Women’s health services are health promotion agencies focused on improving the health, wellbeing and safety of all women in Victoria. There are twelve women’s health services across Victoria including services in the nine rural and metropolitan regions, and three statewide and specialist organisations.

The Victorian prevention of violence against women (PVAW) workforce includes all workers who are trained practitioners in PVAW, or who play a role in contributing to PVAW. This includes workers from specialist PVAW and gender equity agencies, or within generalist agencies, for example NGOs, schools, sports clubs, community health, government and police services.

OUR PRINCIPLES

Women’s health services’ vision for the development of the PVAW workforce is to build an enduring, capable, passionate and broad workforce that can meet the needs of the community and contribute to the creation of equality, wellbeing and freedom from violence for every woman and girl in every community of Victoria.

The principles of women’s health services are central to everything that we do, including:

- **Respect & Equality** – we believe in the right of every person to live with respect and dignity and to be given fair and appropriate access to opportunity and happiness
- **Evidence-informed** – we follow reliable and reputable international and local evidence on best practice in health promotion and social change
- **Feminism** – we advocate for women’s rights, health and wellbeing to be recognised and supported as priorities for healthy communities
- **Equity** – we are committed to ensuring that current inequalities in women’s health and life outcomes are recognised and addressed as key priorities for Victorian policy, funding and reforms, including embedding an intersectional understanding and approach to equity
- **Community Engagement** – we work across all of the community to foster partnerships and collective solutions for progressing improvements in women’s status and health
- **Innovation** – we strive to create dynamic services to encourage creativity and diversity.
OUR COMMITMENT

Women’s health services have a longstanding commitment to PVAW – as part of our broader commitment to equality, wellbeing and freedom from violence for every woman and girl in every community of Victoria. Women’s health services have delivered PVAW initiatives for over a decade and worked to promote gender equity for decades more, and as such we comprise a unique and valuable workforce and infrastructure for PVAW.

Women’s health services are committed to supporting workers across Victoria to establish confidence and independence in this field. The magnitude and long-term nature of PVAW means that it cannot be achieved through one agency or sector alone – it is a complex initiative requiring whole of community action. Its success requires a multi-sector, skilled and sustainable workforce that can work with the community to progress enduring change. As such, women’s health services have committed heavily over the years to integrating and sustaining PVAW work more broadly across our communities. This includes our role as backbone organisations leading Regional PVAW Partnerships and developing the capacity and confidence of organisations and individuals across multiple sectors to progress PVAW through a Collective Impact approach.

The Royal Commission into Family Violence provided its recommendations in 2016, which included the need to build the size and capacity of the PVAW workforce. Women’s health services reiterate our commitment to continuing delivery of workforce development activities for both our own workers and the broader PVAW workforce in line with these recommendations, and in particular aligning and supporting the implementation of the Victorian Government’s 10-year Industry Plan for Family Violence Prevention and Response, Building from Strength.²

OUR PRIORITIES

Our priorities centre on a multi-sector, multi-setting and multi-strategy workforce development approach that is based on reputable evidence and coordinated across the state. Front and centre, the Victorian Government’s Industry Plan Building from Strength³ plays a critical role in directing this work.

The following table highlights women’s health services’ key priorities for our ongoing contribution to the professional development of the broader PVAW workforce and achievement of the Industry Plan. The final listed priority area focuses on development of PVAW workers within our own agencies, to ensure they continually progress their capability to support the broader workforce.

“The magnitude and long-term nature of PVAW means that it cannot be achieved through one agency or sector alone - it is a complex initiative requiring whole of community action.”
### Promoting Reliable and Reputable PVAW Evidence, Frameworks and Policies

| Designing workforce development activities in alignment with the findings, recommendations and directions of *Change the Story* and its complementary documents, *Free from Violence, Safe and Strong, Building from Strength*, and the *Preventing Family Violence & Violence Against Women Capability Framework.*

| Developing frameworks and guides that build upon the above documents and provide practical implementation guidance for the workforce. For example, *Intersectionality Matters* resource guide to engaging immigrant and refugee communities for PVAW; *No Limitations* resource guide for early years educators; and *Inclusive planning guidelines for the prevention of violence against women with disabilities.*

| Developing workforce understanding and buy-in to these key documents by promoting their existence and importance; and unpacking their content to the workforce through professional development activities.

| Increasing recognition of all forms of family violence and violence against women covered by *Free from Violence*, including supporting greater workforce understanding of the theoretical frameworks and evidence behind all forms of family violence and violence against women, and strengthening partnerships across agencies with expertise in varied forms of violence.

| Identifying particular knowledge and skills gaps of the workforce with regard to the *Capability Framework* and tailoring workforce development activities to address these needs.

| Using reliable, reputable and gendered social change approaches, including the collective impact framework, and strengths-based, ‘do no harm’ and gender transformative approaches.

### Centring Intersectionality

| Explaining the importance of intersectionality and promoting its integration into PVAW. For example through content in workforce development information resources, training and advice; and through women’s health services modelling intersectional practice.

| Recognising and promoting the importance of intersectional work being informed and led by women with lived experience of intersecting social inequalities. For example, Women with Disabilities Victoria, Multicultural Centre for Women’s Health and rural women’s health services play critical leadership roles in informing and modelling intersectional capacity building in PVAW.

| Advising and supporting workers in the practical application of an intersectional approach. For example through orientation and other training, forums, community of practice sessions and ad-hoc support to workers.

| Increasing and improving inclusive and intersectional practice in workforce development activities to ensure that community demographics are better mirrored in the PVAW workforce; that the voices of multiple and marginalised groups have a fair platform within PVAW work; and that critical issues affecting marginalised communities and women and girls within these communities are recognised and addressed in the PVAW sector.

| Building the evidence base for the application of intersectionality on the ground to support long-term understanding and improvements in best practice for workforce development. This includes in areas such as intersectional audit tools, application in rural settings, and strengthening coordination and partnerships between gender-focused groups and organisations and those focused on other key social issues and inequities.
Recognising the need to tailor initiatives to avoid a ‘one size fits all’ approach to workforce development. This includes recognition of demographic and geographic contexts and diversity. This further includes recognition of the disadvantages faced by particular population groups and the need for a consultative equity approach to ensure development activities are representative of these groups.

Ongoing engagement with workers to ensure they are active participants in their own development, including genuine consultation, needs analysis and reflective learning processes. It is a women’s health services’ priority to ensure adequate space for workers to reflect on their development needs and experiences and contribute to the design of development activities.

Building and educating leaders in organisations and the broader community. This includes development of community leaders as a critical and influential workforce segment. It also includes workplace action – delivering whole-of-organisation capacity-building programs. These programs importantly build baseline recognition in employers and management of the leadership actions required from them to create authorising environments for their own workers – enabling the success of their workers’ PVAW activities in the short term, and increasing their workers’ opportunities to develop their skills, experience and capabilities into the future.

Providing personalised wrap-around support for workers to build their independence into the future. This includes initial training and resources, followed by further training and ad-hoc support in the medium-term to establish their knowledge, experience and independence into the future.

Building trainer capabilities in the PVAW workforce. The expanding nature of PVAW work requires the development of a larger pool of workers skilled in training other workers. Women’s health services deliver train-the-trainer and other advanced development activities to support this.

“It is a women’s health services’ priority to ensure adequate space for workers to reflect on their development needs and experiences and contribute to the design of development activities.”
Ensuring that workforce development activities are delivered to workers in different settings and that workers from these settings are encouraged and supported to be involved in PVAW. This includes reviewing gaps in existing partnerships and reach, expanding these where necessary, and identifying settings where the workforce is particularly thin and in need of expansion.

Developing existing and new workers' awareness and skills across settings, with particular focus on settings that have been found to align well with PVAW (e.g. sports settings) and settings where less progress has been made to date (e.g. advertising or faith settings).

Building multi-sector and multi-setting partnership approaches: taking PVAW out of single organisations or settings and building multi-organisation, multi-setting and whole-of-community approaches to PVAW workforce capacity-building.

Ensuring that workforce development activities are delivered to workers in different settings and that workers from these settings are encouraged and supported to be involved in PVAW.

Increasing content knowledge and confidence through professional resources, training and events, including:

- Multi-modal: face-to-face sessions, printed information resources, interactive online learning, video and audio materials
- Multi-level: beginner induction and orientation, and intermediate and advanced resources and masterclasses
- Cross-sector: supporting workers to access relevant resources and training outside the PVAW sector, e.g., facilitation techniques and organisational change
- Formal and informal: supporting workers to access formal and informal pathways to build workforce capacity across the knowledge and skills defined within the Preventing Family Violence & Violence Against Women Capability Framework.

Providing activities and support not traditionally categorised as workforce development and vital to building workforce capacity:

- Communities of practice: peer knowledge sharing, confidence boosting and reduction of worker isolation and burnout
- Opportunities for ‘on the job’ experience: requiring initial work with employers and management to create enabling environments
- Events and activities such as 16 Days of Activism Against Gender-Based Violence: to increase worker knowledge and awareness of the evidence base and build their networks and contacts; and to attract leaders’ interest in PVAW (e.g. through a powerful speaker) to encourage increased investment in PVAW workers within their own organisations (e.g. new workers and/or increased time allocation for current workers).
INCLUSIVE & EFFECTIVE WORKFORCE DEVELOPMENT

PRIMIOTISING PEER NETWORKS AND WORKER HEALTH AND WELLBEING

Promoting the importance and key facets of worker health and wellbeing throughout workforce development programs. In particular the issues of resistance and backlash to PVAW, job insecurity, high workload, and worker isolation and burnout.

Providing specific supports to enable better worker health and wellbeing. For example, peer and professional supports through community of practice networks and meetings; ad-hoc phone and in person advice and peer support; working with management and leadership to create safe and enabling environments for PVAW workers; and advocacy to decision-making bodies.

CONTRIBUTING TO BUILDING EVIDENCE AND SHARED UNDERSTANDING OF PVAW WORKFORCE DEVELOPMENT

Gathering evidence on best practice PVAW workforce development as a priority aspect of all program delivery, in recognition of PVAW as an emerging global field requiring ongoing evidence and knowledge building.

Sharing practice experience, case studies and learnings with other practitioners and policy-makers through participation in government consultations, sector co-design and industry planning processes; peer events such as forums and conferences; and providing accessible findings and recommendations in project reports and evaluations.

ONGOING KNOWLEDGE & SKILL DEVELOPMENT WITHIN WOMEN’S HEALTH SERVICES

Building knowledge of and capacity in applying new PVAW evidence, frameworks and policies. Recognising the evolving nature of PVAW knowledge, ensure women’s health services are up to date with new PVAW content and are confident in applying this new knowledge in their supporting role to the broader PVAW workforce. In 2018, this has included effective application of intersectionality, the Capability Framework, backlash and resistance strategies, as well as an exploration of government policy focus on preventing family violence and all forms of violence against women.

Providing professional development for advanced practitioners, including working with Women with Disabilities and Multicultural Centre for Women’s Health (specialised women’s health services) to audit or identify improvements needed in women’s health services’ intersectional practice; Women’s Health Victoria’s suite of Masterclasses for intermediate and advanced practitioners; and GEN VIC’s community of practice sessions.

Coordination and information sharing across women’s health services to support best practice and innovation, including through communities of practice, multi-organisation meetings and workshops, and systems for resource sharing.

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1 For a list of all women’s health services see www.actionpvaw.org.au/taking-action/services-regional-action
2 Building from Strength: 10 Year Industry Plan for Family Violence Prevention and Response, State of Victoria, 2017
3 See Note 2
4 Change the Story and its complementary documents can be found at https://www.ourwatch.org.au/Media-Resources; Free from violence: Victoria’s strategy to prevent family violence and all forms of violence against women, State of Victoria, 2017; Safe and Strong: A Victorian Gender Equality Strategy, State of Victoria, 2016; Building from Strength (see Note 2); Preventing Family Violence & Violence Against Women Capability Framework, State of Victoria, 2017
5 Multicultural Centre for Women’s Health, 2017
6 Women’s Health East, 2017
7 Women with Disabilities Victoria, 2017
8 With a particular focus on the population groups identified in the findings of the 2016 Royal Commission into Family Violence as currently underrepresented in Victorian family violence response and prevention work focus and workforce demographics
9 See Note 8.

GEN VIC is the peak body for gender equity, women’s health and the prevention of violence against women. One of our roles is to deliver and support coordinated and evidence-informed women’s health promotion activities.