Julie-Ann, Sandra, Sam, Tamlyn and Vivienne who are active members of the group. I also thank Eleanor, Hayley and Sue for their contribution to the group and project activities between 2020 and 2021. Thank you to the Project Experts for their individual and collective expertise and insights, creativity, courage and commitment to the project and for your leadership to bring about gender and disability equality.

The success of the project has been made possible by the Together For Equality and Respect partnership and their commitment to advance intersectional primary prevention practice and prioritise the work of preventing violence against women with disabilities across Melbourne's east.

I would like to sincerely thank our partners who made a commitment to the project consortium - Yarra Ranges Council, Boroondara City Council, EDVOS, Access Health and Community, EACH and Inspiro Health. The dedication and practical support provided by staff from these organisations on the Project Advisory Group has contributed to the success of the project.

Women with Disabilities Victoria, as a specialist gender and disability state-wide women's health service, is a critical project partner. I want to thank Women with Disabilities Victoria and their staff for contributing their specialist expertise in key project activities and on the Project Advisory Group.

Thank you to the author of the evaluation report, Dr Wei Leng Kwok of WLK Consulting. Wei Leng's work demonstrates the importance of ethical and fit-for-purpose evaluative practice undertaken in parallel with project implementation. Thank you, Wei Leng, for your expertise in demonstrating and measuring both process and outcomes in this community-led primary prevention initiative.

I want to sincerely thank all of Women's Health East's staff who have made this project possible. In particular, Avega Bishop, the Project Coordinator of Margins to the Mainstream, who has led this project with a genuine dedication to co-design, collaboration and centring the lived experiences of women with disabilities as leaders and activists for social change.

Finally, I would like to thank the Australian Department of Social Services for funding this project. Without this funding support, projects of this scale and impact would not be possible.

Elly Taylor

Chief Executive Officer
Women's Health East

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Executive summary

A primary prevention initiative in Melbourne's east

Margins to the Mainstream: Preventing violence against women with disabilities 2020–2022 (M2M, the project) is led by Women's Health East and is an initiative of Together For Equality and Respect (TFER), the regional primary prevention infrastructure and cross-sector partnership of over 30 organisations working to prevent violence against women in Melbourne's east.

The project commenced in March 2020 following a successful submission by Women's Health East to the Australian Government Department of Social Services' *Community-led Projects to Prevent Violence against Women and their Children Grant Opportunity*. This evaluation report focuses on the project's initial period of March 2020 to June 2022.

M2M focuses on violence experienced by women with disabilities and how to prevent this violence. It operates from a 'drivers and actions' framing that prioritised targeting and transforming the deep underlying causes of violence, to stop violence before it starts. M2M is directed at the necessary social conditions (as first or primary cause) that permit and drive violence against women with disabilities, and the action needed to transform these conditions.

The project fits within prevention's current wave of intersectional practice as promoted by *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* (Our Watch, 2021) and *Changing the Landscape: A national resource to prevent violence against women and girls with disabilities* (Our Watch and Women with Disabilities Victoria, 2022b).

According to these frameworks, gender inequality operates with other systems of inequality in society to establish and maintain hierarchical relations among people; generate the unequal distribution of power, resources, opportunity

and value between groups; and influence the dynamics, forms, prevalence and severity of violence against women. Prevention must act on these intersecting systems if it is to truly transform the drivers of violence, otherwise its efforts will benefit only some, leaving many others behind.

The expectation is not that any single person, organisation, community or institution can take action on all the drivers of violence at once; rather, that many stakeholders must contribute to transforming the underlying structural and societal conditions that allow for violence, especially by working collaboratively and coordinating their efforts over time.

Within this framing, the prevention of violence against women with disabilities requires resolute attention to gender inequality and disability inequality, or sexism and ableism, as specific intersectional systems that concurrently permit violence against women with disabilities to exist and persist. Unless the drivers are interrupted and disrupted at their intersecting origin, such violence is unlikely to end. This is how the consortium of TFER partners, led by Women's Health East, understood and undertook the work of M2M.

Project objectives and main activities

M2M has five high-level objectives. Three objectives are aligned with actions in *Change the Story* to address the intersections of gender inequality and other forms of systemic, structural oppression by promoting broader social justice. They are also aligned with actions in *Changing the Landscape* to address the specific context of sexism and ableism that gives rise to violence against women with disabilities by promoting gender and disability equality. The remaining objectives integrated sustainability action planning and project-level evaluation into M2M. The objectives are:

1. Strengthen partnerships for sustained work in the prevention of violence against women with disabilities.
2. Elevate the voices of women with disabilities and promote their leadership and status in society.
3. Build the capacity of partners to embed a focus on sexism and ableism into their prevention work, as intersecting structural drivers of violence against women with disabilities.
4. Challenge intersecting sexist and ableist stereotypes across the community and other settings such as organisations.
5. Contribute to the evidence base of what works in community-led efforts to prevent violence against women with disabilities.

Six mutually reinforcing activities were contained within these high-level objectives.

Activity 1. Project Advisory Group that offered guidance to M2M. The Project Advisory Group was convened at the start of the project from a consortium of TFER partners, with representation from Women’s Health East as lead partner, Eastern Domestic Violence Service (EDVOS)¹, Yarra Ranges Council, Boroondara City Council, Eastern Access Community Health (EACH), Inspiro Community Health Service and Access Health & Community (AccessHC). The Project Advisory Group included three non-TFER partners: Women with Disabilities Victoria, as a specialist and implementing partner alongside Women’s Health East; a community member and woman with lived experience of disability; and WLK Consulting as project evaluator. The Project Advisory Group’s purpose is to inform and support M2M’s development and delivery. The Project Advisory Group undertook sustainability action planning as a major piece of collaborative work, and contributed significantly to the evaluation process, such as its design.

Activity 2. Experts Group (Project Experts) as the project’s centrepiece. The Experts Group is a group of women, the Project Experts, from diverse backgrounds who have lived experience of a range

of disabilities. The group’s co-facilitation was (for the most part) shared between the Project Coordinator and workers who identified as having lived experience. Project Experts completed skills development and as the project’s centrepiece participated in Activity 3 to Activity 6.

Activity 3. Workforce capacity building via training and other learning opportunities.

M2M delivered training to the Project Advisory Group and TFER in 2020 and 2021, to strengthen understandings of and support for the prevention of violence against women with disabilities. M2M made use of TFER’s existing Community of Practice for themed sessions on preventing violence against women with disabilities, with Project Experts considerably involved in two of these, including as their own chaired panel.

Activity 4. Organisational capacity building and meaningful consultations.

TFER partners were offered a small amount of funding to ‘seed’ initiatives that disrupted sexism and ableism as drivers of violence. Through this opportunity, two partners undertook meaningful consultations with the Project Experts to support work on improving organisational training packages to be less marginalising and discriminatory from the vantage point of women with lived experience.

Activity 5. Resources co-design and social marketing strategy.

Project Experts co-designed social media tiles (messages and illustrations) for the region’s 16 Days of Activism against Gender-based Violence Campaign in 2021, one tile for each day. The tiles were used for the social marketing strategy that year to raise awareness of violence against women with disabilities and communicate calls to action on the drivers of violence. The Experts Group subsequently utilised the tiles as a launching pad to explore themes for a suite of co-designed videos.

Activity 6. Regional events and other presentations.

Project Experts were guest speakers at two high-profile regional events in November 2021. These were Women’s Health East’s Annual General Meeting (AGM) and 30-year anniversary celebration (an opportunity to launch the co-designed social media tiles for the 16 Days campaign) and the launch

¹ EDVOS was rebranded FVREE in December 2022.

of *Together For Equality and Respect Strategy: Preventing Violence Against Women in Melbourne's East (TFER Strategy 2021–2025)* (Women's Health East, 2021). These events were noteworthy for the calibre of other speakers who presented alongside the Project Experts. Project Experts also presented to several individual partner organisations.

Main findings of the evaluation

Women with disabilities encounter sexism and ableism daily; the last thing they need are prevention initiatives that replicate the marginalisation and discrimination they experience. That's why *Changing the Landscape* offers a set of core principles to guide prevention practice.

One main finding arising from the evaluation is that **M2M upheld every principle contained in *Changing the Landscape***. The project could be said to have anticipated these principles, as it was well into implementation in February 2022, when the *Changing the Landscape* framework was released. M2M upheld the framework's principles as follows.

- M2M paid meticulous attention to **access, inclusion and safety** throughout, from the moment the Project Team engaged with and recruited eligible women to the Experts Group, to the formation of the group, to the upskilling of the women as Project Experts, to co-design work and partner consultations with the Project Experts.
- The Project Team worked from **strengths-based** and **trauma-informed** positions in their engagements with the Experts Group, putting practices and processes in place so the group could be experienced as a **safe and non-judgemental** space for sharing, learning, reflection and connection.
- M2M **gave the Project Experts time**: to immerse themselves in the group and its activities; to place their lived experience within a wider structural view of discriminatory and oppressive systems; to unpack how deep structural forces have shaped their lives in similar, but not

identical, ways; to share lived experience when it felt right; to properly co-design; to be consulted and to contribute expertise in meaningful ways; to forge enduring bonds and build solidarity; and to find safe and sustainable ways to be Experts. When it comes to preventing violence against women with disabilities, time is perhaps the most critical principle.

- M2M **centred lived experience** and **ensured community ownership**. These principles came to the fore during Activity 4 and Activity 5 (i.e. consultation and co-design), which saw **authentic partnerships** and **power sharing** that placed women's knowledge and abilities at the heart of the endeavour. The co-facilitators drew on women's strengths by **being mindful of power imbalances**; by **stepping back so women can lead**; by **placing decision making in women's hands**; by **being respectful in engagements**; and by giving Project Experts time – for co-design, for consultation, for closing the loop by bringing back the results of the advice and feedback given.
- M2M **elevated the voices of women with lived experience** and **amplified their voices** as part of centring lived experience. The project did this through regional events, themed Community of Practice sessions and other ways of showcasing the Experts and their co-designed resources. Having these sub-principles in place helped consolidate the value of the women, and of the group, to the region's prevention work. It helped to grow women's professional identities too.
- The Project Advisory Group 'walked the talk' by embedding the principles of **access, inclusion and safety** into its terms of reference and by placing **respect** and **authenticity** at the forefront of its work.

A second main finding arising from the evaluation is that **M2M had the expertise and leadership in place to keep the focus where it needed to be**. Prevention practice must adopt an approach to collaboration that is broad enough to cover coalition building and allyship as part of a wider social justice platform, that is, one not wholly or

exclusively focused on gender equality. Without such an approach, the capacity to address intersecting systems of oppression and discrimination and transform drivers of violence over time is diminished. *Change the Story* names strong partnerships between women's health services (like Women's Health East) and specialist services supporting specific communities (like Women with Disabilities Victoria) as central to keeping the work firmly focused on dismantling intersecting systems and maintaining it as primary prevention.

The positive relationship between **Women's Health East and Women with Disabilities Victoria as regional and state-wide feminist organisations**, with mutual gender and disability expertise, **ensured the high quality of M2M's design features and implementation success**. The ongoing relationship between Women's Health East and Women with Disabilities Victoria was critical to the project's set up, with the partnership keeping M2M focused on primary prevention. Further, as a piece of **infrastructure for prevention** in Melbourne's east, there are strong indications that this relationship will continue to grow beyond the project, which bodes well for intersectional practice in the region going forward.

A third main finding from the evaluation is that **M2M's outputs were numerous and impressive**, especially considered against the backdrop of the COVID-19 global pandemic and Victoria's public health responses to waves and clusters of infections for most of 2020 and 2021. Besides filming for the video in March 2022, all project activities occurred in online environments, in ways that could not have been anticipated by anyone in pre-pandemic life. The outputs were as follows.

- **An expression of interest and recruitment phase** from September to October 2020 to attract women with lived experience to the Experts Group. This phase included expression of interest materials in accessible formats and promotion through Project Advisory Group and TFER networks. It resulted in 18 enquiries from eligible women.

- **An Experts Group** of ten women recruited through the expression of interest process, from November 2020.
- **A skills development program** for the Experts from late 2020 to early 2021 that covered the foundations of violence against women with disabilities and its prevention, the services and supports available to women experiencing violence, and advocacy.
- **A co-design and consultation phase** from mid-April 2021 to June 2022. A core group of six to seven women continued into this phase, which incorporated ongoing upskilling through additional training or 'learn by doing' in communications, public speaking and consultations.
- **More than 55 sessions** for the Experts from November 2020 to June 2022, inclusive of times when the women were together for regional events, Community of Practice sessions, filming and consultations.
- **A process for co-designing 16 social media tiles** (messages and illustrations) for the region's 16 Days campaign in November 2021. **A process for co-designing six videos** with five Experts speaking to the tiles and unpacking their messages or illustrations.
- **Participation in the region's social marketing initiative** for the 16 Days campaign held in November and December 2021, on the theme 'Equality is'. M2M contributed the co-designed tiles² while Women's Health East developed an accompanying toolkit. TFER partners used the tiles in different ways across Facebook, Twitter, Instagram and LinkedIn. The tiles were taken up beyond the region too, by Women with Disabilities Victoria, Our Watch and Plan International's Gender Network.
- **Participation in two high-profile regional events** in November 2021 that showcased M2M, with Experts presenting the co-designed tiles alongside notable prevention leaders and decision makers from Victoria and nationally as keynotes or panellists.

2 The illustrations were designed by a socially inclusive graphic design studio, Blend Creative. A team of graphic designers with seven women with disabilities developed the set of 16 illustrations to match the messages through several rounds of feedback from the Experts Group.

- **Three training sessions** delivered by Women with Disabilities Victoria for the Project Advisory Group and TFER in June 2020, and again for TFER in June 2021. A total of 44 people participated, with good representation from TFER partners. Those attending reported finding the training worthwhile and improved their understanding of foundational concepts for preventing violence against women with disabilities.
- **Three themed Community of Practice sessions** in October 2021, April 2022 and May 2022 that further upskilled TFER's workforce to prevent violence against women with disabilities. The sessions involved the Experts in different ways, including their **own chaired panel** for the third session.
- **A small-grants initiative** that gave two TFER partners an opportunity to address the drivers of violence against women with disabilities by doing deeper work with the Experts.
- **A process for respectfully and authentically consulting with the Experts** to improve training programs at EDVOS and AccessHC by making them less marginalising and discriminatory. The process included closing the loop by bringing back the changes made to three training programs based on the advice of the Experts.
- **A Project Advisory Group that met 15 times.** The Project Advisory Group led from the front in building prevention principles into its terms of reference and meeting practices. It contributed to the project's evaluation design and sustainability planning, resulting in an **Evaluation Plan** and **Sustainability Action Plan**.

Conclusions drawn from the findings

M2M exemplified what leading-edge prevention looks like in a real-world context of practice in Victoria; it shows how such work can and ought to be delivered now and into the future. M2M's intersectional focus on gender and disability

inequalities as the social context of violence against women with disabilities aligned with the latest frameworks for primary prevention. The project aligned with these frameworks in several other ways. For example: by combining mutually reinforcing techniques to take action; by bringing in the expertise and leadership of feminist organisations to maintain the project's primary prevention focus; by adhering to the principles set out in *Changing the Landscape*; and by resourcing fit-for-purpose evaluation as integral to the project.

M2M was of enormous value to the Project Experts in multiple ways. The Experts Group and the activities it supported were unlike anything else in the women's lives. The Experts noted the attention to safety, accessibility and inclusion throughout: from the expression of interest and recruitment phase, to the formation of the Experts Group and early skills development phase, to the regional events and Community of Practice, to the co-design phase, and through to the very last of the consultations. To echo the words of one Expert, the one thing the group and the project didn't have was ableism.

M2M gave Experts the space to be themselves and to be accepted as women with lived experience without judgement. The project gave them time to reflect, connect, share and learn; to place lived experience in a wider structural frame of discriminatory and oppressive systems; to deepen insights and shape collective wisdom; and to step into their identities as agents of social change. M2M supported the Experts to draw on their strengths; to do true co-design and consultation; to lead and own their work; to amplify their voices and be heard; and to do things they had never done.

The acceptance, belonging and support, along with the transformations that occurred for individuals and for the group, were again unlike anything else in the women's lives. M2M's value to the Experts rested in the singularity and uniqueness of the group as experientially different to everything and everywhere else in their world, and the life-changing moments this afforded.

M2M gave Experts opportunities to contribute to TFER's work in tangible and meaningful ways, and to experience first-hand the impact of their contributions as acknowledged by the partners

themselves. M2M brought women out of the margins and into TFER's mainstream. It filled them with an enormous sense of achievement and pride. It drove them to take the work further and to look forward to continuing the journey beyond M2M. It fostered a sense of self-worth. In the words of one Expert, 'For the first time ever, I feel like a contributing human being.'

The project gave women the self-assurance to apply for professional positions or take up roles that they otherwise might not have done. It has held value to the Experts on a personal level too, with some becoming stronger self-advocates through being part of the group, others observing improvements to their mental health, and all forming enduring bonds and friendships.

M2M has benefited TFER's intersectional work in tangible ways. The project was designed so that outputs such as the 16 Days campaign social media tiles and video series could be gifted to TFER as resources for the partnership's ongoing use. Partners now have high-quality and evidence-based resources formed through the lived experience of women with disabilities who live in the region, to use in their work. The social media tiles are particularly noteworthy for their point of difference from other campaign materials available to partners from year to year, in terms of their authenticity, emotional impact and freshness. As one Project Expert put it, 'When I look at them now, the messages and images are timeless. Without knowing it, we made them so they would have longevity'.

The project has strengthened TFER's workforce for preventing violence against women with disabilities, through training and other learning opportunities. The last 18 months detailed in this evaluation saw improved understandings of foundational concepts for the work, such as gender inequality and disability inequality as the intersecting drivers of violence against women with disabilities. The project supported two partners (EDVOS and AccessHC) to work closely with Experts. These partners reviewed their respective training programs and rectified aspects that were marginalising or discriminatory from the point of view of women with lived experience, as practical steps towards transforming the drivers of violence.

M2M is a flagship collaboration of TFER, a demonstration of the partnership's intent around leadership and change on the intersecting drivers of violence as expressed in TFER Strategy 2021–2025.

The project has given TFER an example of what can be accomplished when the partnership brings together a consortium that designs well, operates well, collaborates well, leads from the front and is open to learning along the way. It can achieve high-quality, highly principled work with tangible outputs such as co-designed prevention resources that resonate and meaningful consultation processes.

Next steps for the TFER partnership and the Project Advisory Group

TFER's workforce has gained much through M2M's training and learning opportunities. It is important to continue this learning so the region's infrastructure for preventing violence against women with disabilities, including a workforce with capacity for intersectional prevention practice, keeps strengthening.

Two specific TFER partners have benefited enormously from the opportunity to work with M2M's Experts. However, as TFER is made up of more than 30 partners, it is important for the rest of TFER to engage in this sort of deeper work if the partnership is to see substantial, enduring change on the drivers of violence against women with disabilities. Partners need to do more work on their own organisations as settings for action on gender inequality and disability inequality. Put simply, TFER partners must be the change they want to see.

M2M exemplified leading-edge prevention and intersectional practice in Victoria. In addition, M2M exemplified what a regional partnership approach to leading-edge prevention looks like, led by a women's health service and its strong relationship with another feminist organisation with disability-specific expertise. M2M demonstrates how intersectional prevention practice, regional collaborations and collective action could and should be done now and to the future. This has implications for TFER's standing beyond the region.

The Victorian Government's plan for prevention, *Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women* is in the second cycle of its three-yearly action planning cycles. The *Second Action Plan 2022–2025* has a focus on ensuring prevention in Victoria operates as a coherent, coordinated system. 'Governance, coordination and system development' is one of ten high-level priorities; and this priority names a specific action to 'strengthen collaboration with local and regional partnerships, including women's health services, to inform state-wide policy and programming in Victoria, in recognition of the critical role they play in driving collective action across local communities.'

Herein lies a strategic opportunity for Women's Health East and TFER to widely promote M2M as a regional partnership approach for contemporary intersectional prevention practice, perfect for progressing the 'Governance, coordination and system development' priority of Second Action Plan 2022–2025. M2M could inform state-wide policy and programming going forward, as an exemplar of evidence-based, collaborative regional action on the intersecting drivers of violence.

It is suggested (rather than recommended) that Women's Health East and TFER monitor developments related to the state-wide system infrastructure priority of *Free from Violence*; and that Women's Health East and TFER prepare to present evidence to state-wide stakeholders of M2M's high-quality design, highly-principled work, and regional partnership approach to intersectional practice, along with the other successes documented in this evaluation report.

Recommendations for TFER

Recommendation 1. Maintain momentum for the work

TFER must maintain momentum for intersectional prevention practice and the prevention of violence against women with disabilities as *TFER Strategy 2021–2025* is operationalised. TFER should do this through a dual approach that continues to strengthen

the infrastructure for intersectional prevention work, focusing on breadth as well as depth.

- Breadth should be achieved by continuing to build the capacity of TFER's workforce through learning opportunities such as an annual (or more frequent) themed Community of Practice session on the prevention of violence against women with disabilities.
- Depth should be achieved through ongoing learning for TFER partners with the region's Experts to take action on the intersection of sexism and ableism. This can occur by promoting gender and disability equality in their own organisational settings by improving policies, processes, programs and services so they are less discriminatory and marginalising for women with lived experience.

The partnership should prioritise depth as it works on implementing *TFER Strategy 2021–2025*; and TFER partners engaged in this must include those who are more advanced in 'putting intersectionality into practice' and those newer to doing this. TFER must create opportunities for sharing insights and lessons learned.

Recommendation 2. Keep intersectionality front and centre

Women's Health East, as lead partner, must ensure that TFER takes steps to consider the prevention of violence against women with disabilities in its processes, structures and relevant conversations. This step will ensure opportunities for regional collaborations on tackling the intersecting drivers of sexism and ableism are explored and discussed up front. Reasonable steps include showcasing M2M at action planning or other decision-making forums, so partners gain an understanding of what can be accomplished when they design and collaborate well, lead from the front, and are open to learning along the way. Therefore, partners can be inspired to continue the work of preventing violence against women with disabilities as part of realising *TFER Strategy 2021–2025*.

Recommendation 3. Champion the work

To help facilitate Recommendation 1 and

Recommendation 2, members of M2M's Project Advisory Group must commit to delivering their Sustainability Action Plan to champion M2M and the prevention of violence against women with disabilities throughout TFER, as appropriate to their individual organisational roles and spheres of influence. This action is especially important during M2M's extension and will also be critical once Department of Social Services funding comes to an end.

Recommendation 4. Share the evidence

TFER should explore opportunities to showcase M2M beyond the region, as a demonstration of leading-edge intersectional prevention practice. For example, at relevant state-wide or national forums, or at conferences or events on prevention practice, policy or programming. Outputs of M2M in its extended project period should include a practical 'how to' guide for the prevention field. The guide should be based on the insights gained and lessons learned from project implementation and co-designed with the Experts as appropriate. TFER should develop an actionable dissemination strategy for this evaluation report, including preparing its contents (in full or in part) for distribution to a range of audiences, and in formats to facilitate accessibility.

Recommendations for funders

Recommendation 5. Program and fund intersectional prevention initiatives differently

Program decision makers and funders must move away from short-term models for community-owned intersectional prevention initiatives towards models that properly recognise the time required for highly-principled and high-quality intersectional prevention practice, and that producing deep transformative change on the intersecting drivers of violence across all levels of the social ecology – societally, institutionally, organisationally, in community life and interpersonally – takes even more time.

Recommendation 6. Properly acknowledge and resource fit-for-purpose evaluation

Program decision makers and funders must move towards models that properly acknowledge and resource fit-for-purpose evaluation as integral to intersectional prevention practice. Such evaluation is especially important for demonstrating that intersectional prevention practice has not inadvertently reproduced the systems of discrimination, oppression and inequality that it is trying to dismantle. It is also essential for continual learning and improvement, and critical for building evidence on how to do the work and why.

About the project and its context

A primary prevention initiative in Melbourne's east

Margins to the Mainstream: Preventing violence against women with disabilities 2020–2022 (M2M, the project) is led by Women's Health East and is an initiative of Together For Equality and Respect (TFER), the regional primary prevention infrastructure and a cross-sector partnership of over 30 organisations working to prevent violence against women in Melbourne's east. M2M focused on violence experienced by women with disabilities and how to prevent this violence.

M2M, as a primary prevention initiative, operates within a 'drivers and actions' framing that prioritises targeting and transforming the deep underlying causes of violence, to stop violence before it starts. The project is directed at the necessary social conditions (as the first or primary cause) that permit and drive violence against women with disabilities, and not at the level of intervening into violence that has already happened, is happening or is about to happen.

The project commenced in March 2020, following a successful submission by Women's Health East as the specialist lead and a consortium of TFER partners to the Australian Government Department of Social Services **Community-led Projects to Prevent Violence against Women and their Children Grant Opportunity** in October 2019.

M2M was one of 16 initiatives from around the country selected by the Department of Social Services for funding through this open competitive scheme. The scheme was part of the Australian Government's investment in the Council of Australian Government's *Fourth Action Plan 2019–2022* of the **National Plan to Reduce Violence against Women and their Children 2010–2022**.

The Department of Social Services has since provided additional funding to Women's Health

East to extend M2M with a revised completion date of June 2024. The focus of this evaluation report is on the initial period of March 2020 to June 2022.

Aside from its funding context, M2M can be understood in the context of four developments relevant to its design and implementation. The developments encompass prevention practice, leadership and strategy as follows:

- prevention as a field of practice and its evolution in ever more intersectional directions
- a stand-alone practice framework focusing on violence against women with disabilities
- critical relationships between specialist organisations to lead the work of preventing violence against women with disabilities in Melbourne's east
- the prevention strategy or policy environment for supporting collaborations like M2M.

Prevention practice and its evolution

A ground-breaking framework and programming that set the tone

The concept of primary prevention is drawn from established fields of public health and health promotion, in which experts, leaders and practitioners regularly look 'upstream' to the modifiable socio-economic determinants of population health issues appearing 'downstream' in health services, hospitals and emergency departments. This is done to identify and disrupt the first or primary cause of conditions.

Primary prevention is universal in that it is for everyone. This distinguishes it from secondary (or early) intervention and tertiary responses to problems appearing downstream as preventable chronic diseases that have already taken hold

in individuals, communities or populations. In public health and health promotion, primary prevention, secondary intervention and tertiary response are not in competition; rather, they reflect a full spectrum of intervention.

In Victoria, prevention of violence against women has steadily developed over the last 15 years, guided by well-evidenced frameworks to understand the problem of violence and how to end it. First among these was VicHealth's *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women* (VicHealth, 2007a).

Preventing Violence Before it Occurs makes it clear that the structural and societal context of violence must be the target of prevention; in particular, gender inequality (together with rigidly defined gender roles) as the underlying cause. Moreover, prevention must not be focused on shifting individual attitudes or behaviours alone, without paying attention to all levels of the social ecology in which gender inequality exerts force that includes societally and institutionally, organisationally, in community life and interpersonally. This means working in multiple everyday settings such as with media, workplaces, schools, social networks or sporting clubs.

From 2007 to 2015, VicHealth utilised the framework to resource prevention innovations over three consecutive cycles of an initiative named *Respect, Responsibility and Equality*. The initial cycle commenced with on-the-ground partners in 2007, 'seeding' 29 community-based initiatives over 12 months (VicHealth, 2007b).

The second cycle 'scaled up' five promising practices from the first 29 for a further four years (2008–2012), resulting in some of the most well-known settings-based practices that set the tone for how prevention is done and continue to this day³ (VicHealth, 2012). Importantly, this cycle supported project-level evaluation as a feature; and as an active partner VicHealth also worked with partners on sustainability strategies so that approaches and lessons learned could be shared with the field.

3 Among these are Safe and Equal's **Partners in Prevention** network; healthAbility's **Baby Makes 3** new parents program; the first ever whole-of-organisation initiative in local government as a setting (Maribyrnong City Council); and Women's Health Victoria's **Take a Stand** organisational bystander program.

For the third cycle (2012–2015), VicHealth designed and tested a 'saturation' model for prevention by working with partners in Melbourne's east to concentrate the scale ups in a single site. This was **Generating Equality and Respect** (VicHealth, 2016a; VicHealth, 2016b). Once again, sustainability was a feature of the partnership, as was project-level evaluation that ran in parallel with implementation.

This context of VicHealth's programming explains some of the unique design features of M2M. As a Victorian initiative, M2M brought forward two elements of prevention's first wave of practice, these being a planned, considered approach to sustainability and fit-for-purpose evaluation done alongside project implementation. M2M appears to be the only community-led project funded by the Department of Social Services to incorporate such comprehensive evaluation and sustainability processes.

Gender inequality is one of many systems of inequality

VicHealth's successor framework was *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, first released in 2015 with a revision in 2021 (Our Watch et al., 2015; Our Watch, 2021). Notwithstanding M2M's first wave features, the initiative is located in prevention's current wave as framed by *Change the Story* and the evolution of practice to be more intersectional.

Change the Story was a national update of the VicHealth framework. In shaping the framework, Our Watch, with partners from Australia's National Research Organisation for Women's Safety and VicHealth, utilised the latest research to consolidate understandings of the structural and societal context of violence against women and the action required to transform it. This resulted in a broadening of the context of violence, along with a widening of opportunities for collaborations, coalition building and allyship. These enhancements were achieved by bringing intersectional feminism into primary prevention.

In *Change the Story*, gender inequality remains important in understandings of violence against women. Gender inequality is where unequal value is given to women and men, and where an unequal distribution of power, resources and opportunity exists between them (Our Watch, 2021: 28). In *Change the Story*, gender inequality has characteristics specific to its role in causing violence against women. These are:

- condoning violence against women
- men's control of decision-making and limits to women's independence in public and private life
- rigid gender stereotyping and dominant forms of masculinity
- male peer relations and cultures of masculinity that emphasise aggression, dominance and control (Our Watch, 2021: 36)

Collectively, these are termed 'gendered drivers' of violence against women, and for each gendered driver *Change the Story* offers an essential action to counter it (see Figure 1).

Drawing on a well-established, reputable body of international interdisciplinary scholarship stemming from feminist critical race theorists and other anti-oppression theorists, *Change the Story* underscores that gender inequality never exists in isolation but operates with other historical yet intransigent forms of discrimination and oppression. Gender inequality is one of several systems that exert an influence on lived realities, both public and private, and never in ways that are equal (see Figure 2).

Multiple systems intersect to organise social relations and social positionings; maintain hierarchical relations among people; and generate unequal distributions of power, resources, opportunity and value between groups. In this broadened structural and societal context, the more compounding and hierarchal the unequal relations are, the less equality exists, and the greater the exposures to violence perpetration and victimisation in terms of prevalence, dynamics, forms and severity (Our Watch, 2021: 46–47).

Understood in this way, multiple systems of intersecting inequalities must be considered in efforts to truly transform the underlying social context of violence against women. Otherwise, efforts towards equality will benefit only some, leaving many others behind.

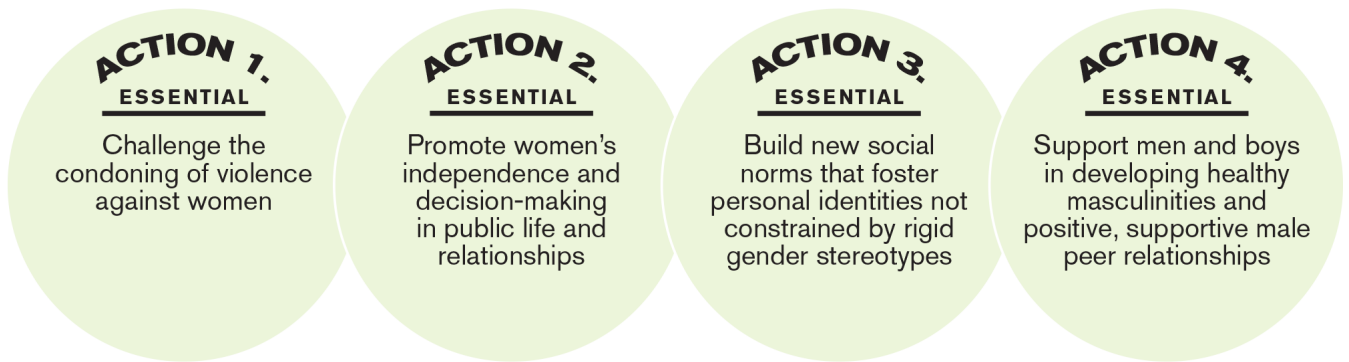


Figure 1. Essential actions to address the gendered drivers of violence against women as depicted in *Change the Story* (Our Watch, 2021)

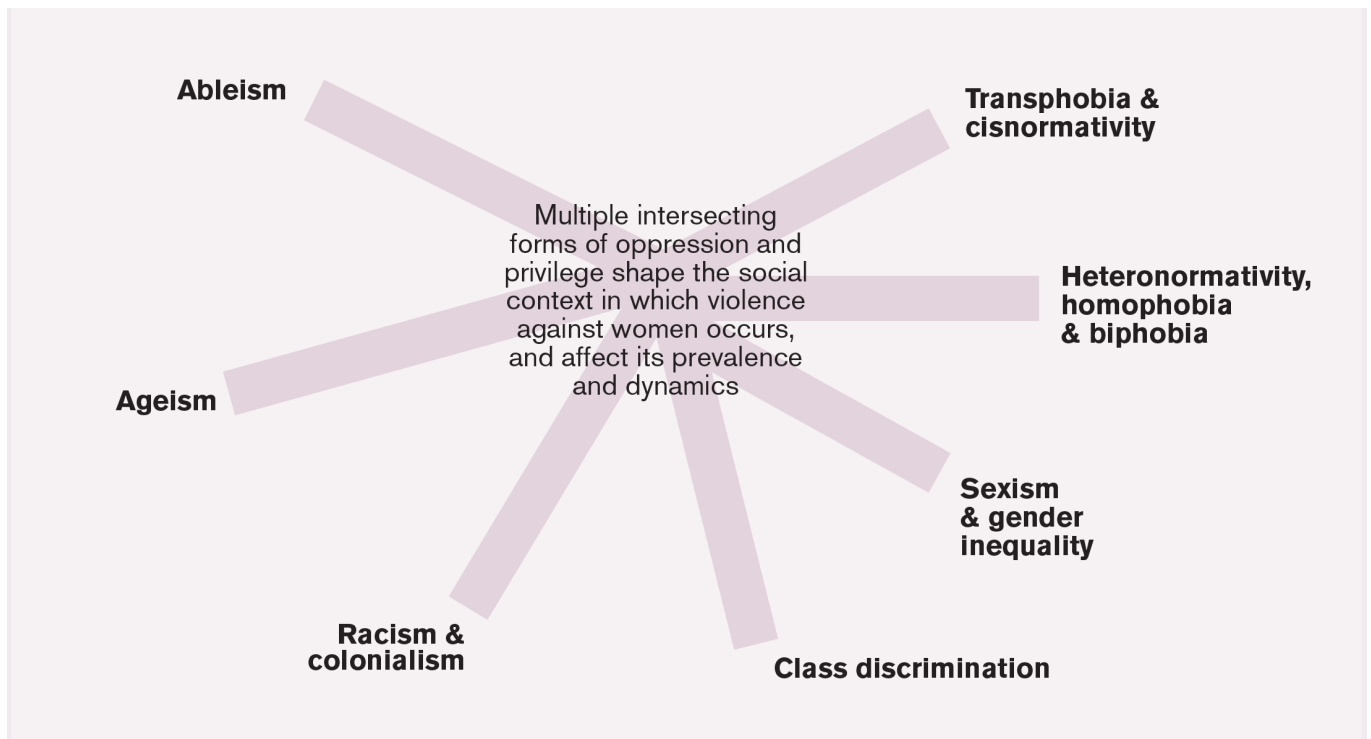


Figure 2. Intersecting systems of discrimination and oppression and the social context that permits violence as depicted in *Change the Story* (Our Watch, 2021)

Addressing intersecting systems is an essential prevention action

The second edition of *Change the Story* drew attention to the intersections of gender inequality and other inequalities in ways that the initial framework did not. It clarified that gender equality must be promoted and normalised in public and private life, and there must also be a focus on systems that intersect with gender inequality as part of wider social justice efforts (see Figure 3). This can be achieved in a number of ways.

- Within all prevention activity, draw attention to, and take action to address, the intersections between gender inequality and systems such as racism, colonialism, heteronormativity, cisnormativity, homophobia, transphobia, biphobia, ableism and classism.
- Form partnerships and coalitions to address the challenges of disrupting systems in collaborative ways.
- Work to ensure an analysis of gender inequality is embedded within the equality, rights and social justice endeavours of allies in other anti-oppression or anti-discrimination fields (Our Watch, 2021: 64).

Change the Story makes it clear that attending to intersecting systems of inequality is not an option but an integral feature of prevention practice. This is how the consortium of TFER partners understood and undertook the work of M2M as shown in the project's objectives and activities (outlined later in this section).

It is important to add that expanding the social context of violence immediately widens the work of prevention and makes strategising even more complex than before. As primary prevention has moved in increasingly intersectional and transformative directions, the number of frameworks has multiplied – and there is an ongoing need for well-evidenced frameworks specific to intersectional prevention practice (see examples in Figure 4). Additional resources prepared by Our Watch and others specialise in different forms of inequality and working in 'common cause' areas of equality, rights and social justice.

A recent addition to prevention's suite of available frameworks is a stand-alone resource to guide the prevention of violence against women with disabilities titled *Changing the Landscape: A national resource to prevent violence against women and girls with disabilities* (Our Watch and Women with Disabilities Victoria, 2022b).



Figure 3. The underlying social context of violence against women and the gendered drivers as depicted in *Change the Story* (Our Watch, 2021)



Figure 4. Three intersectional prevention frameworks: *Intersectionality Matters: A guide to engaging immigrant and refugee communities to prevent violence against women* (Chen, 2017); *Changing the Picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children* (Our Watch, 2018); *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities* (Carman et al., 2020).

Changing the landscape

The current landscape is dire for women with disabilities

Prevalence data speak to the compounding negative consequences of gender inequality and disability inequality as intersecting systems that distinctly and uniquely set the social context of violence against women with disabilities.

In Australia, violence against women with disabilities is highly prevalent and extremely serious. It could be described as a national emergency. The Australian Bureau of Statistics' Personal Safety Survey is a reputable population-based survey on women's safety. Researchers at the University of Melbourne collated the most salient statistics from the 2016 survey into a series of **fact sheets** and an evidence synthesis, on behalf of Respect Victoria (Sutherland et al., 2021).

The data captured by the Personal Safety Survey showed that since the age of 15 years:

- two in three women with disability (65%) had experienced at least one incident of violence⁴, compared to 45% of women without disability
- one in three women with disability (36%) had experienced at least one incident of physical and/or sexual violence by an intimate partner, compared to 21% of women without disability
- women with disability were twice as likely to have experienced sexual violence compared to women without disability (16%)
- 74% of women with psychological impairment and 72% of women with cognitive impairment had experienced at least one incident of violence.

Fact sheets prepared by Women with Disabilities Victoria shed further light on the dynamics and forms of violence against women with disabilities. When women with disabilities experience violence:

- the violence is often at increased levels of severity and for longer periods of time
- the violence is often in ways that are unique to them as women, such as the withholding of medication or disability aids, the delaying of medical care or the denial of support
- the violence includes practices of forced sterilisation, abortion or contraception
- they are less likely than other women to report their experiences or access support services, and when they do, are more likely than other women to have their experiences minimised, excused or disbelieved.

Research by Our Watch and Women with Disabilities Victoria (2022a) found that violence against women with disabilities is typically perpetrated by men who are known to them. While similar in pattern to the perpetration and victimisation experience of women without disabilities, there are also differences:

- it is overwhelmingly men without disabilities who perpetrate violence against women with disabilities
- perpetrators include intimate partners and a wider range of other men in women's lives, such as family members, personal carers, support and transport staff, service providers and peers (Our Watch and Women with Disabilities Victoria, 2022a: 14).

Unless the social conditions for violence against women with disabilities are addressed, this landscape is unlikely to change. *Changing the landscape* requires resolute attention to the specific intersectional context of gender inequality and disability inequality, with sexism and ableism as systems that concurrently enable violence to occur and compound the ways perpetration and victimisation are experienced.

⁴ Unless otherwise specified, the term 'violence' in these figures is inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking.

Address the social context of violence and other essential actions

Our Watch and Women with Disabilities Victoria prepared *Changing the Landscape* (2022b; Figure 5) to support the prevention field in targeting the intersection between gender inequality and ableism to prevent violence against women with disabilities⁵.

The framework outlines six essential actions for prevention. The first action is a broad directive to help reset the social context that gives rise to violence against women with disabilities, by promoting gender and disability equality in settings across all levels of society. The five remaining actions address the gendered and ableist drivers of violence (see Figure 6).

Changing the Landscape offers many examples on how the essential actions can be operationalised in programs, projects, policies and practices. As with *Change the Story*, the expectation is not that any single person, organisation, community or institution can apply all the essential actions to their prevention practice at once; rather, that many stakeholders can contribute to implementing the actions over time, especially if they work collaboratively and coordinate their contributions (Our Watch, 2021: 59).

Importantly, *Changing the Landscape* also includes a set of core principles for preventing violence against women with disabilities (Figure 7). Although M2M was well underway by the time *Changing the Landscape* was released, the project fulfilled every single principle. M2M sits within the current wave of intersectional primary prevention and it also anticipated this wave and demonstrated the sorts of leading-edge practice promoted in *Changing the Landscape*.



Figure 5. Front cover of *Changing the Landscape*.

⁵ *Changing the Landscape* is a framework for the primary prevention of violence against both women and girls with disabilities. Due to M2M's scope and specific focus on women, in this report *Changing the Landscape* is often referred to in its capacity as a resource for preventing violence against women with disabilities. This is in no way intended to diminish the urgent need to also prevent violence against girls with disabilities.

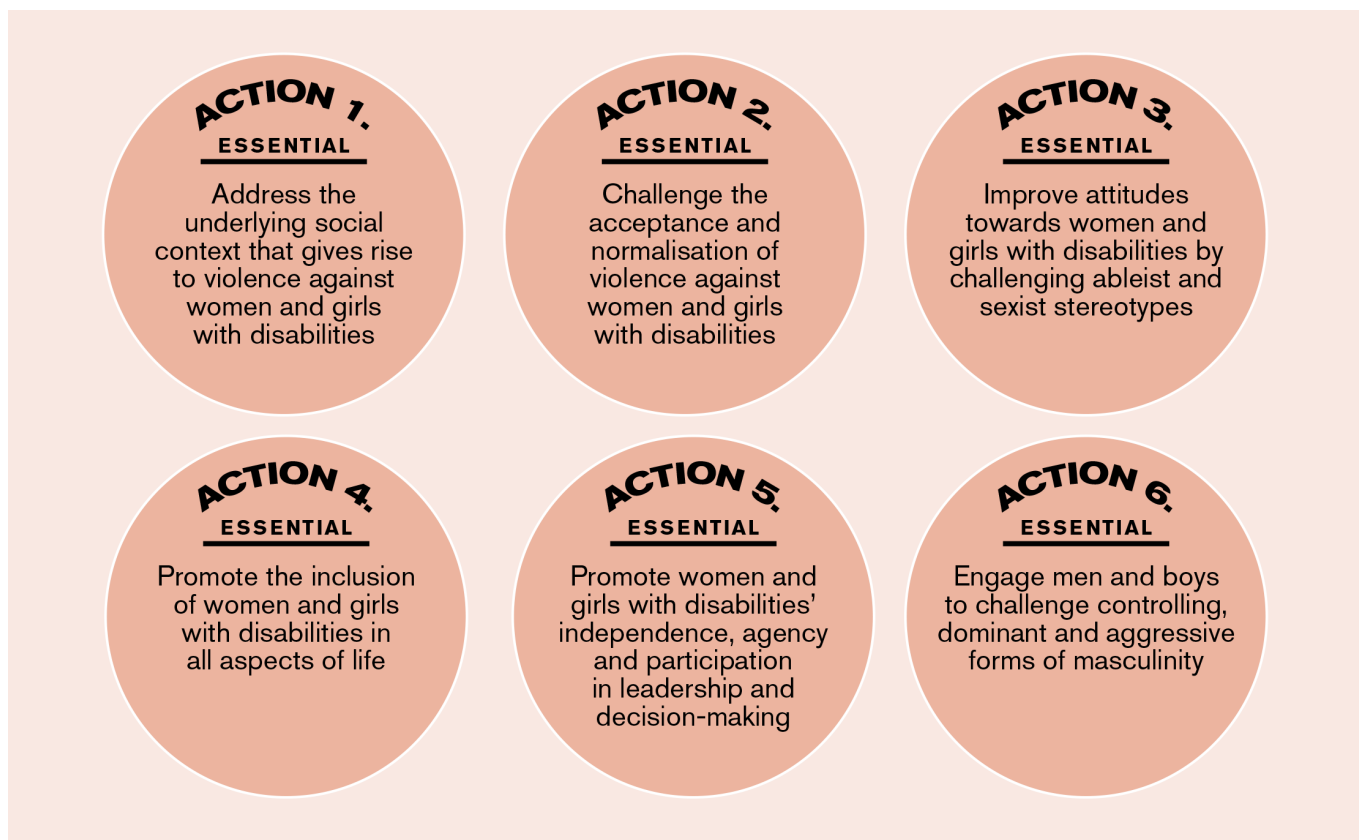


Figure 6. Six essential actions to prevent violence against women with disabilities (Our Watch and Women with Disabilities Victoria, 2022b)

Prevention principles to stop violence against women and girls with disabilities

- ✓ Centre the input of women and girls with disabilities.
- ✓ Ensure autonomy, community ownership and control.
- ✓ Co-design.
- ✓ Use a strengths-based approach.
- ✓ Build partnerships and opportunities for collaboration.
- ✓ Be respectful and authentic.
- ✓ Ensure the physical, emotional and cultural safety of women and girls with disabilities.
- ✓ Ensure accessibility and inclusion.
- ✓ Ensure prevention work is informed by critical frameworks.
- ✓ Contribute to the evidence base.

Figure 7. Core principles for the work of preventing violence against women with disabilities (Our Watch and Women with Disabilities Victoria, 2022b)

Critical relationships for leading the work

Women's Health East has been leading work to prevent violence against women in Melbourne's east since 2002. Women's Health East was instrumental in bringing together local government, community health and other organisations in the region to work collectively on the primary prevention of violence against women via the first Together For Equality and Respect Strategy in 2013. Women's Health East continues to lead this partnership, and has engaged and built the capacity of partners to undertake intersectional primary prevention action.

Women's Health East, as a feminist organisation, has well established practices in working with community women to create change. In 2011, Women's Health East led the establishment of the Speaking Out Program, which elevated the voices of women who had experienced family violence and sexual assault in the media and public domain. The program ran for over eight years and led to Women's Health East being engaged by Our Watch and VicHealth to develop the Voices for Change Manual on media advocacy for the prevention of violence against women. The Margins to the Mainstream Project is grounded in Women's Health East's strong leadership and expertise in primary prevention projects and capacity building initiatives, working with the Together For Equality and Respect partnership and member organisations.

Changing the Landscape was released in 2022. It is important to acknowledge that Women with Disabilities Victoria has spoken about violence against women with disabilities and taken action on it for decades (Our Watch and Women with Disabilities, 2022c). This includes important initiatives over the last few years that have sought to build the capacity of the prevention sector⁶ to address gender and disability inequalities as drivers of violence Including the Gender and Disability

Workforce Development Program and Women's Health Capacity Building Project⁷.

In 2013, the **Gender and Disability Workforce Development Program** commenced as a pilot that focused on disability organisations and the cultural change required to be more gender equitable in policies, practices and structures (including leadership). Standout features of the approach were the centring of lived experience and co-facilitation model. Women with lived experience of disabilities were recruited, trained and supported to pair up with workers from the women's health and specialist family violence and sexual assault sectors for the pilot's training activities.

The second phase of the program from 2017 onwards included the following main activities:

- Experts by Experience Group as the lived experience centrepiece for the program and its other activities.
- Co-facilitated training and online courses for the specialist prevention sector and social services workforce including disability organisations and disability service providers.
- A regional Community of Practice for Melbourne's east that met four times from late 2020 to early 2021.
- Co-designed materials and tools that raised awareness of violence against women with disabilities, helped build knowledge of the intersecting drivers, and helped strengthen skills in preventing such violence from happening in the first place.
- Webinars, events, social media and communications that raised awareness of violence against women with disabilities and its prevention.
- Strategic engagements across the state that delivered consistent messaging on the intersecting drivers of violence against women with disabilities.

6 The prevention sector spans a diverse range of workforces and sectors comprising specialist primary prevention practitioners (specialist workforce) and individuals who contribute to prevention as part of their broader role (contributor workforce). In the context of preventing violence against women with disabilities, the contributor workforce includes the social services workforce, specifically disability organisations and service providers.

7 The full name of this initiative is the Disability and PVAW (Preventing Violence against Women) Women's Health Capacity Building Project. Both initiatives are currently funded by the Victorian Department of Families, Fairness and Housing as part of the state government's strategy to prevent family violence and violence against women.

At the time of responding to the Department of Social Services' Community-led Projects Grant Opportunity, Women with Disabilities Victoria actively contributed to the design of M2M alongside Women's Health East and TFER partners, some of whom were also familiar with aspects of the Gender and Disability Workforce Development Program.

The **Women's Health Capacity Building Project** commenced in 2018 to build the capacity of women's health services for intersectional practice by strengthening organisational policies, practices and programs. From 2019–2020, Women with Disabilities Victoria prepared and released resources arising from their capacity building work with women's health services, including a needs analysis tool for organisational partnerships and strategy, and a set of disability audit tools for services, participation and premises. Women's Health East was one of two women's health services involved in piloting the tools.

This collaboration between Women's Health East and Women with Disabilities Victoria further strengthened their relationship as regional and state-wide feminist organisations with mutual gender and disability expertise, and their shared leadership for intersectional prevention work such as M2M. As noted in *Change the Story*, strong partnerships between women's health services (like Women's Health East) and specialist services supporting specific communities (like Women with Disabilities Victoria) are central to the broad-based coalition building and allyship needed to keep prevention firmly focused on disrupting the intersecting systems of oppression and discrimination (Our Watch, 2021: 111).

Prevention strategy and policy environment

An increasing focus on intersectional prevention practice

The prevention strategy and policy environment is the final piece of context relevant to M2M. At the regional level, M2M commenced midway through the TFER partnership's second four-year strategy since its establishment in 2012. *TFER Strategy 2017–2021* made explicit the partnership's commitment to intersectional practice as part of the region's prevention work, through building a focus on addressing other forms of discrimination into gender equality actions (Women's Health East, 2017: 6).

The mid-point evaluation for the strategy (Women's Health East, 2020) found that partners had responded well to the call to be intersectional, with some citing structures such as TFER's Community of Practice as valuable in improving capacity for intersectional prevention practice. The mid-point evaluation nonetheless identified an ongoing need to assist the partnership in incorporating intersectional practice into prevention.

The partnership has since released *TFER Strategy 2021–2025*, which places an even greater emphasis on intersectional prevention practice for the region. For instance, an outcome of the strategic direction 'Lead and achieve change' is that partnership initiatives have effectively addressed forms of discrimination that intersect with gender inequality (Women's Health East, 2021).

Regional partnerships and leads as players in state-wide prevention

The conclusion of the Victorian Royal Commission into Family Violence in March 2016 initiated a 'once in a generation' opportunity to reform a broken family violence system and transform the underlying drivers of violence.

It prompted an unprecedented level of state government leadership and commitment to addressing and ending this ‘wicked problem’, including by allocating significant budget and resource to whole-of-system reform measures and, to a far lesser extent, whole-of-community prevention.

At time of writing, the Victorian Government is mid-way through its ten-year agenda for service system reform and primary prevention, known as Ending Family Violence: Victoria’s plan for change (State of Victoria, 2016). This plan has generated a small number of additional stand-alone strategies and plans, among them *Free from Violence: Victoria’s strategy to prevent family violence and all forms of violence against women* (State of Victoria, 2017).

Free from Violence is being implemented in three-year action plan cycles, with the Victorian Government releasing the *Second Action Plan 2022–2025* in December 2021 (State of Victoria, 2021). The *Second Action Plan 2022–2025* includes a focus on ensuring prevention operates both as a coherent and coordinated system in its own right, and as an integrated part of the overall family violence system. This focus follows the Family Violence Reform Implementation Monitor’s⁸ critical observations that attention has been lagging in this area, and advice to the Victorian Government that this gap be addressed as a priority for the second half of the reform agenda (Family Violence Reform Implementation Monitor, 2021).

‘Governance, coordination and system development’ is one of ten high-level priorities in the *Second Action Plan 2022–2025*. Beneath this priority sits a very specific action to ‘strengthen collaboration with local and regional partnerships, including women’s health services, to inform state-wide policy and programming in Victoria, in recognition of the critical role they play in driving collective action across local communities’ (State of Victoria, 2021: 42).

Elsewhere, it is noted that among the key players in prevention are regional women’s health services who lead prevention and regional structures involved in prevention work (State of Victoria, 2021: 23).

This is welcome acknowledgement of the role of women’s health services and regional partnerships in advancing the *Second Action Plan 2022–2025*, given the enduring commitment of Victoria’s women’s health services and the regional partnerships they lead to prevent violence against women. Some partnerships (like TFER) existed well before *Free from Violence* and the Royal Commission into Family Violence and rightly ought to be seen as key players in a well-functioning and comprehensive prevention system.

In this context, what opportunity does M2M hold for TFER given the project exactly fits with the kinds of regional approaches sought by state-wide strategists for informing policy and programming going forward? This question is returned to at the end of the report.

Project objectives and activities

M2M has five high-level objectives. Although formulated prior to *Changing the Landscape*, three objectives align with the framework’s call to action to address the specific context of violence against women with disabilities and with its directive to promote gender equality and disability equality as action on the drivers of violence. The remaining objectives gave scope to M2M to include sustainability action planning and project-level evaluation as a core part of the work

The five project objectives are:

1. Strengthen partnerships for sustained work in the prevention of violence against women with disabilities.
2. Elevate the voices of women with disabilities and promote their leadership and status in society.

8 The Family Violence Reform Implementation Monitor is the entity established by the Victorian Government to monitor its progress on implementing the recommendations of the Royal Commission into Family Violence.

3. Build the capacity of partners to embed into their prevention work a focus on sexism and ableism as intersecting structural drivers of violence against women with disabilities.
4. Challenge intersecting sexist and ableist stereotypes across the community and other settings, such as organisations.
5. Contribute to the evidence base of what works in community-led efforts for prevention of violence against women with disabilities.

A number of activities were contained within the high-level objectives. In keeping with primary prevention frameworks, activities mutually reinforced one another to ensure coordinated action on the drivers of violence.

Activity 1. Project Advisory Group that offered guidance to M2M

The Project Advisory Group was the consortium of TFER partners who committed to the project during its proposal stage. The Project Advisory Group had representation from Women's Health East as lead partner, EDVOS, Yarra Ranges Council, Boroondara City Council, EACH, Inspiro Community Health Service and AccessHC. The Project Advisory Group included three non-TFER partners. They were: Women with Disabilities Victoria, as specialist and implementing partner alongside Women's Health East; a community member and woman with lived experience of disability; and WLK Consulting as project evaluator. The Project Advisory Group's purpose was to inform and support M2M's development and delivery. The Project Advisory Group undertook sustainability action planning as a major piece of collaborative work and contributed significantly to the evaluation design process.

Activity 2. Experts Group (Project Experts) as the project's centrepiece

The Experts Group was a group of women, the Project Experts, with diverse backgrounds and lived experience of a range of disabilities. Co-facilitation was shared between the Project Coordinator and workers who identified as having lived experience. Project Experts completed skills development

and as the project's centrepiece participated in Activity 3, Activity 4, Activity 5 and Activity 6.

Activity 3. Workforce capacity building via training and other learning opportunities

Women with Disabilities Victoria delivered training to the Project Advisory Group and TFER in 2020 and 2021, to strengthen understanding of the prevention of violence against women with disabilities. M2M made use of TFER's existing Community of Practice for themed sessions on preventing violence against women with disabilities, with Project Experts considerably involved in two sessions including as their own chaired panel.

Activity 4. Organisational capacity building and meaningful consultation

TFER partners were offered a small amount of funding to 'seed' initiatives that disrupted sexism and ableism as the drivers of violence. Through this opportunity, two partners undertook meaningful consultations with the Project Experts to help improve organisational training packages to be less marginalising and discriminatory from the vantage point of women with lived experience.

Activity 5. Resources co-design and social marketing strategy

Project Experts co-designed social media tiles (messages and illustrations) for the region's 16 Days of Activism against Gender-based Violence Campaign in 2021 – one tile for each day. The tiles were used in the social marketing strategy to raise awareness of violence against women with disabilities and communicate calls to action on the drivers of violence. The tiles were subsequently utilised by the Experts Group as a launching pad to explore themes for a suite of co-designed videos.

Activity 6. Regional events and other presentations

Project Experts were guest speakers at two high-profile regional events in November 2021. These were Women's Health East's Annual General Meeting and 30-year anniversary celebration (where the co-designed social media tiles for the 16 Days campaign

were also launched) and the launch of *TFER Strategy 2021–2025*. These events were noteworthy for the calibre of other speakers who presented alongside the Experts. Experts also presented to several individual partner organisations.

COVID-19 global pandemic

The Department of Social Services opened its Community-led Projects Grant Opportunity in August 2019. Women’s Health East, TFER partners and Women with Disabilities Victoria met the following month to explore collaborative opportunities for a regional approach to the primary prevention of violence against women with disabilities.

Women’s Health East led a design process with partners that resulted in a Project Logic Model with clear objectives and mutually reinforcing activities for a regional initiative. Women’s Health East submitted the grant application to the Department of Social Services, in October 2019. The Department of Social Services notified successful grant recipients and M2M commenced in March 2020.

During M2M’s design process, in February 2020, the World Health Organization made an official declaration of the COVID-19 global pandemic. The Project Advisory Group could not have foreseen the ongoing impact that Victoria’s public health response to the disease would have on workplaces and lives, as successive waves and smaller clusters of COVID-19 infections were met with restrictions, curfews, lockdowns and myriad slowdowns over 2020 and 2021, especially in Melbourne. These situations called for agility and adaptiveness to ever-shifting circumstances.

The first Melbourne lockdown in March 2020 coincided exactly with M2M’s commencement. M2M started and continued in ways unthought of prior to COVID-19. With the singular exception of filming on location for the videos, every activity undertaken through M2M occurred under ‘new normal’ arrangements of working from home and online.

Against this backdrop, M2M’s activities and

outputs (as summarised in Table 1) are impressive. Forming, maintaining and meaningfully involving an Experts Group in most project activities through an almost exclusively online environment is an achievement in itself.

Outputs and reach ‘at a glance’

The outputs arising from project activities were multiple and significant. They will be described more fully later in this report, when findings arising from the evaluation are presented. Table 1 offers a brief overview of project outputs and reach.

But what else can be said about this and the project’s other activities and outputs? What can be said of M2M’s legacy to TFER, to the region, and to prevention’s current wave of practice? What can be said of the opportunity M2M has created for Women’s Health East and TFER in relation to the anticipated infrastructure system build for prevention across Victoria? These are the sorts of questions that the project’s evaluation was designed to help answer.

Table 1. Project outputs and reach 'at a glance'

Main project activities	Outputs and reach
Activity 1. Project Advisory Group	<ul style="list-style-type: none"> • A Project Advisory Group that led from the front and was willing to learn • Membership comprising 7 x TFER partners and 3 x non-TFER partners • 15 x meetings over M2M's implementation; while membership fluctuated with shifting priorities of partners, a steady core remained • Contributed to project activities such as input into small grants guidelines, helped with recruitment of women to the Experts Group • Completed or contributed to substantial pieces of work including sustainability action planning and evaluation design
Activity 2. Experts Group (Project Experts)	<ul style="list-style-type: none"> • Expression of interest and recruitment process • 10 x Project Experts for the Experts Group, commencing November 2020 • Participation in skills development, then ongoing 'learn by doing' upskilling in areas such as communications, public speaking and consultations • Co-design process for 16 x social media tiles (messages and illustrations) for the 16 Days campaign 2021; co-design process for 6 x videos featuring the Project Experts • Engaged with TFER via meaningful consultations with small grants recipients • Engaged with TFER as speakers at 2 x regional events and 3 x other meetings • Involved in themed Community of Practice sessions including their own chaired panel in May 2021
Activity 3. Workforce capacity building	<ul style="list-style-type: none"> • 3 x training sessions to the Project Advisory Group and TFER in 2020 and 2021 (total 44 participants) • 3 x themed Community of Practice sessions in October 2021, April 2022 and May 2022 on preventing violence against women with disabilities or M2M (total 50 participants)
Activity 4. Organisational capacity building	<ul style="list-style-type: none"> • 1 x small grants initiative; EDVOS and AccessHC were grant recipients • Respectful and authentic consultations with Project Experts that helped these two partners improve 3 x organisational training programs
Activity 5. Resources co-design & social marketing	<ul style="list-style-type: none"> • 16 x social media tiles and social marketing strategy for 16 Days campaign in 2021 • Very good partner uptake and use of the tiles and other resources such as the toolkit • Women's Health East social channels had overall reach of 18,583 across the campaign
Activity 6. Regional events and other presentations	<ul style="list-style-type: none"> • 2 x regional events showcasing the Project Experts and M2M with notable prevention experts and leaders as speakers or panellists (total 75 participants per event) • 3 x meetings with TFER partners on an organisational basis where Project Experts spoke about M2M and their lived experience (total 200 participants)

About the evaluation and its process

Evaluation approach and planning

Leading international transdisciplinary evaluator Michael Quinn Patton (2008) writes that all evaluations must be judged by their utility and actual use, including how people in real-world contexts experience evaluation processes and then apply evaluation findings. Deep and authentic engagement with intended users through purposeful participatory evaluation design is one of the most important steps evaluators can take; evaluations ought to be built with 'intended use by intended users' in mind.

Who are the intended users of primary prevention evaluations? Utility is important for evaluations in fields like primary prevention that build and refine practice-based knowledge of what to do and how best to do it. Evaluations are needed to inform decisions on designing and implementing prevention projects and programs, and to advise strategists, policy makers, funders and others whose deliberations can profoundly impact the direction of prevention work. For their findings to have relevance – and therefore utility – to those involved in the work, evaluators need a genuine understanding of what on-the-ground prevention initiatives are trying to achieve. Evaluation processes thus require engaging most of all with those closest to projects or programs, so the 'hallmarks of success' are made explicit and evaluators can then do their work of valuing for practice-based and strategic use (Kwok, 2013).

The evaluation process for M2M commenced in May 2020, with the first in a series of three evaluator-led planning workshops into June involving those closest to the project's design and implementation: the Project Advisory Group. Rather than involving the entire Project Advisory Group, a smaller group of members - comprising Women's Health East,

Women with Disabilities Victoria and Inspiro - were stepped through a 'text book' design process contained in resources for the prevention field including *Evaluating Victorian Projects for the Primary Prevention of Violence against Women: A concise guide* (VicHealth, 2015) and *Putting the Prevention of Violence against Women into Practice: How to change the story* (Our Watch, 2017).

The first step is typically to develop a logic model. M2M already had one of these in place, so the evaluator-led planning workshops were free to explore and define what success looks like. The workshops worked through each M2M activity, thinking about the participants and beneficiaries, to identify the hallmarks of success. Over the course of the workshops, this thinking was shaped into tangible SMART-O indicators⁹ of quality processes and measurable changes (impacts) against which data could be collected.

The full set of indicators used for the evaluation are in the Evaluation Plan, which is available from Women's Health East upon request.

As examples, among the indicators were:

- processes that placed safety, accessibility and inclusion front and centre
- processes that supported women to contribute, reflect and learn
- a sense of pride reported by the women regarding their participation in project activities and their contributions to the region's work
- deepening personal insights among the Experts as women with lived experience throughout their involvement in M2M.

The involvement of Women with Disabilities Victoria in these workshops was especially valuable. As depicted in Figure 8, Project Experts were

9 SMART-O indicators are specific/sharp; measurable/manageable/meaningful; achievable/attainable/accurate; relevant/realistic/reliable; and timely/timebound. They are also 'ours' and 'owned.'



Figure 8. M2M's mutually reinforcing activities and their participants and beneficiaries

participants in and beneficiaries of multiple project activities, as members of the Experts Group and in their interactions with TFER partners. The expertise of Women with Disabilities Victoria helped define what would be meaningful hallmarks of success for the Project Experts as they moved through M2M's activities. Indicators of quality processes and positive change were non-negotiable. Women with disabilities are at the receiving end of daily sexism and ableism; the last thing Project Experts needed was to be part of an initiative that replicated the marginalisation and discrimination they encounter nearly everywhere else.

Input from the planning workshops was sufficiently extensive to draft an Evaluation Plan containing all indicators, the methods of data collection, and the data collection timeframe, as well as the evaluation's purpose, intended users and intended use. The draft Evaluation Plan was then presented to the Project Advisory Group in September 2020 and finalised the following month.

Evaluation purpose, intended users and intended use

At the time of designing the project's evaluation, M2M had funding for just over two years, so it was not expected that the Project Advisory Group would continue beyond June 2022.. However, the Project Advisory Group was a consortium drawn from TFER; and knowing that TFER partners would exist beyond June 2022 helped confirm the evaluation purpose, its intended users and intended use. The purpose was to:

- Capture the achievements of, and lessons learned from, M2M and its implementation
- Support those delivering project activities to make informed real-time implementation decisions via continuous data collection and sense making
- Determine the value of the project from the perspectives of those involved

including women with disabilities, TFER partners and the Project Advisory Group

- Draw conclusions about the project so TFER partners can make informed decisions about next steps for preventing violence against women with disabilities in the region
- Support TFER partners to communicate and share the results of M2M.

The overarching questions to be answered through the evaluation were:

1. What are the achievements of, and lessons learned from, M2M and its implementation?
2. How was implementation quality demonstrated, particularly through the project's community-led model (centring of lived experience)?
3. What was the value of the project to those involved in its activities?
4. What conclusions can be made about the project, especially in terms of next steps for regional partners?
5. What are the recommendations arising from the evaluation?

The intended users of this evaluation are TFER partners and funders of primary prevention initiatives.

Data sources and data collection methods

The evaluation utilised several data collection methods to ensure each SMART-O indicator could be read about, observed, heard about or asked about.

A comprehensive review of multiple project documents was completed, including:

- Project Advisory Group terms of reference and meeting agendas, papers and minutes
- Agendas and run sheets for themed Community of Practice sessions and regional events

- Project Coordinator notes such as reflective discussions with Project Experts
- Six-monthly and annual Activity Work Plan reports to the Department of Social Services
- Project promotional material such as Experts Group expression of interest flier, Small Grants Opportunity flier, announcements of training opportunities for TFER partners
- 16 Days campaign social media tiles, accompanying toolkit and Women's Health East's report on reach, which was based on a survey to TFER partners and social media analytics.

In-depth interviews were conducted with those involved in various project activities, among them the Project Coordinator (two rounds), the Project Experts (mid-point and end-point) and Women with Disabilities Victoria. A **Project Advisory Group focus group was run**, as well as **participant observation** of Project Advisory Group meetings, the themed Community of Practice sessions and regional events. **Online participant feedback forms** were administered following the Experts Group sessions, the TFER training and themed Community of Practice sessions. The two TFER small grants recipients were provided with a case study template to complete and submit.

Finally, **a comprehensive review of frameworks, programs and strategies** helped place M2M in a wider context and assisted in properly valuing M2M, as will be discussed later in this report (**Conclusions and next steps**).

Participants for the interviews and focus group

Participants took part in interviews from June to July 2021, in February 2022, and from April to July 2022. The Project Advisory Group focus group occurred in May 2022. At the time of finalising the Evaluation Plan, it was important not to pre-empt the participation of the Project Experts in the data collection or their preferred ways of contributing their reflections. Once the Experts Group had been established, the Project Coordinator asked whether they'd like to trial an online participant feedback

form, in addition to her capturing reflections in their sessions and through other feedback. The first online participant feedback form was developed with the provision to discontinue this as a process if it did not suit the women. In the end, a participant feedback form was administered 10 times, from mid-November 2020 to mid-June 2021.

The Experts Group was given time and space to establish before meeting with the evaluator to explore their interest in and feelings of safety about being involved in the evaluation in a more direct way. This was a two-step engagement process in mid-December 2020 and mid-May 2021. The outcome was the Experts' participation in interviews around the project's mid-point (June to July 2021). A similar process was followed in 2022.

All participants received a plain language one-page information sheet on the evaluation's purpose and how confidentiality and anonymity would be maintained. They received this ahead of the interviews and focus group, along with the full set of questions that would be asked. All participants gave verbal consent to be involved in the evaluation and to have the interviews and focus group audio-recorded to assist with notetaking. All interviews and the focus group were held via online video conferencing. For the Project Experts, contact details of services were provided as follow up in case the questions recalled experiences in ways that required support.

Records show 22 attendances at the interviews and the focus groups (see Table 2). Some attended more than one interview (Project Experts, Project Coordinator). Women with Disabilities Victoria was part of the Project Advisory Group focus group and had their own shared interview too. Removing repeat attendances, the total number of unique focus group and interview participants was 13. Interviews and focus group varied in length from 30 minutes to 2.5 hours and generated almost 15 hours of audio in total.

Table 2. Interview and focus group attendance numbers

Method of data collection	Attendees (no.)
Project Experts mid-point interviews	7
Project Experts end-point interviews	6
Project Coordinator interview first round	1
Project Coordinator interview second round	1
Women with Disabilities Victoria shared interview	2
Project Advisory Group focus group	5

Data analysis, sense making and write up

The data analysis and sense making for the first draft evaluation report took place over June, July and August 2022¹⁰. The Project Advisory Group received the first draft at the end of August 2022. It was then revised, following detailed feedback, from September to December 2022. The finalised evaluation report was then submitted to Women's Health East on behalf of the TFER partnership.

¹⁰ Outside of data analysis for the report, and in keeping with the evaluation's purpose, real-time analysis of data collected in parallel with project delivery was undertaken, to inform continuous improvement of activities such as the Experts Group and themed Community of Practice sessions. The Project Advisory Group also received a verbal mid-project update on evaluation themes and findings; this presentation occurred in August 2021.

Evaluation findings (thematic presentation)

Core principles for preventing violence

Changing the Landscape is the most up-to-date evidence-based framework specifically for the primary prevention of violence against women with disabilities. The framework points to the intersection of gender inequality and disability inequality, or sexism and ableism, as the necessary social conditions for violence against women with disabilities to exist and persist. Unless these underlying drivers are transformed at their intersecting origin, violence against women with disabilities will not be prevented. *Changing the Landscape* outlines essential actions that can help disrupt the gendered and ableist drivers of violence and promote gender and disability equality in everyday settings across all societal levels.

Intersectional prevention practice is a complex collective endeavour. Overcoming challenges of dismantling entrenched intersecting systems and contributing to their transformation over time requires collaborations, coalition building and ongoing commitment between those in specialist prevention areas and ‘common cause’ allies working in disability-specific areas of rights and social justice. The work must also be principled to be sound, so partners do not inadvertently reproduce intersecting systems of inequalities and the drivers of violence that they are trying to subvert. This is why in addition to action on the drivers, *Changing the Landscape* contains a set of core principles.

The first two principles are that prevention practices should:

- **centre lived experience** by creating safe, accessible opportunities for women with disabilities to connect, share and be recognised for their lived experience expertise

- **ensure community ownership** by trusting and valuing the input of women with disabilities as experts in their own lives (Our Watch and Women with Disabilities Victoria, 2022b: 66).

These principles give full force to an axiom of the disability activism movement, ‘nothing about us without us’. By naming these as principles, *Changing the Landscape* is communicating that lived experience and community ownership are not one-off ‘tick-a-box’ items. Instead, centring lived experience and ensuring community ownership must be reflected in and permeate right through actions and initiatives.

For M2M, these principles were reflected in the formation of the Experts Group; the upskilling of Project Experts and their co-design of resources; and the group’s interactions with TFER through project activities such as themed Community of Practice sessions, regional events and partner consultations.

Centring lived experience and ensuring community ownership must be intentional. This is where several further principles come into play. Centring lived experience and ensuring community ownership must also:

- **prioritise the safety of women with disabilities** including by being trauma-informed
- **ensure inclusion** by asking about access requirements, committing to making reasonable adjustments, and practising self-reflection to address ingrained ableist attitudes
- **use a strengths-based approach** that empowers women to draw upon their abilities
- **be respectful and authentic** in co-design and consultations by:
 - building **positive and equal working relationships** and partnerships

- being **mindful of power imbalances** and not inadvertently reproducing inequality
- being **transparent** about the purpose and scope of the work on offer
- offering genuine opportunities to be involved in **decision-making** including stepping back so women can lead
- acting on the contributions made and **closing the loop** by showing women the results of their advice and suggestions
- ensuring **sufficient time** for authentic engagement (Our Watch and Women with Disabilities Victoria, 2022b: 66–68).

All of these principles were upheld throughout M2M, even though the project had been implemented for nearly two years prior to the release of *Changing the Landscape*. The principles are used as a structure for the presentation of this evaluation’s findings. This is where the thematic presentation of findings also begins.

Access, inclusion and safety from the start

Expressions of interest and recruitment phase

The formation of the Experts Group commenced with an expression of interest and recruitment phase, from September to October 2020. At this time, the Project Team comprised the Project Coordinator and the Peer Facilitator with lived experience. These two practitioners had complementary skills in community development, reflective practices, strengths-based approaches, peer support, and identifying the access requirements of program or group participants and working with them to meet these. Drawing on their skills, the Project Team ensured a high-quality process for engaging and recruiting eligible women to the Experts Group, with meticulous attention to access, inclusion and safety throughout.

The Project Team worked with Women with Disabilities Victoria to develop the expression of interest material in different versions. The long form flier contained the full details; a plain language

version used shorter sentences and clearer direct terms; a large text version meant information was accessible to those with low vision. All versions had embedded descriptions for accompanying images to support screen-reader access. Flier content communicated the opportunity for women to learn about gender equality and be part of a group for developing resources to prevent violence against women with disabilities. In the long form and large text version, emphasis was placed on the group being a safe space to discuss discrimination, equality and lived experience; that accessibility requirements would be confirmed with each participant; and that involvement in the group would be supported.

The expression of interest and recruitment phase occurred during Melbourne’s second lockdown in response to the COVID-19 pandemic. The expression of interest was therefore solely distributed via email through TFER and Project Advisory Group networks. Project records show that the expression of interest material was distributed widely via TFER and Project Advisory Group networks to local governments, disability networks, mental health services and health services, and to Aboriginal and ethno-specific organisations too. To further promotion, Women’s Health East assisted the Project Team in developing a social media tile (Figure 9) along with suggested text for TFER and Project Advisory Group members to post on their social media channels.



Figure 9. Social media tile provided to TFER and Project Advisory Group members to help recruit the Experts Group

The expression of interest process was streamlined to facilitate inclusion, with a clear message to contact the Peer Facilitator by email or phone. Applicants were not asked to provide anything written; the Project Team did not wish to create unnecessary barriers for women who did not feel confident expressing their interest in this way. The closing date was extended twice to improve reach to Aboriginal and ethno-specific organisations.

The Project Team set up times for informal interviews to be held by phone or Zoom and developed a strengths-based schedule to use for the interviews. This schedule overviewed the project and the immediate focus of the Experts Group (learning about gender equality) and flagged the likelihood of further opportunities to be involved in co-design. It prompted interviewers to check it was safe to have the conversation before each interview began and covered accessibility and inclusion considerations, such as:

- access to a computer or electronic device that can launch Zoom
- previous or current experience with groups or committees
- what women find easy or hard about being involved in groups
- who else is usually home on the days the Experts Group is likely to run
- whether there is space in the home on those days to Zoom privately
- whether women would be comfortable safely sharing lived experience with the group
- women's preferred days or times for participating in the group
- the strengths women would bring to the group as individual members
- other topics they would like to pursue or specific skills they would like developed
- other access and inclusion requirements
- any other barriers to attending the group or engaging with the project.

Given the prevalence of violence against women with disabilities, it was critical that the interviewers screened for family violence risk and assessed women's safety as part of the conversation. The schedule prompted interviewers to ask applicants whether they felt they could speak freely about things like gender equality, discrimination and violence in a group setting without this impacting their safety at home. The schedule included support service numbers that could be offered to applicants if the response was 'no'. If applicants had immediate safety concerns, there was an offer to call 000. All applicants were sent a follow-up email shortly after the interviews that included support service numbers should they be required.

While the Project Team did not wish to exclude any woman who was currently experiencing violence or perhaps going through other challenging events, it was important for each potential Expert (and for the group as a whole) to feel that her participation was the right choice for her, that it was timely for her to be involved given where she was in her life. This was part of the readiness checking built into the conversation by letting applicants know that specialist supports and services existed that might be more appropriate than what the group could offer at this point in their lives.

Overall, the expression of interest and recruitment phase was handled with care and attention to detail, and priority was clearly given to upholding prevention principles around safety, accessibility and inclusion, and coming from a position of strengths rather than deficits. This set a positive tone and helped build rapport from the outset. The attention to accessibility and inclusion was not lost to the Project Experts. When asked how they found the expression of interest material, for instance, the women replied that the content was easy to understand, that the large text version was accessible, and that the use of sans serif fonts was appreciated.

The expression of interest process resulted in 18 enquiries from women, most of whom were known to TFER partners, or were members of the

Women with Disabilities hub in the outer east, or had seen the post on Facebook.¹¹ Of the 18 enquiries, 11 women took part in an interview, and 10 women joined the Experts Group with one woman electing not to participate post-interview. The Experts Group started in November 2020.

Group formation and inclusive processes

Accessibility and inclusion considerations continued during the formation of the Experts Group, through the first sessions and beyond, demonstrating that the project's commitment to making reasonable adjustments via ongoing conversation.

Once the Project Experts were confirmed, conversations continued around how best to meet their accessibility requirements. For one woman that meant engaging educational support workers she had built relationships with during recent studies. The Project Team worked with the relevant provider to put the paperwork in place. Having that continuity was greatly appreciated by the Expert concerned.

Other accessibility and inclusion steps taken either prior to or during the initial sessions included:

- one-to-one Zoom orientation meetings with a tour of accessibility features
- consulting with Women with Disabilities Victoria and checking with Project Experts on screen-reader matters
- ensuring all documents for the sessions met the group's accessibility requirements on formatting, image descriptions and plain language
- providing all documents for the sessions to the Project Experts two days in advance
- communicating with Project Experts prior to the sessions to ensure they felt comfortable and ready, and also post-sessions for any follow up.

Again, these efforts were noted by the Project Experts, who had the following to say about the accessibility and inclusion set up for the initial sessions.

It was super today. I really had no problems with accessibility and found [the facilitators] very understanding in making sure the sessions are inclusive, the images are explained, and all information is read out to help those who cannot see or read. In the time restrictions, they are outstanding to me for accessibility. (Project Expert)

It was great. Received the slides and handouts before the session. It helps to know a little about what to expect and to think of ideas that may be relevant. (Project Expert)

I was able to understand the meaning of the technical writing. Most of the writing was well spaced and clear to read. I liked the way there are links to websites. (Project Expert)

Most of these practices continued for the duration of the Experts Group such as aiming to ensure documents met accessibility requirements, providing overviews of sessions in advance, and communicating with Project Experts prior to and following sessions. Some of these practices assisted the Project Team in their preparations too. By checking that documents met eligibility requirements, the Project Team could anticipate potentially triggering content or material on violence, ableism or gender inequality, and plan ways to support the women based on what they knew about the Project Experts.

¹¹ Yarra Ranges Council and Knox City Council facilitated the hub in the outer east for some time before it became part of Women with Disabilities Victoria's *Women's Leadership Hub* initiative in 2021. The outer east hub became the fourth in a series of five hubs, with others in Warrnambool, Moira, Barwon and Bendigo. The hubs are an inclusive space for women with disabilities to meet and share real life experiences, challenges and opportunities, to create a sense of community.

Having all documents ready to send to Project Experts in advance was important when it came to the external guests invited to present on specific topics. The Project Team met with partners ahead of time to go over their materials and support them in meeting the accessibility requirements of the group. As put by the Peer Facilitator, ‘accessibility is everyone’s responsibility’.

One final step that facilitated the group’s formation and inclusive processes was setting ground rules and group agreements during the first and second sessions. These included:

- saying one’s name before speaking
- being present in the session with webcam off if preferred
- using plain language explanations of terms in addition to technical definitions
- speaking clearly and slowly and repeating questions and definitions
- being kind in language around lived experience
- creating equal opportunities for everyone to share
- using the ‘chat’ and having words read out if this is an accessible way to participate
- maintaining the confidentiality of the group
- communicating respectfully via listening and validating different viewpoints
- knowing it’s okay if we don’t always make sense, we don’t always have to have answers.

When invited to reflect on the formation of the group and its processes during their mid-point interviews, several Project Experts made very positive comments on how these rules and agreements supported inclusion.

I’d always had a negative attitude towards my disability, the stigma. I guess I’d had it for so long. There’d been a lot of discrimination for me over so many years. Having those rules, that we didn’t always

have to have an answer, it was nice to have those rules. ‘Hey, it’s okay’. It made me a lot more confident in the fact that, yes, what I had to say was important and no one was going to laugh. (Project Expert)

I didn’t feel that the others were insensitive of me trying to learn the meanings of these words. That was a really positive thing. If I was on a committee and asked, ‘What does that mean?’ people would think, ‘You’re dumb, you’re not professional’. But in this group, that was a real support. It was fine to ask what something meant because we all had to learn. That was amazing. (Project Expert)

I’ve always appreciated what one of us said right from the first or second meeting. ‘Anything you want to say is okay, there’s nothing stupid. Even if we disagree, it’s okay, because everyone’s experience is unique’. It was really good to have this verbalised early on. I think that was put in the group agreements. (Project Expert)

In the group, it’s okay to be stumbling my words. It’s okay to take a while to get things out if I need to. Sometimes I struggle with what I’m trying to say. They’re all so patient with me. (Project Expert)

An invitation to reflect and connect

Prioritising safety and being trauma-informed surfaced as the most important principles during the first phase of the Experts Group, which offered a program of skills development. The Project Team took great care in putting practices and processes in place so the Project Experts could experience the group as a safe space for sharing and learning as well as for reflection and connection.

The Project Experts participated in several sessions from November 2020 to January 2021 that took them through concepts such as gender inequality and discrimination; the intersecting drivers of violence against women with disabilities; activities to prevent violence against women with disabilities; violence prevalence, forms and dynamics; supports and services available to women experiencing violence; and advocacy.¹² Sessions weren't necessarily stand-alone in that some concepts featured more than once and understandings were built over time. This applied to the drivers of violence and how to prevent violence, concepts that were presented over a few sessions by different members of the Project Team, Women's Health East and Women with Disabilities Victoria.

We planned it out in terms of covering particular topics: gender equality, gender inequality, violence against women, support services. We had EDVOS and Women with Disabilities Victoria come along. We were trying to cover a certain range of topics and bringing in other people too, while also trying to have continuity in the group so it wasn't too disruptive, so that the Experts felt comfortable in that space in terms of the people who were there every week. (Co-facilitator)

The Experts noted the effort that went into ensuring skills development was a positive experience. When asked in their mid-point interviews about the roll out of the program, they had the following to say.

It's been great. Intersectionality, ableism: these are terms that I wouldn't use in

¹² The skills development phase preceded the release of *Changing the Landscape*; however, the Project Team had access to Women with Disabilities Victoria's *Taking Action* resource (and Women with Disabilities Victoria staff) to guide design of the skills program.

everyday language. But now that I know the definitions, where I can use terms like that ... We also had Women with Disabilities Victoria presenting as well. They gave a lot of information around the statistics and the drivers of violence. It's been a wealth of information. It's not like we're just going back over the same old stuff. There's always something new to look forward to. I think there's a lot of thought and care put into the group. (Project Expert)

I thought it was great, the way it was rolled out; violence against women then how it affects women with disabilities. Getting EDVOS in, that was really good too, to have a chat to them. Because I hadn't learned too much about violence, that's where I thought it was really important, for me anyway, to learn a bit more. It was little 'baby steps', that's what I enjoyed about it. Also being asked each week if there was anything else that we wanted or needed as we went along. If we were falling behind in an area or we felt that we could be helped, that's what I really liked. (Project Expert)

The Project Team ensured the sessions delivered were not didactic educational lessons, but offered women time to share and learn, reflect and connect. The Project Team drew on principles of adult learning, which shows that learning happens when topics can be connected to real life, that learning is facilitated through real world contexts, that learning is experiential. This approach further supported the non-linearity of the program; for instance, spending more time on certain concepts and returning to them later to accommodate the cyclical process of learning.

We introduced frameworks and foundations about concepts such as gender equality, violence against women, and so on, while not making it like a series of lectures and giving space for women to reflect and discuss. We applied principles of adult learning that we learn through reflecting on our own experiences and discussing with others. (Co-facilitator)

The skills development program invited women to reflect on their own lives in the context of the material being presented, to engage with the material through lived experience. Given the high prevalence of violence against women with disabilities, and the general negative consequences of a sexist and ableist world for women with disabilities, it was critical that the program be trauma-informed and operate from the position that Project Experts were likely to have had harmful experiences from systemic gender and disability discrimination; and that the harmful experiences were likely to have included violence. Great care was taken to maintain women's safety in the sharing and learning process, knowing that the material being explored would likely bring up past or present challenges, and associated trauma.

Practical in-group measures included:

- acknowledging lived experience as women with disabilities at the start of each session
- providing trigger warnings regarding materials or content with contact details for supports and services at the start of sessions and in follow up communications
- reminding the Project Experts that the group was a safe non-judgemental space
- discussing ways of disclosing safely within the group
- discussing self-care measures when confronted by challenges
- informing women of supports and services available

- check-ins and feedback opportunities at the end of sessions
- check-ins with Project Experts after sessions that contained potentially triggering content.

The Project Experts found these measures extremely helpful and important to have in place. However, some did say that they did not remove the existence of trauma or alter the way trauma works, nor did they expect the measures to do so. The sessions covered challenging, emotionally confronting material.

It's a very non-judgemental space, there's that kind of acceptance and an openness. If you can't be yourself when talking about lived experience, then that's very restricting about what you can share. It's very hard to talk about personal things if you can't be yourself. If the environment feels unsafe, it makes it very hard to discuss lived experience openly. If it's unsafe, then you feel distressed about what you've already shared. So, having that safety with the way the group is run and the people in it is very important. (Project Expert)

Yes, very helpful around what we needed. That was a good bit too. I knew I could always contact [the Project Coordinator] if need be, she always gave you an answer fairly much straight away. She was always there. She had phone numbers, she always gave us the phone numbers afterwards if we needed them, that's what I thought was really helpful too. Looking after our safety, making us all feel a little more confident and a little more safe in the understanding that we could talk to her if need be, we had the phone numbers if need be. It was all a nice package. (Project Expert)

I remember I had a particularly bad session. Something triggered me. It was about safe housing ... I said, 'I'm fine'. But [the Peer

Facilitator] said, 'I'm going to give you a call'. I thought how wonderful. I felt very safe after that. Everything I've done has been totally on my own. I have not had emotional support for a long time and it was like she caught me. It was just the best feeling I've had in a very long time. (Project Expert)

It's a very serious topic. I've found that it has been quite draining of me, energy wise. It can bring back past memories and trauma. I know there's been a lot of care around the group and support around the group but that doesn't take away re-living some of the issues. So that's been hard, a hard process for me. (Project Expert)

Processes were established within Women's Health East and between Women's Health East and EDVOS to facilitate pathways for 'soft' referrals, if an Expert chose to disclose historical or current violence to the Project Team in a non-group context and seek support. Via this pathway, Experts seeking services from EDVOS could identify themselves as M2M participants at intake and be recognised by staff as such.

Structural awareness and transformed consciousness

The Experts Group held Project Experts in a safe space to learn about concepts not typically discussed in everyday life. The group supported sharing and reflection in relation to the concepts, especially their connection to lived experience. Each Expert contributed as much or as little as she chose in this regard.

The group was fully accepting of my lived experience. They thought this was an amazing thing that I've done. If I spoke

to another group about this, or to a psychiatrist, they would just write it down or file it away. But because I'm sharing and the group's accepting and learning from it, this is the most amazing thing that I've done! It's a positive thing. (Project Expert)

Some of the most important concepts covered in the group were gender inequality and disability inequality, and how these connect to the experiences of women with disabilities, including experiences of violence. The reflecting and sharing process gave women time to make the links between these concepts; time to place lived experience within a wider structural view of discriminatory and oppressive systems; time to unpack how these forces have shaped their lives in similar, but not identical, ways; and time to share when it felt right to do so. The women reported gaining a sense of belonging and solidarity with each other in the face of such forces operating in their lives.

I didn't know a lot about the terms and definitions that we were talking about, all that was quite new to me. In saying that, I also found it very interesting to learn all about that, to be able to put words into my own experience as well. I just felt that I wasn't alone with my own experience, because you can feel isolated. But being in a group where we've all experienced the same thing in various ways, and being able to talk about it, it gives you a sense of community I guess, of not being alone. (Project Expert)

It was definitely a different way of looking at things, the skills development sessions. It was more relevant to my real life experiences. The intersection between sexism and ableism was better addressed. I think having a group with peers, the

sharing of their experiences, made it a lot easier to relate it back to my real life experiences too. (Project Expert)

I found out that I had some of the drivers of violence happen to me and I was totally unaware that that had occurred and was still occurring. That was where I was really glad we had the phone numbers. But I also felt that I could say something fairly much straight away and that was unusual. Normally you want to hide those sorts of things. I felt that it was safe enough to say, 'Well listen there is something that has happened, and has been happening'. I was just really pleased. I felt like I was meant to be in the group. I always believe there's a higher power putting you in places. I thought, well this is obviously where I'm meant to be at the moment. (Project Expert)

For us who have been stomped down so much, it's such a liberating ... it's almost shocking that I could feel like this. From having it stifled for so long and finally being able to say what you think, how it's affected you personally, it has been a tremendous thing for me. It's given me a huge jump in growth. As I talk about stuff, I'm processing as well instead of keeping things trapped. (Project Expert)

For most of the women, if not all, this was the first time they had connected systems of sexism and ableism and their own lived experience, let alone shared this with a group. Having that wider view to locate lived experience did not mean their individual experience no longer mattered; it meant that their experience wasn't the only thing to focus on, that they could choose to focus on this or not.

Attention could now be directed towards something broader that connected them as a group, so they weren't endlessly 'stuck in their own stories'¹³, re-traumatising themselves in potentially unsafe ways. Women could speak purposefully to lived experience from a place of collective wisdom – a shared transformed consciousness of being in a sexist and ableist world.

I think it can be very difficult and painful for those with lived experience to reflect on their past. Sometimes it involves seeing something in their lives as discrimination or abuse for the first time; the idea that violence isn't just physical hitting and that it can also be controlling behaviours.

These are so much a part of everyday experiences that they become normal or usual. Women see this largely as their issue to deal with, rather than as a systemic issue that is impacting on them and other women. That process of coming together with other women who have different sorts of disabilities and hearing that their experiences are very similar or are relatable – that's part of that reframing of lived experience as not an individual issue but something that is the result of gender inequality and disability discrimination impacting on the lives of women with disabilities. (Project Coordinator)

It's all been mind-blowing for me; it's like I've found my people. I love it. It's hard sometimes; it's triggering. But I love it, a lot. My eyes are opened more, I'm thinking more, I'm putting the drivers into my own thoughts about my relationships,

¹³ The expression, 'stuck in their own stories,' is borrowed from the evaluation of the Gender and Disability Workforce Development Program (Kwok, 2021). The evaluation found that the Experts by Experience Group worked to place their lived experience into a wider structural view of discriminatory systems and took the focus away from individual experience as the only consideration.

I'm joining all these dots! I knew stuff before but there's so much more I didn't know, and I'm like, no wonder! I definitely feel more strong with the knowledge of what happened to me. (Project Expert)

The biggest learning moment has been understanding the impact of intersectionality and objectification on my own life. I've struggled a lot with feeling like there's something wrong with me, that's why there's been all those negative interactions with people. Understanding where all that's coming from, that they've got their own issues with ableism and sexism, it doesn't mean there's anything wrong with me as a person. Trying to bridge that gap has been a big thing the last few months. (Project Expert)

We had a guest speaker in the group who talked about advocacy. She was really good at saying that when she's invited to speak to an organisation she doesn't just accept, 'Come and tell your story'. That was a really good thing to hear at that stage for us all. I think that principle that the Experts could choose to talk about what they wanted to, what they felt comfortable talking about, was really important. (Co-facilitator)

It's not just about safety within a family violence situation. It's about safety in disclosing what we feel comfortable to disclose, within the group and also externally, when we're talking to others. It's a very important step to learn, how to stay safe and to keep going, because it can be exhausting. (Project Expert)

As these quotes demonstrate, for some women the reframing was a mindset shift, while for others, it gave them a more sustainable existence. For all Project Experts, the reframing was something they could take forward as a group. In their insightful paper on consciousness raising in the history of the feminist movement, Rhiannon Firth and Andrew Robinson describe the process through which everyday social actors (i.e. women) become legitimate producers of situated grassroots knowledge about the social world and potent agents of change (Firth and Robinson, 2016). The authors break this process down into various aspects. Viewed alongside what happened in the Experts Group, these aspects suggest that M2M might have a place in the broader feminist movement.

The first aspect is the structuring role of the 'hypothesis.' In M2M's case, that was *Change the Story* and *Changing the Landscape* (or more accurately *Taking Action*)¹⁴ and articulating the intersecting systems that drive violence and the collective action needed to stop violence. The second aspect is constructing a safe space – in this case, the Experts Group. Third, is the emotional weaving of narratives into a 'kernel' story that references the hypothesis without diminishing the specificities of individual lived experience.

This aligns with the structural awareness and transformed consciousness of the Project Experts as they shared, reflected, connected and learned from one another, and shaped what can be termed their collective wisdom.¹⁵ Fourth, is the final transformational moment when something just 'clicks' as a group, when members experience the 'eye-popping realisation' of their feminist agency in social change.

This fourth aspect is aligned with the Project Experts' transition from the skills development phase to the 'moving into action' phase of co-design. The co-design phase is presented in the next section; in the meantime, here is how

¹⁴ For more on the *Taking Action* resource, see footnote 12.

¹⁵ The terms 'structural awareness' and 'transformed consciousness' are from Firth and Robinson (2016) and borrowed as the sub-heading for this section of this report. The term 'collective wisdom' is not used by Firth and Robinson but is the interpretation given to their argument when applied to the dynamics of the Experts Group.

two Experts expressed the anticipation of being able to draw on their newly formed agency to change the landscape for women with disabilities through the group and potentially beyond it.

I'm getting a voice. Not a 'poor me' voice, but 'let's do something to change this!' We've been given the education, the tools to use, why not try and use those in some capacity? I just feel that I have a whole lot more to give now, a whole lot more confidence. There's going to be actions. It's not sitting here going, 'Well, I'm just one person, what can I do?' What are we going to do about it? Are we going to change the landscape? We're going to have actions! (Project Expert)

I can actually see actions starting. Talking is good but you can't only talk. We need the fruit. I didn't know how I could make a difference. Now I'm starting to think how I can actually make a difference, starting to think what after this? I don't want this to end. I'm keen to continue along this line. With the new knowledge that I've got, I feel even more passionate. I can't wait to see all the stuff that I'm about to learn. It's exciting. All I know is, my life is going to get better. (Project Expert)

It was the view of evaluation participants that despite the project being for a time-limited period, M2M committed the necessary time to do intersectional prevention practice well. M2M showed that when it comes to preventing violence against women with disabilities by centring lived experience, time is a critical enabler of highly-principled work. Time is a non-negotiable for sound intersectional prevention practice.

Moving into the co-design phase

The co-design phase commenced in mid-April 2021 and continued to June 2022. As for the skills development phase, it was important to the Project Coordinator that the women felt participating was the right thing for them given where they were in their lives. She encouraged women to make the best decisions for themselves, to take time out if they needed and contribute when they could, as part of self-care. Of the ten women who joined the Experts Group at the start, nine continued through to the co-design phase. By the end of 2021, seven women formed the group's core. These women remained Project Experts until June 2022, with a several stepping away from the group at different times. However, women felt comfortable to re-join when it worked for them. This was in keeping with the measures put in place at the start that established the group as a safe and non-judgemental space.

I didn't know how well I'd be able to slot back in but I did. [The Project Coordinator] has been just wonderful in her support and keeping in touch. So were the girls. I was so supported to come back in; they welcomed me with open arms. That was really appreciated. It was really heartfelt and I loved coming back in. It was so seamless. It's always been a great environment to be accepted as you are. You're accepted and appreciated for what you can give at that time. (Project Expert)

There were several reasons for the departures, such as shifting priorities due to health, employment, caring responsibilities or other personal matters. Women lead rich multi-layered lives and give generously in connecting with such programs. As such, flexibility is important around participant

involvement, timeframes, and the way success is defined (Kushner, 2002).

There was also a shift in the Project Team heading into the co-design phase. The Peer Facilitator was a short-term contract role and left the project in early 2021. That said, in addition to being a Project Advisory Group member, Women with Disabilities Victoria had a Memorandum of Understanding in place with Women's Health East as M2M's implementing partner. From July 2021, that partnership took the form of a staff member from Women with Disabilities Victoria working alongside the Project Coordinator as a team of two. This meant the co-facilitation model continued, with one facilitator identifying as a woman with disability. As a model, this co-facilitation demonstrated a positive and respectful professional relationship between workers from two feminist organisations with shared specialisations in gender and disability. The model was also valuable to M2M in that it gave the Project Team access to Women with Disabilities Victoria's expertise in real time. For instance, the Women with Disabilities Victoria staff member could offer insights on lived experience to the group, whether her own or those of her colleagues, in ways that the Project Coordinator could not.

Prioritising safety and being trauma-informed continued as underpinning principles during the co-design phase. Inclusion and access considerations were by now well ingrained and an ongoing part of how the group's activities were run. Lived experience remained at the centre, although with the benefit of a sustainable 'kernel' story – that wider framing and shared structural view of living in a sexist and ableist world – and that collective wisdom from women's reflections and connections, which could be illustrated by personal accounts if the Project Experts chose to do so.

During the co-design phase, the principle that came to the fore was community ownership – defined in *Changing the Landscape* as when primary prevention activities originate in and are guided by women with lived experience (Our Watch and Women with Disabilities Victoria, 2022b). For this to happen, the expertise and input of women with lived experience must be trusted and valued; the process of co-design seeks to do just that. According to *Changing the Landscape*, co-design

involves authentic partnerships and power sharing that place the knowledge and abilities of women with disabilities at the heart. Co-design is thereby a principle as well as a process (Our Watch and Women with Disabilities Victoria, 2022b: 66).

M2M's second year showed that community ownership and co-design are supported by several other principles, among them drawing on women's strengths; stepping back and letting women lead; placing decision making in the hands of the women; and ensuring sufficient time for the work to unfold properly. These features are described in the following sections as further demonstration of how M2M exemplified highly principled intersectional prevention practice.

Authentic co-design for TFER resources

About the regional 16 Days campaign

Women's Health East leads the TFER partnership in the region's marketing activities for the international 16 Days of Activism against Gender-based Violence Campaign. This is an annual campaign starting on 25 November, International Day for the Elimination of Violence against Women, and ending on 10 December, Human Rights Day. The region's campaign is predominantly through social media with supporting strategies such as website banners and email signatures. In the lead up to each campaign, Women's Health East consults with TFER partners to shape the direction and themes, and to build interest in and momentum for the annual campaign.

Women's Health East convenes a 16 Days campaign working group each year to consider the consultation findings and state-wide campaign developments. The working group then develops materials comprising social media tiles (usually one for each of the 16 days) and a toolkit with accompanying text for Facebook, LinkedIn, Instagram and Twitter posts and image descriptions for accessibility.

As this approach has been followed for some years, TFER partners are familiar with having a consistent social media approach to the 16 Days campaign.

They understand the value of the campaign being coordinated and led by Women's Health East. They look forward to using the social media tiles with simple, effective and evidence-based messages as their contribution to the campaign.

In 2021, Women's Health East held the TFER consultation on the regional campaign in August. Three M2M Project Experts and the Project Coordinator attended. They shared plans to focus the campaign on preventing violence against women with disabilities and centring lived experience. TFER partners welcomed and endorsed these plans, offering pointers on their organisations' preferences for using the tiles during the campaign.

Something in the group just clicked

Following the TFER consultation, the Project Experts turned their attention to developing messages for the social media tiles. Given the intersecting systems of gender and disability inequalities as the social context of violence against women with disabilities, they focused on completing the statement, 'As a woman with lived experience, inequality is ...' They then 'flipped' this statement to explore the statement, 'As a woman with lived experience, equality is ...' This thinking was pursued over several sessions.

We had the women working in small groups and talking about what inequality was. It was much easier for women to talk about inequality because that's much more their experience. But then we flipped inequality to equality. What would that feel like? (Co-facilitator)

By this time, the Experts had participated in some skills development on communications. This topic had been identified by the women as an area they would like to learn more about.

We asked the group what they were interested in learning about or if they had ideas about particular people they'd like to hear from. We got feedback that way. But I think the most important way was through having individual discussions, seeing how the group sessions unfolded, what questions women asked or what areas they engaged with. Then having opportunities to get feedback from the women. (Co-facilitator)

The Project Coordinator engaged a communications consultant for the communications training. This person was a trusted provider of Women's Health East, who had used her services for another project involving family violence and lived experience. The consultant worked with the Experts over four sessions between June and September.

Though the 'official' skills development phase had concluded earlier in the year, there wasn't such a rigid line marking that phase and the next. It could be said that what came after the first phase was 'learning by doing' and a form of upskilling. This included the Experts' work co-designing videos as an additional TFER resource (communications upskilling); their interactions with TFER through regional events and themed Community of Practice sessions (upskilling in public speaking); and their work with specific partners to address the intersection of ableism and sexism and take action on the drivers of violence (consultation upskilling). These activities are discussed further below.

The consultant did some practical work with the women, introducing the concept of short, sharp calls to action and getting the women thinking about statements pitched at the comprehension level of a ten-year old. She selected advertisements and analysed them with the women, breaking them down to their central messages and asking the women how effective they found them. Project Experts practiced working up messages in the safety of the group.

I'm loving the communications sessions. I think they're great. It's sort of 'hands on' learning a bit more. Some of the presentations from EDVOS and Women with Disabilities Victoria were more of an information session – whereas the communications sessions, I think they are a bit more interactive. I learn better that way, but not everyone does. (Project Expert)

That was really great in terms of building the women's reference points so we could talk about, 'What's the call to action?' Putting together a simple message. Also, it was really helpful as a foundation for when we got to the illustrations for the 16 Days campaign, having thought about the subliminal parts of how images and messages fit together, or don't. It was a really good enabler for the process. (Co-facilitator)

Working on the 16 Days campaign gave the Project Experts a focus. Individual strengths shone through and things seemed to fall into place as a group. Some women started taking more initiative, spending time looking for images and messages outside sessions and sending these to the Project Coordinator to share ahead of upcoming sessions. One Expert found a sketch of a group of women sitting at a table who were very involved in discussions; this later became the basis for thinking about an illustration for one of the social media tiles. Another spent time outside of sessions going over drafted messages and the group's notes around these, coming up with refinements and ideas for the illustrations. A relatively quiet Project Expert became more active during this time.

Firth and Robinson (2016) describe the moment when something clicks in the group as the realisation that structural awareness and transformed consciousness, achieved in dialogue and connection with others around lived experience, can be channelled expressively

into a process of interacting creatively with the world in order to change it. This sounds like what happened in the Experts Group as they worked on the messages, and later with the illustrators to develop the images, for the 16 Days campaign.

The workshops that we did were incredible, they really helped us grow. [The consultant] showed us what to add, what not to add, how to condense things, how to have a statement followed by an action. Without that, our messages would have been a whole heap of things flying around. We had so many. We had to pin them down and agree on a group of messages we all thought were the most important to make the tiles. We really started to get busy after the workshops! (Project Expert)

To do something and feel like we're making some change, getting our voices heard, that's fantastic. We were starting to come together as a group after the training. We didn't always agree with each other's ideas, but we all felt okay to speak up and put our thoughts in anyway. (Project Expert)

Compared to other experiences of co-design, this experience was collaborative. We bounced ideas off each other. We all felt comfortable to contribute. At first I'd just sit back, and now you can't shut me up! (Project Expert)

Respectful co-facilitation and time as critical enablers

In their final form, the social media tiles contained short, sharp outcome statements around the theme of 'Equality is ...' They each communicate what equality would be like in a world where sexism and ableism no longer exist. The tile messages

function as calls to action too, as they will never be realised unless sexism and ableism, gender inequality and disability inequality, are collectively transformed. Each tile has a matching illustration to support the intent of the messaging.

The final package has a tile for each day of the 16 Days campaign. The journey to reach this final form was far from linear, as should be expected when centring lived experience and ensuring community ownership. The co-facilitators were fully aware that for co-design to be authentic they needed to ‘step back so others can lead’¹⁶, because women with lived experience are the experts in this context and their expertise must be fully trusted and valued as part of the process. The co-facilitators were mindful of power imbalances that might creep in on their part and jeopardise the prevention principles of centring lived experience, community ownership and co-design. They consciously sought to maintain these principles as they worked alongside the women.

In terms of practice, it wasn't rolling out sessions in a mechanical way. Each week involved a process of reflecting on what came out of the previous session and what might be the focus for the next. At the time, I kept sending out emails before each session with an outline of the session, saying, 'If you have time you might like to think about ...' Sometimes I included notes of what was discussed in terms of messages at the last session. We would start building over time to refine or further develop them. It was really a cyclical process, it wasn't a linear process. It was going back and revisiting. (Co-facilitator)

It's important to be thoughtful about your role and keep yourself in check. You can suggest but don't take over. (Co-facilitator)

I just wrote to [the Project Coordinator] the other day and said thank you so much. She complements the group without being overbearing. As a facilitator, she joins in with the group, there's no power struggle or power play from her. I'm lost for words with how good she is. (Project Expert)

Sometimes, the line between stepping back and leading was hard not to cross. Having the co-facilitators as a team of two helped with checks and balances, as did the Project Experts, who often remembered what was discussed when the work resumed, ‘Oh, that’s not quite what I said’.

The Project Experts knew that authentic co-design was ‘to-ing and fro-ing’ and that grappling with the heart of the matter (the messages, the calls to action) required time. Even though it was a lengthy and cyclical process, the Experts Group accepted its value. Some had experienced rushed or ‘rubbish’ versions of co-design and found M2M’s process experientially different (see following quotes and Box 1).

I've really felt listened to in this group. With other experiences of groups, things have been brought to us just the one time, and it's been called co-design. But that's not co-design. Co-design is going back and forth. A one-off consultation is just rubbish. (Project Expert)

How to translate lived experience into something that's going to be understandable and helpful for an audience was quite tricky. I think it was very helpful, having all that time. I think we came up

¹⁶ The expression ‘step back so others can lead’ is from the evaluation of Women with Disabilities Victoria’s Gender and Disability Workforce Development Program (Kwok, 2021). The idea of stepping back so others can lead is aligned with the stated principles of being respectful and authentic in co-design, consultation and engagements with women with disabilities and offering genuine opportunities for their contributions and decision making.

with fantastic messages for the 16 Days campaign. You start off with lived experience, you're talking about very sensitive things. You need to talk about all of that before you can think about a more public message. There was a lot of discussion in the lead to the 16 Days campaign. I think because it was such a safe space, we managed to get higher-quality messages coming out of it. (Project Expert)

When I was sharing my lived experience, I needed help to explain it. I was getting confused with what I wanted to say. It wasn't a lack of confidence; with my intellectual disability, I get words muddled up. I'm really grateful that [the co-facilitators] were guiding me. They were guiding the others too, because it wasn't straightforward to get the sentences and sharing our lived experiences correct. We had to be guided by them to get the sentences in the correct order. It has to cut right through, but in a way that the person who listens to or reads the information will feel that it's relevant to them. (Project Expert)

Through to-ing and fro-ing, the Project Experts got their messages to a well-developed stage, but then realised there were more than required for 16 tiles. The Experts Group continued prioritising and consolidating but wanted to make sure nothing was missing. They agreed for their list of messages to be taken to Women's Health East 16 Days working group for their input, thereby subverting the typical order (mis-construal) of the co-design process. Often the term 'co-design' is used when something that is almost fully formed by the mainstream is brought to the community of interest for a one-off consultation. Through M2M's process of co-design and community-led creation, the 'mainstream' staff working group was brought into the process to

short list from a pool of messages already crafted by the Experts Group (the community of interest); the short list then returned to the Experts for their decision on the final set of 16 messages.

The last part of the co-design involved illustrations to match the messages. The Project Coordinator sourced a reputable organisation that included women with disabilities among the design team, to assist with this part of the work, maintaining the principle of community ownership. Having the Project Experts lead this part of the work also gave the illustrations great depth and integrity in relation to the messages they were supporting. Some examples are included here (Figure 10).

It was really quite time consuming. We wanted the illustrations to match the messages and we wanted to represent disability not in the stereotypical way. So there were several, maybe eight, working proofs or more! The illustrators went above and beyond. I tried to arrange it so we would review the working proofs in our sessions and everyone had a chance to discuss them together. Then I would send written feedback to the illustrators. Then we'd get the next iteration, or we'd finalise some. (Co-facilitator)

It's not really something I've been part of in a group before. But I actually thought it was a good process. We voiced our own opinions, other people would say 'I don't agree with that,' especially in relation to the creative designs, coming up with some of the images ... Everyone had slightly different opinions and we did reach consensus. I did find those meetings quite messy, but in a way very productive. (Project Expert)



Figure 10. Examples of social media tiles co-designed for the regional 16 Days campaign in 2021

These women are really going somewhere

The co-design phase resulted in an additional project output: a set of videos featuring the Project Experts. Early in the group's co-design phase, the Experts explored the concept of videos as an awareness raising tool and call to action on the intersecting drivers of violence, with the audience being TFER partners and the wider community. The initial communications sessions in June 2021 were in fact intended to prepare the Experts for their starring roles.

The Project Coordinator had secured the services of a documentary maker with experience in film making on social justice and disability rights. The documentary maker first met the Experts around this time so she could get to know the women and vice versa, with in-person catch ups with the Project Coordinator outside of the group too. Other preparations included finalising a form so that Project Experts could give their informed consent to have video footage and audio recordings taken of them for the purposes of influencing the work of TFER. Importantly, the process allowed for the first cut of the videos to be shared with the Experts so they could provide feedback and request anything against their wishes be removed for the final version.

With preparations in place, the first of two consecutive days of filming occurred on 5 August 2021. A sudden public health directive,

Melbourne's sixth lockdown in response to another wave of COVID-19 infections, put the second day of filming on hold. Uncertain of how long the lockdown would last, the Project Experts focused on co-designing the messages for the 16 Days campaign social media tiles.

By the time the rescheduled filming took place, months later in late March 2022, the Project Experts had completed two further sessions on communications and created the tiles. They had also gained invaluable experience speaking in public at two high-profile regional events that showcased the project and the co-designed tiles.

As a result, preparations for the rescheduled filming took a slightly different turn. The Project Experts were invited to consider the material they had prepared for their speaking roles at the two regional events, where each speaker chose how much or little lived experience to share in her unique take on the tiles. The group explored whether there were aspects of lived experience that were yet to be raised in relation to the tiles, and whether these could be a foundation for the videos. The Experts were once again the decision-makers in terms of which messages and illustrations they would speak to and how they would speak to them. This made for another positive co-design experience.

After working on the 16 Days campaign, we finally had the opportunity to start preparing for the videos again. The time we spent working on our 16 Days

messages really helped us to work out what messages we wanted to share in the videos. Focusing on the 16 Days messages in the videos helped increase the quality of the messages that I wanted to share. Although it was difficult having to postpone making the videos, this time was put to good use and I feel my communication in the videos was much better because of the time taken to work on the 16 Days messages beforehand. (Project Expert)¹⁷

The principle I've tried to follow all along is that the Experts should be able to decide what they want to share of their own lived experience. It wasn't like we were scripting a video and people had their parts that someone else had prepared for them. (Co-facilitator)

The principle of safety was followed throughout preparations. For instance, the documentary maker attended a session in the lead up to filming and explained her role, which was to ask questions and make sure the Experts felt comfortable in front of the camera. Each Expert had been thinking about the messages they wanted to cover; it was up to them to give the documentary maker a sense of that. The Project Coordinator observed, 'it was really important for the women to feel it was going to be a supportive environment'. Preparations also included a session where Experts practised what they wanted to say, with follow up by the Project Coordinator. The nature and extent of the follow up depended on the preferences and needs of the women. Some women were confident in preparing on their own and preferred this; some appreciated support over several conversations; some provided written drafts requesting feedback.

Five Project Experts took part in the filming process, and the day of filming was the first time they met each other in person. They were

treated to a make-up artist so they felt pampered and a little more relaxed. A picnic lunch had been arranged; and the all-women film crew took footage of the Experts sitting together and walking in a tranquil garden setting. The Project Coordinator observed, 'it was so lovely for everyone to sit down and have lunch together as Experts. Everyone was excited to be together'.

Throughout the filming process, each Expert took their turn to speak in front of the camera, while the others watched on and encouraged.

We went to Federation Estate. The first thing we did was walk around. Then each woman did their interview inside. They put on a lunch and we sat under a tree. It was a really long day, the whole process with the filming was really good. They had an all-female crew, which made everybody really comfortable. They were marvellous, it was like adding to the team almost. And watching everybody take their turn with the filming, we were encouraging each other. I don't think we would have got through it without each other. (Project Expert)

It was so good to meet in person that day. It really matched up with one of the tiles. The little creatures sitting there having a cuppa and a chat [Figure 11], that was what was happening! We were free to do that. Nothing was stopping us from meeting. It was good. (Project Expert)

That said, some of the women found the filming process anxiety provoking. However, personal anxieties were overcome through the solidarity and belonging the women felt with one another, built up since the early days of the group. Once the filming was done, the Experts were proud of their achievements.

¹⁷ This quote is from the notes that supported a Project Experts panel during the Community of Practice session in May 2022, discussed further below. The notes were supplied as one of several project documents supplied during the evaluation's data collection phase.



Figure 11. Tile for Day 1 (25 November), International Day for the Elimination of Violence against Women

There was a sense that they were all in this together and they didn't want to let the other Experts down. One Expert said, 'I would not have come to the filming if we didn't have the friendship. The thought of not letting everyone else down got me here. Plus my support worker brought me'. There was that collective sense that the other Experts were going to manage the anxiety and apprehension of being involved. (Project Coordinator)

What have I learned through the filming? It is scary but it's also very powerful. It packs a powerful punch. That's been a real learning and understanding of how filming goes. Put all together, I'm so honoured that you'll get to see it, and once you do, you'll understand what we're talking about. It's amazing what we had to say and what got picked out and how important it is. We could have talked forever, and that would have been even more inspiring. (Project Expert)

We got to watch the final cut of the video yesterday. I remembered how scared I was to do the filming. That was scary. If it had been something that I was just going to do, I probably would have chickened out. Knowing we were all feeling the same, we were all supporting each other, it was the first time we'd met in person, and it was like, yeah! (Project Expert)

I couldn't remember how much I said and I didn't think it was going to mean much, but put it all together, it's just, you think these women are really going somewhere! It's wonderful what we've done. I'm sure it'll be helpful to the community. I'm very proud of what we've achieved as a group. We've done wonders. (Project Expert)

This part of the co-design phase resulted in a set of six high-quality videos, comprising:

- One 20-minute compilation video featuring five Project Experts speaking to the 16 Days campaign tiles and drawing on lived experience.
- Five shorter videos (4-10 minutes) featuring five Experts speaking individually, with each video containing additional footage that complements the compilation video.

At the time of preparing this report, Women's Health East intended to promote and share these resources with TFER and the wider community in the project's extension.¹⁸

Elevation and amplification of women's voices

The compilation video shows how the social media tiles are brought to life when the Project Experts speak to the messages and illustrations.

18 All six videos have since been released and can be viewed at TFER's M2M landing page: whe.org.au/tfer/margins-to-the-mainstream

The video's impact lies in the way it layers refined understandings of the social world and the lived realities of women with disabilities in that world, and in how it communicates their collective wisdom as a group. One Expert reflected, 'Just seeing the other women together and what they had to say makes me think we complement each other. They're valuable and I'm valuable. We're valuable together'.

The format for the compilation video was based on one already tested by the Project Experts in their roles as guest speakers at two regional events: Women's Health East's AGM and 30-year anniversary celebration on 10 November 2021; and the *TFER Strategy 2021–2025* launch on 29 November 2021. Women's Health East's AGM was utilised as an occasion to launch the 16 Days campaign for the year and showcase the Experts and their social media tiles.

Given that TFER partners were the intended users of project resources like the social media tiles, it had always been intended that the co-design phase of M2M would go hand-in-hand with connections between Project Experts and TFER partners via training or other learning opportunities. The two regional events were identified as another way to connect the Experts and TFER, and the women's involvement in the events was proposed to them in an exploratory way. Through this discussion emerged the format of each Expert focusing on a selection of tiles before going into more detail about a specific tile or two and what the messages or illustrations meant to her as a woman with lived experience.

Project Experts were supported by the co-facilitators and each other to choose what would work best for them. There was no ownership of any particular tile by individual Experts, and power was shared within the group so women could play to their strengths. The Project Coordinator provided additional support to women as needed, again paying attention to each Expert's preferred ways to prepare.

The events themselves were high-profile occasions that attracted over 75 participants to each, many of whom were TFER partners. For instance, staff from at least 20 out of 33 TFER partners attended the launch of *TFER Strategy 2021–2025*. Significantly, the keynote speaker for the Women's Health East AGM was the (then) Minister for the Prevention of

Family Violence and Minister for Women, the Hon. Gabrielle Williams. She acknowledged the past 30 years of work by feminist organisations like Women's Health East, and how this work meant state-wide prevention policy did not need to 'start from scratch.' The keynote speaker for the launch of *TFER Strategy 2021–2025* was Patty Kinnersly from Our Watch, who presented the recently released second edition of *Change the Story*. This event included a panel of speakers reflecting on opportunities and challenges for prevention, among them Nadia Mattiazzo from Women with Disabilities Victoria.

In lining up the keynotes, panellists and Project Experts as speakers, these regional events featured the voices of the Experts as equals alongside those of distinguished decision makers and leaders in prevention in Victoria and nationally. The events were a real-time demonstration of one of the project's objectives, 'Elevate the voices of women with disabilities and promote their leadership and status in society'. The events elevated women's voices and also amplified them by having five to six women with disabilities as speakers rather than only one woman, the more common 'tick-a-box' approach to representation.

At the events, the principle and process of co-design shone through in the messages and illustrations of each tile and the way Experts drew out their meanings, with one Expert speaking to the co-design experience and what it meant to her (Box 1). TFER partners attending Women's Health East's AGM commented on the authenticity of the co-design process, the power of the messages, the clarity of the calls to action, and the overall impressions of the tiles. Box 2 contains a sample of comments captured on the day.

I've greatly enjoyed being able to co-design the 16 Days campaign. We started with brainstorming what equality and inequality mean to us. I found this very difficult as my most important experiences of inequality are also the most painful. It was difficult working out what to share and how to express it in a way that would educate others effectively. The work I undertook with the other Experts was really helpful in helping me to find ways to express my ideas safely and effectively.

Having the opportunity to brainstorm as a group and hear the ideas of the other Experts was a really critical part of being able to work out how to communicate my own experiences. There was a great deal of overlap between the issues that we felt were most important for equality. This created a shared experience and helped me to connect with other Experts. I feel very fortunate to have been a part of this Project and I'm very grateful for all the support given to me by [the Project Coordinator] and the other Experts.

Authentic co-design shines through

I am loving these messages and images! So authentic, thank you so much.

Looks like real co-design, which is rare and brings the genuine high-quality outcome.

Powerful messages especially when Experts speak to them

These messages are powerful and more so, when read aloud.

Thank you, Experts, for reading out these powerful messages. It's so great to hear them in your voices!

Congratulations to all of the Project Experts! Such an important and powerful campaign, and so wonderful to hear you all speak about what the messages mean to you.

Clear, simple calls to action that people can understand and respond to

Direct and impactful messages that we can all put into action.

You describe inclusivity in language we can all understand – dancing at the party, terrific.

'Equality is asking me to dance, not just inviting me to the party.' Such a powerful and clear message.

Overall impressions of the tiles and gratitude towards the Experts

Wonderful, powerful work and presentation by all the Experts.

Great range of powerful messages, congrats to all involved! Also love the images. Will the resources be shared post this meeting? I would love to send to our Communications Team.

These are powerful messages that I look forward to sharing far and wide. You have given us so much to reflect on, and to act on. The messages resonate so strongly, and the calls to action are clear. Thank you all for sharing your experiences and to the Experts who are not here today but have contributed to these tiles. This has been a deeply emotional and immeasurably important presentation.

As for the Project Experts, being part of the regional events in such a significantly centred way was meaningful to them as women with lived experience and in the sense of their professional identities. For most, speaking to lived experience in such a public way was an entirely new experience. While some had previous public speaking experience, the focus on violence and prevention was a new context for them too. They, and others, reflected positively on the events when interviewed for the evaluation.

Just being able to talk about the project in the community afterwards and explain the tiles, this is what this tile means to me, this has been my experience. I think it's really powerful for us as individuals to have part of our journey listened to in a positive way. Because they're very positive messages, aren't they? (Project Expert)

You put all this energy into creating this design and getting the words right, discussing it with the Experts Group. Then when somebody feels like it's relevant to them and they want to carry it into their own work, you feel ... Your energy is feeling really comfortable, more confident, that something is working. Real high positive energy is going on there, which has never happened before. It's a very nice experience to be seen as an Expert, who is sharing the right things with people, that are relevant to people. From my lived experience, I can turn it into a positive to help other people. It's a very nice feeling. (Project Expert)

The social media tiles are powerful, but what I found even more powerful was when the Experts talked about the messages and illustrations. At the Women's Health East AGM and TFER Strategy launch when the Experts were talking, the number of people using the 'chat' and saying how powerful that was, it was really incredible. (Project Advisory Group member)

The Project Experts presented on M2M and their co-designed tiles to TFER partners including healthAbility, Manningham City Council and Whitehorse City Council. Records show an estimated reach of around 200 participants across these three meetings, two of which were recorded to allow later viewing by staff. The meetings were valued highly by attendees. For instance, one person said, 'Great webinar, learned a lot about the experiences of women with a disability and their experience with family violence, discrimination and the barriers they face'. These engagements further contributed to the Experts' growing confidence in their professional identities, with some welcome benefits derived from the online environment under COVID-19 public health restrictions.

I wasn't used to presenting but now I've presented to 100 people here, 80 people there ... As you know I can't read properly but I'm able to read off the screen. If I was presenting face-to-face I wouldn't have my computer as backup. I can run my word processor in the background and read stuff off that. Only virtual events so far, it makes it easier for me right now to be able to handle the situation. (Project Expert)

The best bit was being able to impart some wisdom. I really liked the discussion with Manningham City Council, the interaction with the CEO and staff. They were genuinely interested. When they asked questions, we answered. They really listened. (Project Expert)

Campaign reach and impressions

The regional events helped promote the 16 Days campaign and the social media tiles, noting that the TFER Strategy 2021–2025 occurred mid-campaign.

Some further promotion followed the campaign launch at Women’s Health East’s AGM via existing TFER communication channels. Project Advisory Group members played a role in promoting the campaign too. For instance, Women with Disabilities Victoria arranged to include information in their bi-monthly member newsletter and Yarra Ranges Council did internal communications to help align their event for International Day of Persons with Disabilities with the 16 Days campaign.

In the past, the social media tiles have been designed each year so TFER partners can use them as suits them. Records show very good uptake of the tiles and toolkit among partners during the 2021 campaign. TFER partners used the tiles across all main social media platforms including Facebook, Twitter, Instagram and LinkedIn. They included messages in staff newsletters and emails, and in e-newsletters to stakeholders and the community. For the social media activity, at least 13 TFER partners posted tiles once or more during the campaign; for example:

- EACH posted tiles for every corresponding day of the campaign on Facebook and Twitter.
- Yarra Valley Water posted five tiles on Facebook, one on Instagram and four on Twitter.
- Eastern Community Legal Centre posted nine tiles on Facebook and Twitter.
- Women’s Health East posted an opening tile for the campaign on 22 November and tiles for every day of the campaign, using all main platforms with an overall reach of 18,583 (Figure 12).¹⁹

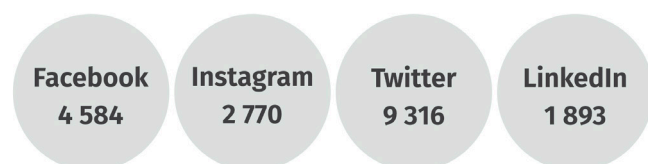


Figure 12. Total reach across Women’s Health East’s social media channels during 16 Days campaign

Beyond the region, Women with Disabilities Victoria, which has its own state-wide campaign, posted all 16 of M2M’s tiles on Day 16 (Twitter and Facebook). Nationally, Our Watch posted the Day 9 tile for International Day of Persons with Disabilities on 3 December. The social media tiles and toolkit were shared internationally too, through Plan International’s Gender Network.

TFER partners are now familiar with having a consistent social media approach to the 16 Days campaign, and partners understand the value of the campaign being coordinated and led by Women’s Health East. Feedback collected from partners via an annual Women’s Health East 16 Days feedback survey confirmed the value of the approach to partners and their commitment to it.

I loved that Women’s Health East organised a meeting with TFER partners early to coordinate the regional campaign and decide on a theme that all partners can share. It was great that a series of messages that everyone could use came out of an existing project. (TFER partner)

Women with disabilities designing the campaign gave us another perspective to look at i.e. gender equality and the prevention of violence against women with disabilities. As an organisation working with many differently abled people, we all could see the importance of these messages. (TFER partner)

I can’t imagine what more Women’s Health East or TFER could do to support the 16 Days campaign in our region. It is excellent and getting better every year! Thanks to the team and M2M Experts. (TFER partner)

¹⁹ Reach estimates of the social media campaign for the whole TFER partnership cannot be determined without access to the organisational data of individual partners. That data collection was beyond the scope of this evaluation.

Reflections on the social media tiles were gathered through the project evaluation process too. Participants noted that to the best of their knowledge, no one had used the tiles in an inappropriate way during the 16 Days campaign, which suggests that the engagement strategies leading up to the campaign were effective. They felt that the tiles were a project standout in terms of their authenticity and point of difference from other messages out there, and that the tiles are likely to be relevant for some time to come.

I came back to the group and here are these 16 messages, which were just awesome. And they're brand new. It's not like they've been rehashed from the internet. It's come from the girls, calls to action, just transformative. (Project Expert)

The 16 Days campaign has been around a long time, we've been doing it across the region since at least 2014. There was a lot of feedback from partners that our campaign felt really fresh, like a new approach. It was something that people hadn't seen, different kinds of representation. It's become fairly standardised in a lot of ways, 16 Days. We definitely got quite a bit of feedback from TFER partners that there was novelty and difference in this campaign from some of the campaigns that have been run in recent years. (Project Advisory Group member)

We did hear from partners that the tiles had started conversations internally. They'd heard from different staff who aren't prevention workers who were moved by the campaign, and by what the Experts had to say about the creation of the campaign, and what they hoped organisations would do as a result of that. It has a real emotional impact, this campaign, that 16 Days campaigns don't always have. (Project Advisory Group member)

Our communications coordinator was really impressed with the 16 Days campaign. She saw them as meaningful because the entire campaign was co-designed from start to end. Not only the messages but the images. She was impressed by the quality. (Project Advisory Group member)

Opportunities to learn and lead across TFER

Three training offerings, 2020–2021

Change the Story states that social marketing activities such as social media campaigns can help to raise awareness of violence against women, and when accompanied by evidence-based calls to action can be effective in calling out the drivers of violence across the levels of the social ecology (Our Watch, 2021). While such techniques can reach large numbers of people, they are unlikely to transform the drivers in and of themselves. Mutually reinforcing techniques are needed, among them strengthening prevention infrastructure for the actual work. As such, building the capacity of TFER's workforce and offering opportunities for TFER partners to lead and learn were key parts of M2M's design and implementation.

M2M, via Women with Disabilities Victoria, offered several training opportunities on the prevention of violence against women with disabilities to TFER's workforce, in 2020 and 2021. At the time, Women with Disabilities Victoria's training on violence prevention predated *Changing the Landscape*. The training content and materials were informed by *Change the Story* with a disability lens placed over it, and by Women with Disabilities Victoria's own leadership and expertise in this area. Training covered the social model of disability; human rights model of disability; prevalence, forms and dynamics of violence; gender and disability discrimination and their influence on lived experience; intersecting drivers of violence against women with disabilities; and action on the drivers.

Women with Disabilities Victoria delivered two rounds of training in June 2020, one for the Project Advisory Group and one for TFER, with a third round of training for TFER in June 2021 via TFER's Community of Practice. A participant feedback form was administered at the conclusion of each training round as part of the project's evaluation process.

- **Project Advisory Group training June 2020.** Eight participants in total, reflecting all seven regional partners on the Project Advisory Group (one organisation was represented by two staff members at that time). Seven completed feedback forms returned - a response rate of 87.5%.
- **TFER training June 2020.** Twenty-one participants in total of whom 17 were from TFER organisations (reflecting 11 different partners) and four were external to TFER. Fourteen completed feedback forms returned - a response rate of 66.7%.
- **TFER training in June 2021.** Fifteen participants in total. Among them were four Experts, two of whom spoke about M2M by way of a short presentation. Of the remaining 11 participants, most were from TFER with at least two from outside the partnership. Seven completed feedback forms returned from 11 participants - a response rate of 63.6%.

Of those returning feedback forms across all sessions (n = 28), a clear majority strongly agreed or agreed with the following statements relating to the relevance of the training and their experience of it (Chart 1):

- The content today was relevant to my work in preventing violence against women (92.9%).
- The length of the session was about right to cover the content (71.4%).
- The pace of the session was about right for me to learn (85.7%).
- Attending today was time well spent (89.3%).

A clear majority of respondents strongly agreed or agreed with the following statements relating to something that changed for them as a result of attending (Chart 2):

- Attending today has increased my awareness of women with disabilities' lived experiences of marginalisation and discrimination (89.2%).
- Attending today has increased my awareness of the contexts and dynamics of violence experienced by women with disabilities (89.3%).
- Attending today has improved my understandings of the intersecting structural drivers of violence against women with disabilities (96.4%).
- Attending today has improved my understandings of actions to prevent violence against women with disabilities (85.8%).
- I leave the session feeling confident that I can apply at least one thing I've learned to my primary prevention practice (82.2%).

Impressively, the statement on improved understandings of the intersecting structural drivers of violence against women with disabilities had the highest proportion of respondents in agreement at 96.4%. This suggests that M2M has helped to strengthen TFER's workforce in relation to this important foundational concept. This claim is supported by comments provided by respondents in relation to the ratings (Box 3).

Meanwhile, the statement around the length of the session being about right to cover the content had the lowest proportion of respondents in agreement, still a clear majority at 71.4%. As shown by the comments offered in relation to the ratings (Box 3) this relatively lower proportion can be somewhat explained by the limitations of training on Zoom.

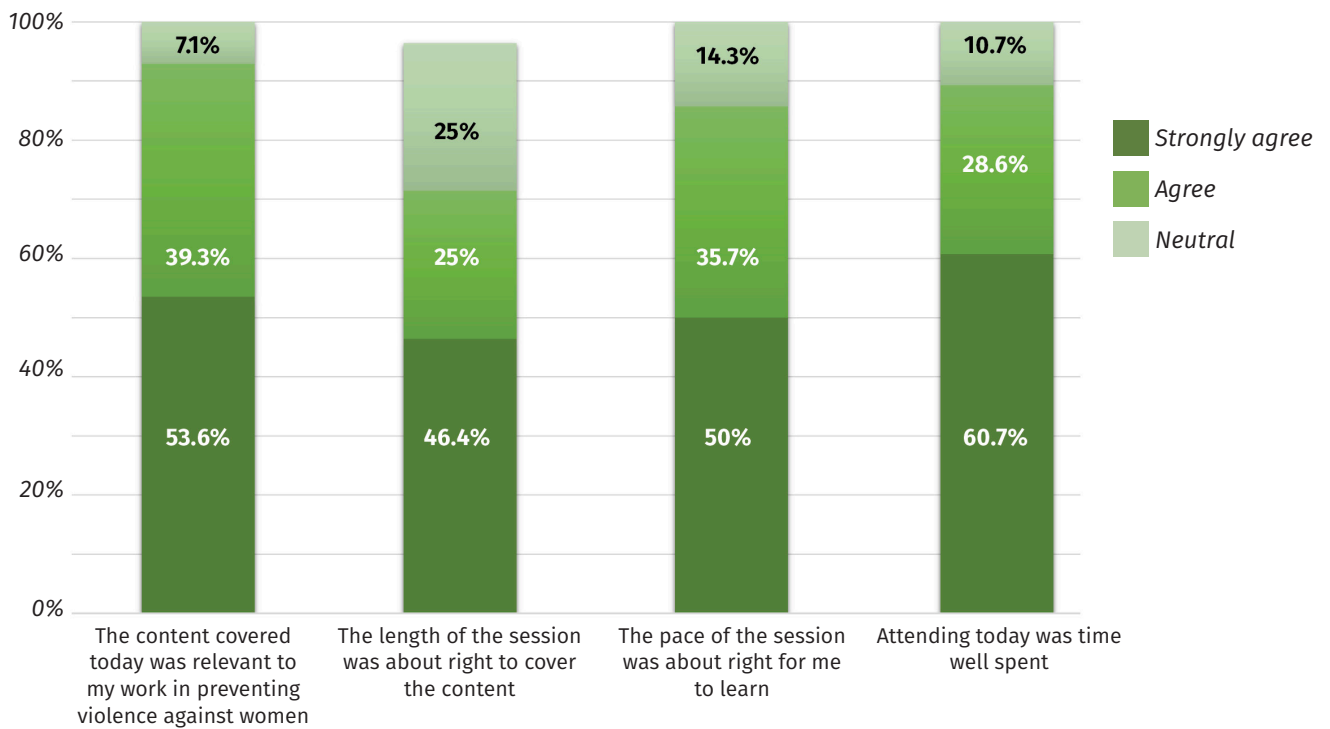


Chart 1. Percentage of respondents who strongly agree or agree with statements regarding the relevance of the training and how it was experienced

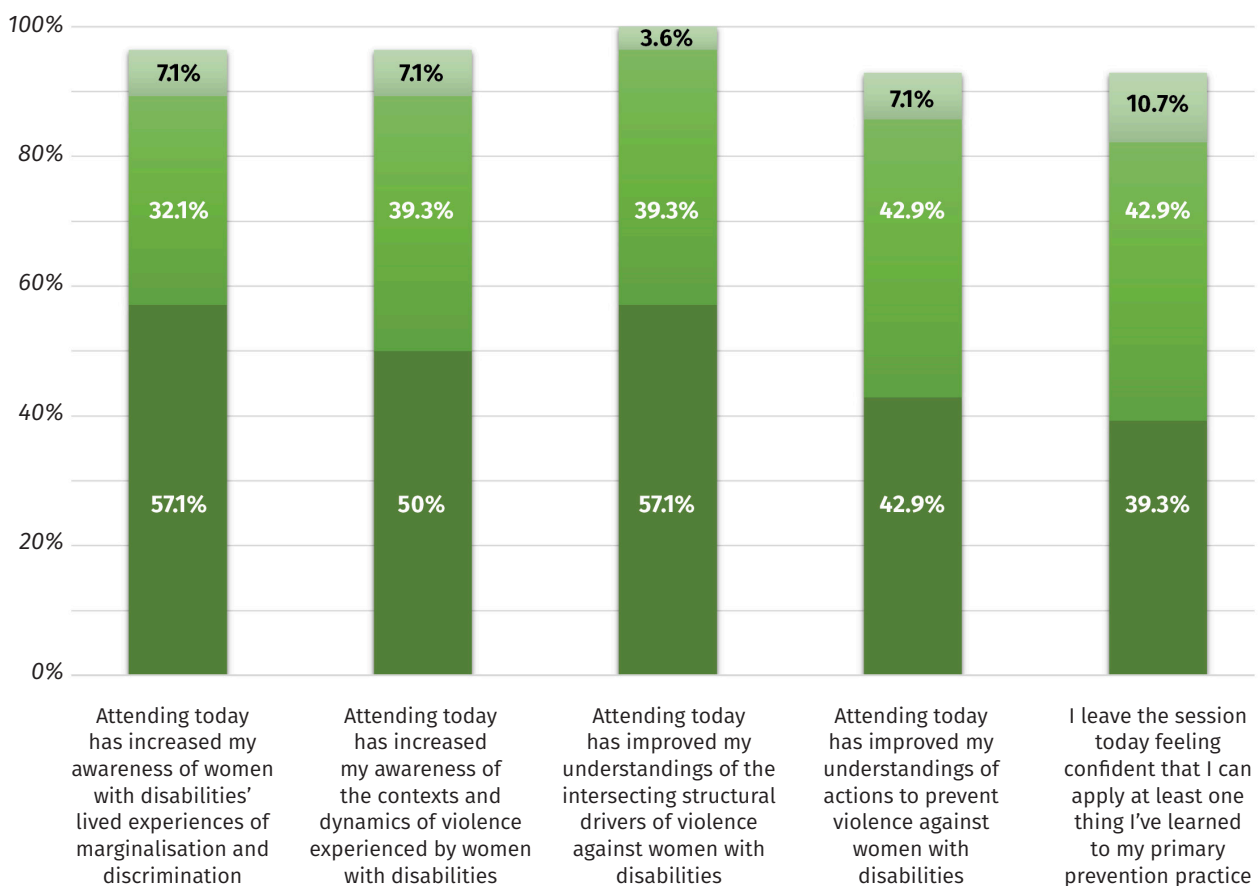


Chart 2. Percentage of respondents who strongly agree or agree with statements regarding shifts in awareness, understandings or confidence resulting from the training

Comments from the Project Advisory Group training session in June 2020

Thank you for such high quality and rich training content. It was great to work on this together as a Project Advisory Group.

Really good training. It would have been nice to have a bit more time for activities. In saying that, I found the online format (Zoom) very exhausting and was struggling to concentrate by the end.

This was a very effective and efficient training session and I really thank you for your patience with us and also for adapting the content so seamlessly.

Comments from the TFER training session in June 2020

I acknowledge the difficulties of online presentations. The facilitators did a great job.

Having worked with and around many people affected by violence with and without disabilities, it was great to unpack some of the drivers and to recognise how far we've come and how far we need to go.

Thank you so much. I'm developing a Gender Equity Action Plan and this was so timely in terms of how we use organisational processes to challenge structural barriers faced in particular by women with disabilities. I'm going to reflect on my knowledge gaps and do some additional reading now.

One action I'll take forward from today is to discuss the possibility of including an action around violence against women with disabilities in our Council's upcoming Health and Wellbeing Plan.

Comments from the TFER training session in June 2021

A key takeaway is how important it is to consider intersectionality and ableism when designing resources.

As a result of today, I will feedback to the manager overseeing our family violence strategy as we have a focus on intersectionality in that, to give her a sense of what that looks like for women with disabilities.

One action I'll take forward from today is to use examples of women with disabilities when I talk to others about preventing violence against women.

Three themed Community of Practice sessions, 2021–2022

As a learning partnership, TFER has an established Community of Practice that meets regularly to share practice challenges and exchange ideas on specific prevention themes. The Community of Practice has focused on intersectionality in the past. M2M continued TFER's intersectional upskilling by offering the topic of preventing violence against women with disabilities as a focused theme over consecutive Community of Practice sessions.

M2M was involved in three Community of Practice sessions in October 2021, April 2022 and May 2022. This period saw the Project Experts fully immersed in a range of activities and honing their communication skills such as co-designing the campaign tiles, speaking publicly at regional events and participating in the video filming. During this time, the Experts increased their involvement in TFER's Community of Practice. By the May 2022 session, their involvement extended to planning and delivering their own chaired panel as part of the agenda.

When the Experts were recruited, we were at the stage of skills development. Everyone was eager to learn and they were keen on that. But they lacked a bit of confidence. Having the opportunity to present to different organisations and to see they were actually making an impact, it's increased their confidence so much. We've talked a bit about the next TFER Community of Practice. There's so much interest from the Experts to be part of a discussion panel. That wouldn't have happened 18 months ago! Now it's happening. (Co-facilitator)

Records show that the three sessions attracted staff from 17 TFER partners, with around 50

participants in total including the Experts. Partners attending represented the local government and community health sectors, with specialist services reflected in Eastern Community Legal Centre, EDVOS, Boorndawan Willam Aboriginal Healing Service and Migrant Information Centre.

- **TFER Community of Practice, October 2021.** Focused on the 16 Days campaign and the resources available to partners for a regional approach including social media tiles and accompanying toolkit. The agenda included breakout activities as an opportunity for participants to hear Project Experts speak to the tiles and what the messages and illustrations meant to them.
- **TFER Community of Practice, April 2022.** Focused on the latest policy and frameworks for primary prevention, including *Changing the Landscape*, which had just been released. Breakout activities and plenary discussions engaged participants in exploring the extent to which TFER's efforts reflected the essential actions found in *Changing the Landscape*, with opportunities to identify ways of improving TFER's work in this regard.
- **TFER Community of Practice, May 2022.** Focused on co-design and consultation for preventing violence against women with disabilities. Five Experts formed a panel and shared their experiences of the project's co-design and consultation processes. Presentations by the Project Coordinator complemented the panel, as did a presentation by EDVOS on their engagements with the Experts as part of a small grant received through the project. The session included a breakout activity that asked participants to work through two case studies and how they could make the scenarios more accessible, inclusive and meaningful.

The third Community of Practice session (see Figure 13) was a standout for the Project Experts, in that the panel about co-design and consultation was in itself the outcome of meaningful co-design. The panel demonstrated the intersectional prevention principles that underpinned so much of the project e.g. stepping back so women can lead,

community ownership for authentic co-design. It also exemplified one of M2M's objectives, to elevate and amplify the voices of women with lived experience. For these reasons, this third session and its panel will be discussed in a little more detail.

The panel discussion covered the Project Experts' experiences of co-design and consultation, specifically for the 16 Days campaign social media tiles, the video series, and their work with EDVOS in reviewing two training programs. The group prepared by first establishing what each woman wanted to cover in relation to the topic, before forming questions that would bring out these themes.



Figure 13. Opening slide for TFER Community of Practice in May 2022

On the day, the chair posed the agreed questions to each of the panellists and posed a question to herself to close. Much of what was shared by the Project Experts and also the Project Coordinator aligned with their reflections as evaluation participants. Some examples are as follows.

- Panellists talked about the Experts Group being a safe space to share lived experiences of ableism, sexism and violence, and where each woman could be 'real' and genuine and accepted. As one woman put it, 'One thing this group doesn't have is ableism'.
- Panellists talked about co-design being a process that takes time and where ideas get thrown around before landing. The Project Coordinator also talked about the co-design process as non-linear and needing adequate time and resourcing.
- The Project Coordinator talked about the co-design process coming after women had

space to learn about structural systems of gender and disability discrimination, and time to join the dots between these systems and their own lived experience in the safety of the group and as a group. In addition to reflection at a personal level, there was an unpacking of the commonalities and differences of individual lived experience framed by wider systemic and societal forces, a sharing that became a source of strength, support, belonging and solidarity for the women in the group.

- Panellists talked about their work with EDVOS as being a safe and validating experience, and where the group was involved from the start to the end of a process, not as a 'tick-a-box' experience. The process included closing the loop with EDVOS bringing back the changes they had made to their training programs arising from their consultation with the Experts.

Participant feedback gathered via a reflective discussion before closing suggests that the session was highly valued by those attending and much was learned in the time spent with the Project Experts (Box 4). The Experts also noted that the Community of Practice was one of the highlights for the year and that the feedback given on the day was tremendous. The Project Coordinator agreed.

I think it was a really good and impactful presentation. One of my colleagues who didn't know much about co-design or consultation but was keen to learn, sent an email after the event. She said, 'From the sharing of Project Experts I got to see the powerful impacts of co-design'. I think the experience of the Experts shone through in what they shared, and that people are listening to them and hearing them. (Project Coordinator)

What did you enjoy most about today's session?

Hearing from the Experts. Hearing from EDVOS on how they authentically consulted with the Experts.

The diverse content. The experiences of the Project Coordinator, Project Experts and EDVOS.

What will you take forward from today's session?

Checking accessibility and inclusion at the planning stage.

Tips for facilitating consultation and co-design e.g. multiple opportunities for input, making it a loop and bringing back what you have changed.

Thinking about the panel, one or two words that come to mind?

The transformative potential of co-design when done properly.

Lived experience and community ownership.

Empowerment and connection.

Being heard and being valued.

Authentic and insightful.

Meaningful consultations that closed the loop

One of the principles for prevention practice in *Changing the Landscape* relates to respect and authenticity in consultations with women with disabilities (Our Watch and Women with Disabilities Victoria, 2022b). This is done by creating positive relationships with women and taking care not to reinforce power imbalances. For instance, those consulting with the women must be genuine about the contributions being sought; transparent about the purpose, scope, degree of influence, nature

of the work and time required; and committed to actioning the advice given, including closing the loop (bringing back the changes made).

M2M's small grants scheme supported selected TFER partners to lead initiatives on challenging sexism and ableism as the social context of violence against women with disabilities by promoting gender and disability equality. The scheme offered a modest amount of funds to two partners to progress their work on the prevention of violence against women with disabilities. Grant recipients were required to consult with the Project Experts as a condition of the funding. Grant recipients

were also required to share what they learned about the process with the rest of TFER.

The Project Advisory Group provided input into the small grants guidelines and once finalised these were circulated throughout TFER. While the Project Team assessed proposals, the process also involved the Project Experts as reviewers, with any queries arising from this taken back to applicants for clarification. This helped orientate the Experts to the partners that they'd potentially be working with for this part of M2M. EDVOS and Yarra Ranges Council were selected as recipients through this assessment process. Due to internal matters, Yarra Ranges Council was unable to proceed; and after some targeted approaches to others on the part of Women's Health East and the Project Coordinator, AccessHC stepped in with a proposal that was subsequently funded.

Small grants recipients, EDVOS and AccessHC, sought to improve the accessibility and inclusion of existing training programs in terms of content, promotion, registration processes, and as a practical thing their organisations could do to tackle ableism in their prevention work. The input of the Project Experts was critical to doing this well, so measures were taken to ensure a respectful and authentic consultation process from the start.

EDVOS and AccessHC staff met with the Project Team ahead of their consultations to be properly briefed about the group. Pre-consultation meetings with the Experts occurred to build trust and safety and clarify expectations. The Project Coordinator worked with EDVOS and AccessHC to prepare documents in suitable formats for the group, with relevant materials provided to the group ahead of the consultations.

Consultations took place in March and April 2022 (for EDVOS) and June 2022 (for AccessHC). The Experts already had an encounter with this type of work in 2021, when a staff member from Yarra Ranges Council met with them to discuss the organisation's Youth Ambassadors Program. Thinking back to that session, the Project Coordinator had the following to say.

I worked with the staff member to put together some information that went out in advance that was simple, the material that would be shared in the session. And it went really well! The Experts contributed great suggestions for what could be improved. In their reflections afterwards, they said it was the expertise in the group that made it more rich than if it had been one or two women as individuals being consulted. For me, that was a really great, when it was obvious to the women themselves that they had something they could share in terms of suggestions to influence what organisations were doing. (Project Coordinator)

Another factor that helped the group transition into this part of M2M was its prior contact with EDVOS. EDVOS had been involved in the skills development phase as an external presenter. Their session covered family violence services and supports, including training known as the 3Rs of Family Violence: recognise, respond, refer. Some Project Experts subsequently participated in the 3Rs of Family Violence and expressed an interest in reviewing its content and materials. That prompted EDVOS to prepare a proposal for M2M's small grants initiative, to consult with the Experts on the 3Rs of Family Violence and another training program, Ways to Play.

AccessHC was not as familiar to the Project Experts. Given the time needed to get this partner onboard following the withdrawal of Yarra Ranges Council, along with other scheduling matters, their consultation sessions did not commence until almost the end of the project's initial phase in June 2022. At the time of preparing this report, it was understood that the process has resulted in the development of additional content for Free to be Me, the training program that was reviewed, including a short video featuring two Experts. Because of the timing of the consultations, the evaluator was unable to analyse data related to this process and its outcomes, and instead focused attention on EDVOS.

The EDVOS proposal for the small grant was titled Putting Intersectionality into Practice, and it covered two of the organisation's most sought-after training offerings in 3Rs of Family Violence and Ways to Play. 3Rs of Family Violence is designed to increase community awareness and understandings of family violence and build capacity to respond to, and refer appropriately when faced with family violence. Ways To Play is a play-based workshop that engages children, parents and caregivers in fun ways to support healthy childhood development and inspire children to play free from restrictive and harmful gender stereotypes.

EDVOS consulted with the Project Experts over four two-hour sessions, two sessions per training program. Main changes made to the training programs as a result of the consultations were:

- paring back the amount of information in the promotional materials
- incorporating statements around accessibility and inclusion in the promotional materials
- changing font colours, type and size, and adding image descriptions where needed
- directly asking training participants at registration about access or inclusion requirements
- preparing different formats of the training materials for accessibility and inclusion
- reviewing the way training spaces are set up and what to include for in-person settings
- pitching training content to communicate a safer and more inclusive learning environment.

EDVOS staff noted in their case study write up that 'these changes appeared simple but drastically improved the appearance and feel of our content for the [training]'. Not only did EDVOS take on the Experts' feedback and apply it, they also came back to Experts to close the loop on decisions and changes that were made (or were in the process being made). It was respectful, authentic consultation with clear expectations, proper preparation and closure, no

power imbalances or 'one-offs' and an openness to hear from the women and improve things based on what they said, from start to end.

If consultations are meant to be meaningful, those consulting have to be committed to doing it in a proper way, with a good process, preparation, etc. And that feedback loop is really important as is the honorarium payment. (Co-facilitator)

Even though these were well-established programs, EDVOS knew they weren't perfect and could be improved. There was a real invitation to the Experts to contribute. That was really great, it encouraged the Experts to feel that their contributions were going to be listened to and acted on. The fact that the training [programs] put up for consultations were well-established, and the staff who were involved in the consultations were the ones familiar in delivering them, contributed to a successful consultation too. (Co-facilitator)

Being listened to and actually heard was important to me. No idea was rejected by EDVOS but listened to and refined by the group and EDVOS together. You felt safe and validated by EDVOS to contribute at all times to the consultation process. I was continuously thanked for any idea or contribution, big or small, which was important to me. We were involved in the whole process from start to finish and saw the redevelopments and amendments made and discussed those again if needed. It was a great experience with the feedback loop. Some organisations are there not to listen but to tick a box. Other organisations are poor in time and involvement, with an 'us and them' mentality. In

contrast, EDVOS had us involved from start to finish. (Project Expert)²⁰

Three learnings we identified as staff from the consultation process. First, it's important to call on the Experts and ask them what will help to create a safe and inclusive environment. We had a pre-consultation meeting with the Experts to help. Second, it's important to build rapport, as we were talking about tough topics and wanted to share in a safe and meaningful way. Third, it's important to have a willingness to actually change. The three of us involved in consulting the Experts have been part of the training from the beginning. We had to put our egos aside and let the Experts know we were ready to make changes. Their suggestions were so insightful. (EDVOS staff member)

EDVOS staff noted further in their case study write up that because of their engagement with the Project Experts, 'We now have a blueprint to make changes to resources and activities for Ways to Play that we couldn't bring into the consultations'. The staff expressed that the learnings arising from these consultations will have an effect beyond the two training programs brought to the Experts, as they can see how the decisions and changes made with respect to the packages can be applied to other programs delivered by the organisation.

The consultations made us realise how key and important it is to be providing opportunities for women with lived experience to review and be a part of discussions on ways that we can improve our capacity building projects. We've

learned so much through that experience as health promotion practitioners; but also the feedback they provided us will forever influence the rest of our programs we deliver at EDVOS well beyond. (EDVOS staff member)

Putting Intersectionality into Practice demonstrated to the rest of TFER that a respectful and authentic consultation process can result in straightforward yet significant changes to programs that immediately contribute to reducing marginalisation and discrimination (and thereby increasing equality). EDVOS is just one of more than 30 TFER partners. The challenge going forward will be in bringing all the other partners along to do this sort of work, so tangible improvements can continue to be made to organisational programs, services, practices or policies. Doing so can build a critical mass of partners committed to addressing sexism and ableism, to promoting gender equality and disability equality, as an integral part of their prevention work. There remains unfinished business for TFER partners in terms of their own organisations as settings for the prevention of violence against women with disabilities.

A leading Project Advisory Group and a learning Project Advisory Group

The Project Advisory Group was the consortium of TFER partners who committed to the project during its proposal stage. The Project Advisory Group was constituted in April 2020 and comprised seven TFER members: Women's Health East (as lead), EDVOS, Yarra Ranges Council, Boroondara City Council, EACH, Inspiro Community Health Service and AccessHC. The Project Advisory Group had three non-TFER partners as members. These were Women with Disabilities Victoria, a community member with lived experience, and WLK Consulting.

20 This quote is from notes that supported a Project Experts panel during the Community of Practice session in May 2022. The notes were supplied as one of several project documents supplied for review during the evaluation's data collection phase.

The Project Advisory Group met 15 times from M2M's inception to the end of June 2022. Participation of some members fluctuated over this time, as organisational priorities shifted in response to the ongoing impacts of COVID-19. This was especially the case for Project Advisory Group members from the community health sector, who were also contending with changes to funding priorities that had implications for their work in violence prevention. Inspiro, AccessHC and EACH all scaled back participation midway through the project. The remaining members maintained consistent participation to the end.

Considering all the challenges we have faced with COVID-19 and the extra demands that this has put on people, certainly we haven't been able to sustain the full membership that was there at the start, but it's been incredible to have kept a steady level of engagement, involvement and contribution to the project over such a challenging time. (Project Advisory Group member)

The Project Advisory Group led the project from the front by building access, inclusion and safety into its terms of reference, particularly around meeting etiquette, processes and documents. This meant that such considerations were at the forefront of the Project Advisory Group's work rather than an afterthought.

In terms of practice, every meeting included a statement of purpose that acknowledged the work, experience and advocacy of organisations like Women with Disabilities Victoria, and the prevalence and seriousness of violence against women with disabilities. The statement reiterated the Project Advisory Group's support for initiatives such as M2M, adding that members would continuously reflect on meeting processes as part of its role in ensuring that principles of accessibility and participation of women with

disabilities were infused right through the project. Meeting agendas supported these practices by being structured so the voices of women with lived experience always started off the main business.

The Project Advisory Group was not infallible, facing challenges at the start of the project as it sought to embed practices such as accessible formatting while simultaneously dealing with the rapid shift to working in an online environment. However, there was respectful open communication in the group and a willingness to learn and improve. In the words of a Project Advisory Group member, 'The impressive part for me has been the openness to learning and the shifts that have happened for all of us.' Another said:

I've learned so much from being involved in the Project Advisory Group. I'm so appreciative of the learning that has been so generous. There's been a spirit of bringing everybody along and helping people to do what they need to do and to understand why, to do it well. Some of the simple things like the statement at the start of these meetings that ground the recognition of lived experience and the importance of accessibility, where this project is coming from and what it's aiming to do. Simple reminders each and every time we come together. I've learned so much about what accessibility looks like in practice, what it feels like to be part of a group that's centring that. (Project Advisory Group member)

All Project Advisory Group members were active in enhancing the project's reach and visibility – of particular note was the representative from Yarra Ranges Council, who had strong existing relationships with women with lived experience built on years of engagement and trust. Her connections were important when it came to recruiting

community women to the Experts Group (and the Project Advisory Group too) given the limited promotional options under public health directives at the time. With the measures in place in response to COVID-19 waves and clusters of infections, the Project Team relied far more on the Project Advisory Group and TFER networks for project reach and visibility than they otherwise would have.

Project Advisory Group members contributed to or undertook several project activities, including input into the small grants guidelines discussed above, and sustainability action planning as a substantial and iterative undertaking from November 2020 to June 2022. By commencing the sustainability planning process early in M2M and continuing that process through to June 2022, the Project Advisory Group was committing to leading practice on sustainability that views sustainability as a capacity to be built over time and not something left to the last minute (Johnson et al., 2004).

The Project Advisory Group explored sustainability as a capacity to be built by considering eight domains that can influence the extent of any initiative being sustained (Figure 14). The Project Advisory Group used the **Program Sustainability Assessment Tool v2** (Washington University in St Louis, 2012) to determine where M2M had stronger or weaker capacity for sustainability. Once the assessment was done, the Project Advisory Group prioritised domains requiring planned actions to build sustainability capacity. The Project Advisory Group then developed an action plan to build that capacity and resolved to implement that plan as a group. That way, when M2M's funding came to an end, momentum generated for the prevention of violence against women with disabilities would not be lost. As described in the Program Sustainability Assessment Tool v2:

Programs at all levels and settings struggle with their sustainability capacity. Unfortunately, when programs are forced to shut down, hard won improvements in public health, clinical care, or social service

outcomes can dissolve. To maintain these benefits to society, stakeholders must understand all the factors that contribute to program sustainability. With knowledge of these critical factors, stakeholders can build program capacity for sustainability and position their efforts for long-term success.



Figure 14. Eight domains for building sustainability capacity (Washington University in St Louis, 2012)

The assessment tool was administered after converting it into an accessible format in April 2021, with completed forms (one form per organisational partner) returned to WLK Consulting who led the process. WLK Consulting presented the collated responses to the Project Advisory Group the following month, and facilitated a discussion on sustainability strengths and weaknesses. At this meeting, the Project Advisory Group confirmed its decision to prioritise communications as the domain for building sustainability capacity. This domain received a lower average score than other domains such as partnerships, program adaptation and program evaluation. The Project Advisory Group's Sustainability Action Plan for July 2021 to March 2022 explains the commitment to communications as an actionable area as follows:

M2M is essentially an initiative that seeks to bring the work of preventing violence against women with disabilities out of the margins and into the mainstream of TFER primary prevention. As such, the Project Advisory Group is seeking to ensure that this mainstreaming is sustained beyond the current funding period, which is when the initiative will come to an end. The Project Advisory Group has resolved to do this by maximising the strategic reach and potential impact of several project benefits, among them the project collateral; the experiences of the Experts in their role; the information sharing that is supporting TFER partners in their prevention actions; and the outcomes of the seed-funding opportunities. This decision is reflected in the Project Advisory Group's prioritising of communications as our sustainability domain for action over the next nine months. (Sustainability Action Plan)

The Project Advisory Group has since participated in a discussion in March 2022 to reflect on the expiring Sustainability Action Plan. Their reflections fed into a refreshed Sustainability Action Plan, with main actions including a commitment among members to continue advocating for the prevention of violence against women with disabilities and its mainstreaming by seeking ways to influence TFER decision-making processes around collaborative pieces of work, and via prevention conversations within their own organisations too.

I'm hoping that we have the ability to take on the responsibility for championing this work beyond the project. We've had incredible resourcing and support throughout these two and a bit years. But because everyone feels they've taken

some ownership of this project, I'm hoping that everything we've learned will continue on in our own organisations and within TFER projects moving forward. (Project Advisory Group member)

Sustainability planning was a major piece of collaborative work completed by the Project Advisory Group. While attention to sustainability had been a feature of VicHealth's programming in the early days of prevention practice in Victoria (**About the project and its contexts**), this sort of planned and intentional approach to sustainability has not been widely adopted by those in the field since.

The Project Advisory Group's work on sustainability – and the fact that it sustained attention to sustainability – was an example of how M2M brought high-quality features from Victoria's first wave of primary prevention practice into the current wave of intersectional work. The fit-for-purpose evaluation that ran in parallel with project implementation was the second example.

I thought it was really good beyond just completing the assessment tool. What was really interesting from my perspective is that we actually had some actions that we could all take as a Project Advisory Group, you know, relatively easy actions that we can all take, with specific tasks and specific partners who had to do the actions. (Project Advisory Group member)

I haven't done a sustainability plan like that before, the way we did it in the Project Advisory Group, and I found that to be both quite enjoyable and I learned a lot from it. There was an openness and an invitation for people to bring whatever it was that they had to bring to the meeting, and that was honoured and

valued. People felt comfortable to speak up and we were able to build something collaboratively that was more than the sum of its parts. We all brought a bit and we built something bigger than that. That was my experience of the Project Advisory Group. (Project Advisory Group member)

I really liked the commitment to collaboration on these pieces of work from the beginning (sustainability and evaluation). All too often, this is the preserve of perhaps one or two people. The strengths that resulted from that is shared ownership and shared understanding of the project itself. Doing that checking and giving an understanding of the project as we saw it to each other and receiving that in return from each other as a group. (Project Advisory Group member)

The Project Advisory Group was a consortium of TFER partners, but it was not identical to TFER. As the Project Advisory Group approached the end of the project's initial funding period with sustainability action planning on its mind, the question of how to bring the rest of TFER into the work of preventing violence against women with disabilities surfaced again as the biggest challenge and opportunity going forward. This report turns to these and other considerations as it draws conclusions from the findings presented and forms recommendations for TFER and the Project Advisory Group.

Conclusions and next steps

Data collection and analysis have yielded multiple findings, presented thematically in the preceding chapter. This report now consolidates these findings into a discussion that reconnects with the evaluation's purpose, before shaping a set of recommendations for TFER partners to take forward as the evaluation's intended users. The evaluation's purpose was to:

- capture the achievements of, and lessons learned from, M2M and its implementation
- support those delivering project activities to make informed real-time implementation decisions via continuous data collection and sense making
- determine the value of the project from the perspectives of those involved i.e. women with disabilities, TFER partners and the Project Advisory Group
- draw conclusions about the project so that TFER partners can make informed decisions about next steps for preventing violence against women with disabilities in the region
- support TFER partners to communicate and share the results of M2M.

The overarching questions to be answered through the evaluation were:

1. What are the achievements of, and lessons learned from, M2M and its implementation?
2. How was implementation quality demonstrated, particularly through the project's community-led model (i.e. centring of lived experience)?
3. What was the value of the project to those involved in its activities?
4. What conclusions can be made about the project, especially in terms of next steps for regional partners?
5. What are the recommendations arising from the evaluation?

Project achievements and quality

M2M can be placed in the context of four developments in prevention practice, leadership and strategy that will help us to appreciate the high quality of its design features and implementation successes.

- First, the evolution of prevention practice in ever more intersectional directions. Prevention today requires attention to the intersecting systems of inequalities that drive violence against women as integral to the work and not as an optional extra.
- Second, *Changing the Landscape* as a stand-alone framework for the prevention of violence against women with disabilities. This framework sets out how gender inequality and disability inequality, sexism and ableism, are the necessary social conditions for violence against women with disabilities to exist and persist.
- Third, the positive relationship between Women's Health East and Women with Disabilities Victoria as regional and state-wide feminist organisations with mutual gender and disability expertise, and their shared leadership for intersectional prevention practice. This relationship had been strengthening in the months preceding M2M and continued to flourish once M2M was underway.
- Fourth, an evolving regional strategy environment that continued to place emphasis on TFER's leadership in intersectional prevention practice, along with an evolving state-wide policy environment that further authorised the role of women's health services and regional partnerships in Victoria's prevention system infrastructure.

One final piece of context to keep in mind is the COVID-19 global pandemic and Victoria's public health measures in response, for most of 2020 and 2021. Apart from the video filming in March 2022, all project activities occurred in an online environment, in ways beyond anticipating. Against this backdrop, M2M's achievements and the quality of the work are significant. The project demonstrated the highest quality in prevention design. It upheld every prevention principle found in *Changing the Landscape*. Its outputs were numerous. It has set the tone for what leading-edge prevention can look like in the current wave of intersectional practice, particularly in Victoria.

High-quality prevention design

Contemporary primary prevention requires an **unwavering focus on the intersecting systems of inequality that drive violence against women**, or it runs the risk of leaving many women behind in its equality efforts. *Changing the Landscape* shows how gender inequality and disability inequality are the social conditions for violence against women with disabilities to exist and persist; how sexism and ableism as intersecting origins of violence must be the targets of action to end violence against women with disabilities; and how promoting gender and disability equality must form the core of collective efforts. This was how those involved in M2M's proposal phase understood the task that lay ahead.

Looking at the **project objectives and activities** and Project Logic Model, there is a clear intent to focus on the heart of the matter and shift the first or primary cause of violence against women with disabilities. Three of the five project objectives are unmistakably aligned with:

- Essential Action 6 in *Change the Story* (second edition) on addressing the intersections of gender inequality and other forms of systemic and structural oppression and promoting broader social justice
- Essential Action 1 in *Changing the Landscape* on addressing the specific social context of sexism and ableism that gives rise to violence against women with disabilities and promoting gender and disability equality in a broad sense.

The objectives operationalise these essential actions, along with other cross-cutting essential actions in *Changing the Landscape*, by turning them into high-level statements that then 'housed' M2M's activities.

One example is M2M's objective to 'Elevate the voices of women with disabilities and promote their leadership and status in society'. This objective calls on partners to tackle sexist and ableist structures, practices and norms that marginalise and disadvantage women with disabilities and impose limits on opportunities to be included, to be heard, to be valued and to lead in profoundly unjust ways. In real-time implementation, this objective promoted gender and disability equality by accommodating several interlinked activities that centred lived experience and enabled community ownership, brought women's expertise right into TFER's mainstream, and amplified their voices along the way. Such activities were the Experts Group and women's transformation into agents of change; authentic co-design that yielded high-quality prevention resources; meaningful consultations that helped partners improve their programs from the standpoint of women with lived experience; and regional events and themed Community of Practice sessions that showcased the value of the Experts and their collective wisdom for prevention in the region.

Prevention practice must not be left to shifting individual attitudes, beliefs or behaviours alone but instead pay attention to all levels of the social ecology through which the drivers of violence exert an influence. The work must do this by **combining different techniques across various settings to make change 'stick.'** For example, *Change the Story* states that while evidence-based social marketing is a tool for raising awareness and reaching large numbers of people, it is unlikely to shift the drivers of violence in and of itself (Our Watch, 2021: 57). Mutually reinforcing techniques are needed, including strengthening an infrastructure through capacity building of workforces so the work of prevention can get done.

When reflecting on M2M's objectives, activities and Project Logic Model, it is clear that the project aligned with *Change the Story* in this way too, further evidence of its high-quality design. M2M

was not a single technique or setting approach. It didn't stop at broad-based social marketing and awareness raising but directly engaged with TFER over time and in different ways (e.g. training and themed Community of Practice sessions, small grants initiative) to build the capacity of workforces and partner organisations for sound intersectional prevention action and the prevention of violence against women with disabilities.

Contemporary primary prevention must adopt an approach to collaboration that is broad enough to cover coalition building and allyship as part of a wider social justice platform. To not do so diminishes the capacity to address the intersecting systems of oppression and discrimination, to transform these drivers of violence over time. Critical frameworks like *Change the Story* make particular mention of **strong partnerships between women's health services and specialist services supporting specific communities** (like Women's Health East and Women with Disabilities Victoria, respectively) as central to keeping work firmly focused on dismantling intersecting systems and maintaining primary prevention. This was how those involved in the project's proposal phase understood the expertise and leadership required for M2M.

Reflecting on the design phase, it is clear that the positive relationship between Women's Health East and Women with Disabilities Victoria was an enabling factor in producing a proposal for the Department of Social Services Community-led Projects Grant Opportunity that was squarely intersectional in its approach, with Women with Disabilities Victoria contributing to the design alongside Women's Health East and TFER partners. The relationship between Women's Health East and Women with Disabilities Victoria as regional and state-wide feminist organisations with mutual gender and disability expertise then carried into M2M's implementation phase, with their expertise and shared leadership for the work held in place by a Memorandum of Understanding and membership to the Project Advisory Group. The developing and ongoing relationship between Women's Health East and Women with Disabilities Victoria was critical to the project's establishment and for keeping M2M focused on primary prevention. Further, as a piece of infrastructure for prevention

in Melbourne's east, there are strong indications that this relationship is likely to continue beyond the project, which bodes well for intersectional practice in the region going forward.

We're really delighted with the relationship that we have forged with Women's Health East, which has grown stronger with the project. We can recommend Women's Health East as an example of an organisation that's actively trying to be inclusive in the work that they do, certainly around the prevention of violence against women and other aspects of their work too. That's become pretty standard practice across the organisation since M2M, but this is bigger than the project. It's about the relationship with Women's Health East, which is important, which we had prior to M2M, through our eastern Community of Practice, or events they've supported, or resources that we've launched.
(Project Advisory Group member)

To have the expertise of Women with Disabilities Victoria coming through the Project Advisory Group at that strategic level, then some on-the-ground support and being able to work together quite closely, it's been a robust and enjoyable collaborative practice that has strengthened the relationship between the two organisations. This has benefits that will extend beyond the project, through a sustained relationship with ongoing opportunities to work and learn together.
(Project Advisory Group member)

Prevention practice must capture know-how and share that knowledge with others in the field. Not doing so runs the risk of missing out on valuable opportunities for learning from and improving

on the work. This means **building fit-for-purpose evaluation (i.e. evaluation for learning and improving) into initiatives**, rather than approaching evaluation as an afterthought or not doing it at all. Indeed, so important is on-the-ground evaluation to prevention that both *Change the Story* and *Changing the Landscape* include it as a practice principle (Our Watch, 2021: 77–78; Our Watch and Women With Disabilities Victoria, 2022b: 64)

Looking at M2M’s objectives, activities and Project Logic Model, they clearly communicate an intent to integrate a thorough evaluation process into M2M and fully resource it to run alongside project delivery. One of M2M’s objectives is to ‘Contribute to the evidence base of what works in community-led prevention of violence against women with disabilities’ with the desired result of evaluation activity being an improved capacity on the part of TFER to share lessons learned and make sound decisions on next steps. Integrating and resourcing fit-for-purpose evaluation is the final way in which M2M was high-quality in its design.

Highly-principled prevention practice

Changing the Landscape was prepared by Our Watch and Women with Disabilities Victoria to support

prevention practice in targeting the intersection of gender and disability inequalities as first or primary causes of violence against women with disabilities. In addition to its essential actions for disrupting the drivers of violence, *Changing the Landscape* contains core principles to guide the work (Figure 15). The principles are essential for ensuring high-quality processes and activities, for achieving high-quality outputs, and for ensuring prevention work does not inadvertently reproduce the systems of oppression and discrimination it seeks to dismantle.

When considering project processes, activities and outputs it is clear that M2M upheld every principle for sound prevention practice put forward by *Changing the Landscape*, even though the project was underway months ahead of the framework’s release. Thus, while M2M demonstrated highly-principled intersectional practice as described in *Changing the Landscape*, it was also ahead of its time in anticipating these. The principles observed by the project are summarised as follows.

M2M paid meticulous attention to **access, inclusion and safety** throughout implementation, from the recruitment of eligible women to the Experts Group, to the formation of the group, to the upskilling of the women as Project Experts, to the co-design and consultation phase, and all that this meant in terms

Prevention principles to stop violence against women and girls with disabilities

- ✓ Centre the input of women and girls with disabilities.
- ✓ Ensure autonomy, community ownership and control.
- ✓ Co-design.
- ✓ Use a strengths-based approach.
- ✓ Build partnerships and opportunities for collaboration.
- ✓ Be respectful and authentic.
- ✓ Ensure the physical, emotional and cultural safety of women and girls with disabilities.
- ✓ Ensure accessibility and inclusion.
- ✓ Ensure prevention work is informed by critical frameworks.
- ✓ Contribute to the evidence base.

Figure 15. Core principles for the work of preventing violence against women with disabilities as presented in *Changing the Landscape*

of the Experts' interactions with TFER. The Project Team worked from **strengths-based** and **trauma-informed** positions in their engagements with the Project Experts, putting practices and processes in place so the group could be experienced as a safe and non-judgemental space. Without adhering to these prevention principles, the transformations that occurred among the women as individuals (i.e. the placement of lived experience within a wider structural frame) and as a group (i.e. their collective wisdom, the realisation of their agency in social change) would not have been possible.

M2M **gave time to the Project Experts** to immerse themselves in the group and its activities; to place their lived experience within a wider structural view of discriminatory and oppressive systems; to unpack how deep structural forces have shaped their lives in similar, but not identical, ways; to share lived experience when it felt right to do so; to properly co-design; to be consulted and to contribute expertise in meaningful ways; to forge enduring bonds and build solidarity; and to find safe and sustainable ways to be Experts. Without the principle of time, M2M would not have achieved the outputs that it did to the level of quality that it did, nor would it have benefited the women in the ways it did. When it comes to preventing violence against women with disabilities, time is perhaps the most critical principle.

M2M **centred lived experience** and **enabled community ownership**. These principles came to the fore during the project's co-design and consultation phase. This phase saw **authentic partnerships** and **power sharing** that placed women's knowledge and abilities at the heart of the endeavour. Co-facilitators drew on women's strengths by **being mindful of power imbalances**; by **stepping back so women can lead**; by **placing decision making in women's hands**; by being **respectful in engagements**; and again by making time for the to-ing and fro-ing of co-design, and for those consulting the women to close the loop. Having these multiple principles in place meant that the Experts experienced co-design and consultation in qualitatively different ways than before or outside of M2M. Having these principles in place meant co-design and consultation were done in appropriate and correct ways.

The project **elevated the voices of women with lived experience** and **amplified their voices** (also a project objective) as part of centring lived experience. It did this through regional events, themed Community of Practice sessions and other ways of showcasing the Project Experts and their co-designed resources. Having these sub-principles in place helped to consolidate the value of the women (and of the group) to the region's prevention work. It helped to grow women's professional identities too.

The Project Advisory Group embedded the principles of **access, inclusion and safety** into its terms of reference and placed **respect** and **authenticity** at the forefront of its work, and not as an afterthought. By having these principles and considerations in place, the Project Advisory Group mirrored M2M's other activities instead of standing above them or in opposition to them.

Finally, as described in the preceding section, M2M was **thoroughly informed by critical frameworks** such as *Change the Story* and *Changing the Landscape* in its attention to gender and disability inequalities as the social conditions that allow for violence against women with disabilities; in its mutually reinforcing activities across different settings and socio-ecological levels to challenge the drivers of violence at their intersecting origin; in the expertise and leadership brought to the project by two feminist organisations in Women's Health East and Women with Disabilities Victoria; and in its commitment to and execution of fit-for-purpose evaluation.

Numerous outputs within timeframes and online constraints

The Experts Group was M2M's centrepiece. Almost all other project activities were linked to the group and could not have happened without it. The timeframe from the formation of the Experts Group (November 2020) to the end of the consultation phase (June 2022) reflected a period of just over 18 months. Within this period, the timeframe from the formation of the Experts Group to the region's 16 Days campaign in 2021 was around 12 months. By any measure, this was not a luxurious amount of time for doing high-quality and highly-principled intersectional prevention work. It is further noted that with the exception of the

video filming, all project processes and activities within these timeframes took place in a virtual environment. Given this, and the fact that the project did undertake high-quality and highly-principled practices, processes and activities, M2M's outputs were remarkable and recapped as follows.

- **An expression of interest and recruitment phase** from September to October 2020 to attract women with lived experience to the Experts Group. This phase included **expression of interest materials** in accessible formats and promotion through Project Advisory Group and TFER networks. It resulted in 18 enquiries from eligible women.
- **An Experts Group** of ten women recruited through the expression of interest process, from November 2020.
- **A skills development program** for the Experts from late 2020 to early 2021 that covered the foundations of violence against women with disabilities and its prevention, the services and supports available to women experiencing violence, and advocacy.
- **A co-design and consultation phase** from around mid-April 2021 to June 2022. A core group of six to seven Experts continued into this phase, which incorporated ongoing upskilling through additional training or 'learn by doing' in communications, public speaking and consultancy.
- **Upwards of 55 sessions** for the Experts from November 2020 to June 2022 inclusive of times when the women were together for regional events, Community of Practice sessions, filming and consultations.
- **A respectful and authentic co-design process for 16 social media tiles** (messages and illustrations) for the region's 16 Days campaign in November 2021. **A respectful and authentic co-design process for six videos** with five Experts speaking to the tiles and unpacking their messages or illustrations.
- **Participation in the region's social marketing initiative** for the 16 Days campaign in late 2021, on the theme of 'Equality is.' M2M contributed the co-designed tiles while Women's Health East developed an accompanying toolkit. TFER partners used the tiles in different ways across Facebook, Twitter, Instagram and LinkedIn. There was evidence of tiles being taken up beyond the region by Women with Disabilities Victoria, Our Watch and Plan International's Gender Network.
- **Participation in two high-profile regional events** in November 2021 that showcased M2M, with Experts presenting alongside notable prevention leaders and decision makers from Victoria and nationally as keynotes or panellists.
- **Three training sessions** (delivered by Women with Disabilities Victoria) for the Project Advisory Group and TFER in June 2020, and again for TFER in June 2021. A total of 44 participants with good representation from TFER. Those attending found the training worthwhile and reported improved understandings of foundational concepts for preventing violence against women with disabilities.
- **Three themed Community of Practice sessions** in October 2021, April 2022 and May 2022 that further upskilled TFER's workforce to prevent violence against women with disabilities. The sessions involved the Experts in different ways, including their own chaired panel for the third session.
- **A small-grants initiative** that gave two TFER partners an opportunity to address the drivers of violence against women with disabilities by doing deeper work with the Experts.
- **A process for respectfully and authentically consulting with the Experts** to improve training programs at EDVOS and AccessHC (the two small grants recipients) by making them less marginalising and discriminatory from the vantage point of women with lived experience. The process included closing the loop.
- **A Project Advisory Group that met 15 times.** The Project Advisory Group led from the front in building prevention principles into its terms of reference and meeting practices. It contributed to the project's evaluation design and sustainability

planning resulting in an **Evaluation Plan** and **Sustainability Action Plan**.

Setting the tone for contemporary prevention practice

M2M was undeniably intersectional in its focus on shifting gender and disability inequalities as the social context of violence against women with disabilities, thereby aligning with latest frameworks for prevention. The project aligned with these frameworks in several other ways too by combining mutually reinforcing techniques in different settings across levels of the social ecology; in bringing in the expertise and leadership of feminist organisations to maintain the project's primary prevention focus; by adhering to the prevention principles contained in *Changing the Landscape*; and through resourcing fit-for-purpose evaluation as integral to the project.

For these reasons, M2M exemplified what leading-edge prevention can look like in the real-world context of practice in Victoria, which has been moving in ever more intersectionally transformative directions since *Change the Story* was first released in 2015. M2M also exemplified what leading-edge prevention can look like as a regional partnership approach led by a specialist women's health service in Women's Health East. This was an organisation that had invested time and commitment to building trust with a state-wide specialist service for women with disabilities (Women with Disabilities Victoria) and strengthening their own gender and disability expertise, prior to M2M commencing. This organisation then continued to grow both these assets as M2M unfolded, for positive project outcomes. The skill with which Women's Health East did this was noted by Women with Disabilities Victoria.

M2M is a really practical illustration that the experts model works, that the co-design and consultation model works, not just in the environment of Women with Disabilities Victoria, but other organisations can use it too. One of the things we try and promote is the centring of lived experience

through our Experts by Experience. We can demonstrate that ourselves, but in M2M we have a working example of how another organisation that is not disability specific has successfully demonstrated that too. (Project Advisory Group member)

Earlier in this report (**About the project and its contexts**), it was stated that VicHealth's programming in prevention's first wave generated some of the best-known settings-based practices that set the tone for how the work could and should be done. In the contemporary context of intersectional prevention practice and regional partnerships in Victoria, M2M is poised to do something similar; namely, set the tone for how the work could and should be done now and to the future.

M2M's value to participants and beneficiaries

Value to the Project Experts

M2M was of enormous value to the Project Experts in multiple ways. The project gave women the group, and the group and the activities it supported were unlike anything else in the women's lives. The attention to safety, accessibility and inclusion was noted by the Experts throughout – from the expression of interest and recruitment phase, to the formation of the Experts Group and skills development phase, to the regional events and Community of Practice, to the co-design phase and through to the very last of the consultations. To echo the words of one Expert, the one thing the group and the project didn't have was ableism.

Many Experts came to the project not knowing what to expect but hoping that what they had to say might be of use. Some had a sense they could help other women through their participation and be part of a process to change the 'horrible statistics' of violence against women with disabilities; but they were unsure of how this would unfold. M2M gave Experts the space to be themselves, to be accepted for who they were as women with lived experience without

judgement. It gave Experts time to reflect, connect, share and learn; to place lived experience in a wider structural frame of discriminatory and oppressive systems; to deepen insights and shape collective wisdom; and to step into their identities as agents of social change. It supported Experts to draw on their strengths; to be part of respectful and authentic co-design and consultation processes; to lead and own their work; to amplify their voices and be heard; to do things they had never done; to work through anxieties around public speaking or filming; and to take time out and re-join when it worked for them.

The acceptance, belonging and support, along with the transformations that occurred as individuals and as a group, were again unlike anything else in the women's lives. M2M's value to the Experts rested in the singularity and uniqueness of the group as experientially different to everything else, and the life-changing moments this afforded.

It's been the most sense of belonging that I've ever felt. In this space, there was that real belonging. Usually, I do feel quite conscious of being on the outer with groups of women. But in this group, I felt like I was part of things, really genuinely valued and accepted, having a future and being positive. I think everyone in the group has hope for change and hope for the future. That's part of what motivates everyone to contribute and contributing reinforces hope too. (Project Expert)

It just blows me away looking back on it how important the group has been. How it's changed my life and made me grow in my confidence and wanting to advocate more for myself and for others. That's given me a lot of motivation and a purpose and belonging. (Project Expert)

There's that collective sense of belonging to the Experts Group and having that support of peers, being in a space where not everything needs to be explained

because the women understand it. I think that's really important. That idea of the value of women with lived experience of disability being an Experts Group, being a resource as a collective, as a group, is a really wonderful thing. (Co-facilitator)

The project had value to the Experts in giving them opportunities to contribute to TFER's work in tangible and meaningful ways, and to experience first-hand the impact of their contributions as acknowledged by the partners themselves. M2M brought women out of the margins and into TFER's mainstream, giving them a sense of achievement and pride. It instilled in them the drive to take the work further beyond M2M. It left them with an invaluable sense of self-worth. As one Expert said, 'For the first time ever, I feel like a contributing human being'.

As women with disabilities you can be in the dark, and it's like we've been brought into the light. The name says it all. From the margins into the mainstream. (Project Expert)

It's the feeling of being satisfied, that it is working. I really had been struggling before this came along to feel accepted in the real world with my intellectual disability. But to see all this information being developed and being accepted by the partners, that is the best thing. That is a huge satisfaction in my life, that it's working. (Project Expert)

I feel like we've got in there and done the work, and that's why I'm so proud. I haven't noticed that in any other group that I've been part of. I've been proud to be part of other groups but they have not got to half of what we've got to here. That's why I'm so excited about M2M. So proud. (Project Expert)

I'm certainly going to take it as far as I can. I'd certainly like to continue in some vein in this area, because I don't have the emotions for anything else. I'm really driven in this area now, more so than I have been in any other area of my life. This seems to be where I really fit in and can make my mark. (Project Expert)

The project has been invaluable in giving the women the self-assurance to apply for professional positions or take up roles that they otherwise might not have. One Expert has been appointed to the leadership group of the Regional Family Violence Partnership, the integrated family violence partnership for Melbourne's east. Two Experts are engaging with the Regional Family Violence Partnership's Wisdom into Practice initiative, which is pairing social work students and women with lived experience for mutual mentorship and learning. One Expert has joined Women with Disabilities Victoria's Experts in our Health Group.

M2M has held value to the Experts on a more personal level too. Some women have become stronger self-advocates through being part of the group. Some have observed improvements to their mental health. For others, their involvement in the project has supported their ongoing healing from family violence. All have formed enduring bonds and rich friendships with one another and understand the significance of this for continuing their work as a group.

It's helped me understand myself better, understand the processes of ableism and sexism that have been going on. That helps me a lot in terms of self-advocacy. Because you can define where problems are coming from. Then it's easier to have the confidence to deal with them and stand up for yourself more. (Project Expert)

I feel better, my depression is better. It gives me purpose. It gives me hope, so much hope in myself that I didn't know I had. It's a big change coming now. (Project Expert)

Having my personal experiences validated is incredibly beneficial. It's on the healing path. Our group understands family violence and it understands disability. So you speak and you don't have to explain yourself. You feel like you're heard. It's just incredibly beneficial to be part of. (Project Expert)

I'd really like us to discover something as a group that we can do after this. It would be a real shame to have done all this, to have felt safe with each other, bonded with each other, know each other enough to be able to work quite well together and know what each other needs, to not continue. I would love to take that and do something else. We don't want to stop here. We want to keep going. We're all pretty fired up. (Project Expert)

Value to the TFER partnership

M2M has been of value to TFER in several important ways. The project was designed so outputs such as the 16 Days campaign social media tiles and the video series could become resources for the partnership's ongoing use. Partners now have high-quality and evidence-based resources formed through the lived experience of women with disabilities who live in the region, to use in their intersectional prevention work. The social media tiles are particularly noteworthy for their point of difference from other campaign materials available to partners from year to year, in terms of their authenticity, emotional impact and freshness. As one Project Expert put it, 'When I look at them now, the messages and images are timeless. Without knowing it, we made them so they would have longevity'.

The project has strengthened TFER's workforce for preventing violence against women with disabilities, through training and other learning opportunities. Over the 18 months, this has seen an improvement in understandings of foundational concepts for the work, such as gender inequality and disability inequality as intersecting drivers of violence against women with disabilities. That said, it will be important for TFER to have ongoing opportunities to learn about the prevention of violence against women with disabilities, so that the region's infrastructure for the work continues to strengthen.

The project has supported two TFER partners to work closely with Project Experts. The process saw these partners reviewing their respective training programs and rectifying aspects that were marginalising or discriminatory from the vantage point of women with lived experience, as practical steps their organisations could take towards transforming the drivers of violence. While the small grants initiative has been beneficial to these two partners, it must be stressed that TFER is made up of more than 30 partners. Supporting the rest of the partnership for this deeper work in applying intersectional primary prevention practice has yet to be achieved. The region will not see substantial, enduring change on the drivers of violence unless partners are committed to addressing sexism and ableism, and promoting gender equality and disability equality, as integral to intersectional prevention work. Identifying their own organisations as settings for intersectional prevention action, through improving their programs, services, practices or policies, would be one way of fulfilling this commitment.

It starts off by people becoming more aware. There needs to be a shift from that to an active implementation of the essential actions and how to create change. Unless that happens, we get stuck. The TFER partnership is very broad, a lot of different organisations are part of it. When it comes to systemic change and making organisational commitments to that change, it's hard for some organisations

to see the value, and so we get stuck. (Project Advisory Group member)

I feel like we've got the prevention of violence against women with disabilities on the TFER agenda; hopefully partners are more aware of how women with disabilities are marginalised in various ways by society. The challenge is to change practices, processes, policies and usual ways of working. That's really long-term change and it starts slowly. Getting a few examples to share is a wonderful thing and EDVOS can continue to be a change agent speaking about their work. Having the messages and the videos is another way to get people to understand. But getting the rest to happen is the hard nut to crack. (Project Coordinator)

The project has given TFER an example of what the partnership can accomplish when it brings together a consortium that designs well, operates well, collaborates well, leads from the front and is open to learning along the way. It can achieve high-quality and highly-principled work with tangible outputs such as co-designed resources that resonate and consultation processes with meaning. As such, M2M is a flagship collaboration of TFER, an up-to-date demonstration of the partnership's intent around leadership and changing the intersecting drivers of violence, as expressed in TFER Strategy 2021–2025.

This did feel like a true collaborative project. We've all been on projects before where there's one person always taking the lead. With M2M, we were able to contribute to the discussion, we were able to contribute to the project, we were genuinely wanting to learn. We weren't coming with our own agendas as organisations of what we wanted to achieve. I hadn't really thought

about it until today, just the amount of work that's occurred during this project! I do genuinely feel that learnings will continue beyond the project as well. Relationships will continue beyond the project. (Project Advisory Group member)

The relationships within the Project Advisory Group have been integral to the effective delivery of the project. There's been so much learning from the different voices, there really has been different specialist knowledge. People bringing specialist knowledge that has enriched, informed and improved delivery and implementation. There's been a real diversity of voices and collaborative spirit that have been invaluable to the project. (Project Advisory Group member)

Lessons learned or insights gained

Findings presented in the preceding section of this report confirm what critical frameworks have been saying about intersectional practice and preventing violence against women with disabilities.

First, quality is important, especially in ensuring safety, inclusion and accessibility, and in being strengths based, trauma informed and mindful of power imbalance in the work. To truly centre the lived experience of women with disabilities and ensure their ownership, initiatives must guard against replicating sexist and ableist discriminatory processes, practices and behaviours. Instead, a focus on creating safe, inclusive and accessible spaces must be maintained for properly centred and properly owned co-design and consultation i.e. processes that are respectful, authentic, collaborative and shared. Designers and implementers of intersectional prevention initiatives must ensure that quality is built into approaches to the work. Evaluators must ensure that

dimensions of quality are established as hallmarks of success. Funders must ensure that these ways of working and evaluating are accommodated by funding models that underpin grants programs.

We have so much to gain from good quality intersectional prevention practice. That it's more effective when driven by the community and their understanding and what they experience. And what they see that can make a change, make an impact, have an effect. Our prevention practice is so much the better for it. (Project Advisory Group member)

Second, strong partnerships between women's health services (like Women's Health East) and specialist services that support specific communities (like Women with Disabilities Victoria) are central to the broader coalition-building and allyship required for intersectional prevention practice. These partnerships are needed to keep the focus on intersecting systems of oppression and discrimination that drive violence, so efforts towards equality leave no one behind. Such partnerships are needed to maintain the work as primary prevention. The positive relationship between Women's Health East and Women with Disabilities Victoria, and their expertise and leadership for intersectional primary prevention as feminist organisations, were among the most important factors that facilitated M2M's successes.

Third, much can be achieved over the short-term with good will, good design, good infrastructure, good principles and good practices, and sufficient funding to support the endeavour. However, changing the structural systems of oppression and discrimination that intersect and drive violence against women with disabilities requires commitment, resourcing and collective endeavour over the long-term, because the drivers of violence influence every level of the social ecology and every facet of public and private life. While the

Project Advisory Group has actions in place to help sustain TFER's work in preventing violence against women with disabilities beyond M2M, there still seem to be questions about what will happen once the extension year is completed and the funding is finished. This presents a challenge for TFER's work in preventing violence against women with disabilities going forward.

For so many of our TFER partners, prevention is a little bit of their work, it's one bit of a bigger job. It's really hard to do that quality work, the time it takes, the resourcing it takes, the energy and depth. And it is innovative, so it's asking people to move beyond what's comfortable and known, to try things and push things. It's really hard to do that without dedicated resourcing and time. That is going to be one of the big challenges. How do we really build this into the mainstream? (Project Advisory Group member)

Next steps for the TFER partnership (and the Project Advisory Group)

TFER's workforce has gained much through M2M's training and other learning opportunities. It is important that this learning continues so that the region's infrastructure for preventing violence against women with disabilities, including a workforce with capacity for intersectional prevention practice, keeps strengthening.

Within TFER are two specific partners who have benefited enormously from the opportunity to work closely with M2M's Experts. It is important to make inroads for this deeper work with the rest of TFER's many partners if the partnership is to see substantial, enduring change on the drivers of

violence against women with disabilities. More needs to be done by partners in terms of working on their own organisations as settings for action on gender inequality and disability inequality. Put simply, TFER partners must be the change they want to see.

One way to ensure TFER continues to be strengthened for work in preventing violence against women with disabilities is to include capacity building for 'breadth' (e.g. themed Community of Practice sessions) as well as 'depth' (e.g. deeper work with women with lived experience) in the next action plan for *TFER Strategy 2021–2025*. The Project Advisory Group (and Women's Health East especially) must therefore take every opportunity in M2M's extension to advocate for the partnership's ongoing commitment to the prevention of violence against women with disabilities through this dual approach to workforce capacity building as part of infrastructure strengthening.

As stated, M2M exemplified what leading-edge prevention looks like in the real-world context of practice in Victoria, which has been moving in ever more intersectional and transformative directions since the release of *Change the Story* in 2015. M2M exemplifies what leading-edge prevention looks like as a regional partnership approach too, led by a specialist women's health service and their relationship with another feminist organisation that supports a specific community. M2M has set the tone for how prevention practice and regional collaborations and collective action could and should be done now and into the future, with implications for TFER's standing in prevention beyond the region.

The Victorian Government's plan for prevention, *Free from Violence*, is currently into the second cycle of its three-yearly action planning cycles. The *Second Action Plan 2022–2025* focuses on ensuring prevention in Victoria operates as a coherent, coordinated system. 'Governance, coordination and system development' is one of ten high-level priorities; and beneath this priority is a specific action to 'strengthen collaboration with local and regional partnerships, including women's health services, to inform state-wide policy and programming in Victoria, in recognition of the critical role they play in driving collective action across local communities' (State of Victoria, 2021: 42). Elsewhere,

it is noted that among the key players in prevention are regional organisations with lead roles for driving prevention (i.e. women's health services) and regional structures involved in prevention work (i.e. regional partnerships) (State of Victoria, 2021: 23).

This attention to the role of women's health services and regional partnerships in advancing the *Second Action Plan 2022–2025* is very welcome, especially given the enduring commitment of Victoria's women's health services and the regional partnerships they lead to preventing violence against women. Herein lies a strategic opportunity for Women's Health East and TFER to showcase M2M to a wider audience as a regional partnership approach for contemporary intersectional prevention practice, perfect for progressing the 'Governance, coordination and system development' priority of *Second Action Plan 2022–2025*. M2M could be an exemplar of evidence-based regional collaborations and collective action on the intersecting drivers of violence to inform state-wide policy and programming going forward.

TFER Strategy 2021–2025 includes activity to continuously monitor the external environment in which TFER operates and consider what this means for the partnership's work. In closing this report, it is suggested (rather than recommend) that TFER monitors developments related to the state-wide system infrastructure priority of *Free from Violence*; and readies itself to present M2M to stakeholders at the state-wide level, with evidence of the project's high-quality design, centring lived experience, ensuring community ownership, working from strengths-based and trauma-informed principles, proper co-design, meaningful consultation, regional partnership approach to intersectional practice and feminist organisations as critical enablers, along with all the other project successes documented in this report.

Recommendations for TFER

Recommendation 1. Maintain momentum for the work

TFER must maintain its momentum for intersectional prevention practice and the prevention of violence against women with disabilities as *TFER Strategy 2021–2025* is operationalised. TFER should do this through a dual approach that continues to strengthen the infrastructure for intersectional prevention work, by focusing on breadth as well as depth.

- Breadth should be achieved by continuing to build the capacity of TFER's workforce through learning opportunities such as an annual (or more frequent) themed Community of Practice session on the prevention of violence against women with disabilities.
- Depth should be achieved through TFER partners' ongoing learning with the region's Experts to take action on the intersection of sexism and ableism. This can occur via promoting gender and disability equality in their own organisations as settings by improving policies, processes, programs and services so they are less discriminatory and marginalising from the vantage point of women with lived experience.

Depth must be the priority for the partnership as it works on implementing *TFER Strategy 2021–2025*; and TFER partners who are more advanced in 'putting intersectionality into practice' must be engaged together with those newer to doing this. Opportunities must be created by TFER for sharing insights and lessons learned.

Recommendation 2. Keep intersectionality front and centre

Women's Health East, as lead partner, must ensure that TFER takes all reasonable steps in its processes and structures to consider the prevention of violence against women with disabilities in relevant conversations, so opportunities for regional

collaborations that tackle the intersecting drivers of sexism and ableism are explored and discussed up front. Reasonable steps include showcasing M2M at action planning or other decision-making forums, so partners understand what can be accomplished when they design and collaborate well, lead from the front, and are open to learning along the way; so partners can be inspired to continue the work of preventing violence against women with disabilities as part of realising *TFER Strategy 2021–2025*.

Recommendation 3. Champion the work

To help facilitate Recommendation 1 and Recommendation 2, members of M2M's Project Advisory Group must commit to the action in their Sustainability Action Plan to champion M2M and the prevention of violence against women with disabilities throughout TFER, as appropriate to their individual organisational roles and spheres of influence within the partnership. This action is especially important during M2M's extension and when the Department of Social Services funding comes to an end.

Recommendation 4. Share the evidence

TFER should explore opportunities to showcase M2M as a demonstration of leading-edge intersectional prevention practice beyond the region. For example, at relevant state-wide or national forums, or at conferences or events on prevention practice, policy or programming. Outputs of M2M in its extension year should include a practical 'how to' guide for the prevention field. The guide should be based on the insights gained and lessons learned from project implementation, and co-designed with the Project Experts as appropriate. TFER should develop an actionable dissemination strategy for this full evaluation report, including preparing its contents (in full or in part) for distribution to a range of audiences, and in formats to facilitate accessibility.

Recommendations for funders²¹

Recommendation 5. Program and fund intersectional prevention initiatives differently

Program decision makers and funders must move away from short-term models for community-owned intersectional prevention initiatives, towards models that properly recognise the fact that highly-principled and high-quality practice takes time, and that producing deep transformative change on the intersecting drivers of violence across all levels of the social ecology – societally, institutionally, organisationally, in community life and interpersonally – takes even more time.

Recommendation 6. Properly acknowledge and resource fit-for-purpose evaluation

Program decision makers and funders must move towards models that properly acknowledge and resource fit-for-purpose evaluation as integral to intersectional prevention practice. Fit-for-purpose evaluation is designed for learning and improving. Such evaluation is not an optional extra; nor is it something that partners should do without being properly acknowledged or resourced. Such evaluation is especially important for demonstrating that intersectional prevention practice has not inadvertently reproduced the systems of discrimination, oppression and inequality that it is trying to dismantle. Such evaluation is critical for building the evidence on how to do the work and why the endeavours have worked.

21 This project evaluation's intended users are TFER partners; however, in the course of consolidating the lessons learned and insights gained arising from M2M's design and implementation, we identified these two recommendations for funders.

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