

Prevention Infrastructure That Already Works

A SUBMISSION FROM THE PRET PARTNERSHIP –
NEARLY 40 ORGANISATIONS ACROSS MELBOURNE'S
SOUTHERN METROPOLITAN REGION – TO THE
CONSULTATION ON PRIORITY AREA 2, SECOND
ACTION PLAN, NATIONAL PLAN TO END VIOLENCE
AGAINST WOMEN AND CHILDREN 2022-2032



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This submission would not exist without the nearly 40 organisations that make up the PRET Partnership; councils, health services, multicultural and ethno-specific organisations, Aboriginal Community Controlled Organisations, legal and family services, faith-based organisations, universities and government departments. What is set out here reflects their collective practice, their roundtable contributions, and a decade of shared work to build a region free from violence. This is a partnership document, not a WHISE document, and we thank every organisation that gave time, evidence and honesty to shape it.

The strength of the PRET Partnership lies in its shared commitment, diverse practice expertise and collective learning. Partner organisations contribute to this submission through that shared regional effort, while recognising that each organisation considers implementation, advocacy and resourcing decisions through its own governance, policy and local community context

We acknowledge the primary prevention workforce; a workforce that is skilled, specialist and too often under-resourced, under-recognised and precariously employed. The translation work described in this submission, turning structural analysis into practice in a classroom, a workplace, a football club or a community group, is carried disproportionately by practitioners who are among the most junior and least secure in the sector. We thank them for their expertise and their persistence, and we hope this submission contributes to a future in which that work is properly funded and properly valued.

Finally, we acknowledge victim-survivors of family, domestic and gendered violence, those who have shared their experience to inform this work, and the many more whose experience remains unheard or unsafe to share. Primary prevention exists because responding to violence after it happens is not enough. This submission is written in the belief that a future free from gendered violence is possible, and in recognition that the people best placed to guide that future are those who have lived its absence.

This submission is made in the context of, and in support of alignment with, key national frameworks including Our Ways – Strong Ways – Our Voices and Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031, recognising that the prevention of gendered violence must be grounded in Aboriginal and Torres Strait Islander self-determination and in the safety and wellbeing of children.

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For the PRET Partnership

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Who is WHISE?

Women's Health in the South East (WHISE) is a not-for-profit organisation founded in 1992.

WHISE provides promotion, advocacy, support and education services for women's health in the Southern Metropolitan Region of Melbourne. We work with governments, organisations, education providers, health practitioners and community groups.

WHISE is part of a network of 12 women's health services across Victoria. The Women's Health Services Network (WHSN) focuses on empowering women, working to improve health and wellbeing of women within our community.

Our Vision is for a region where gender equality is everybody's experience, empowering women and girls to be safe, healthy and thriving.

We strive to advance gender equality, ensuring the safety and wellbeing of women and girls in our region. We achieve this through advocating for the removal of intersectional barriers, engaging in evidence-based collaboration with our partners and community. Collectively, we raise awareness, enhance capabilities, share information, and lead the way in driving transformational change.

WHISE's objectives are to have everyone in our region experience gender equity in their daily lives so that women and girls in our region:

- Have access to gender-informed and appropriate healthcare and sexual and reproductive services and information.
- Experience mental and physical wellbeing.
- Live free of gendered violence and in a sustainable, healthy environment.

Who lives in our region

The Southern Metropolitan Region runs from Port Phillip and Stonnington in inner Melbourne, through the bayside and south-eastern suburbs of Glen Eira, Bayside, Kingston, Greater Dandenong and Frankston, out to the growth corridors of Casey and Cardinia and down the Mornington Peninsula. Ten councils, 1.56 million people, and no single community.

The spread is the point. In Greater Dandenong, 63% of residents were born overseas - the highest proportion of any local government area in Victoria, drawn from more than 157 recorded birthplaces, and the most culturally diverse municipality in Australia. Ninety minutes away in Mornington Peninsula Shire, the figure is 17.7%, the lowest in the region. Between them sit Casey at 42.1%, Port Phillip at 33.1%, Kingston at 31.9% and Stonnington at 31.5%, against a Greater Melbourne average of 35.7%. A single regional partnership, funded under a single agreement, spans a forty-five-point range in the most basic measure of cultural diversity there is.

Averages at the council level conceal as much as they reveal. Kingston reports 31.9% overseas born across the municipality; in Clayton, inside the same council area, the figure is 62.8%. Prevention designed to a municipal average will be wrong at both ends of it.



What matters most for prevention, though, is not how many people were born overseas but how they came to be here. These are different migration pathways producing different needs. Greater Dandenong and Casey carry the region's humanitarian and protection-seeker settlement: Greater Dandenong alone accounts for 17% of every person in Victoria holding a Bridging E Visa as an irregular maritime arrival, second only to Brimbank, with Casey a further 10%; two of the state's four most concentrated municipalities are in our region. Casey's Afghan-born community makes up 4% of its residents. Port Phillip's overseas-born population, by contrast, is shaped predominantly by education and lifestyle migration from the United Kingdom, New Zealand, India and China. Glen Eira holds a substantial Jewish community, with 17.2% of residents reporting Judaism. Frankston and Mornington Peninsula remain predominantly Anglo-Australian with emerging culturally diverse communities. A prevention program built for one of these settings will not transfer to the others, and a national framework that assumes it will is funding failure.

The languages follow the settlement pattern. Across Victoria, people seeking protection hold citizenship of Sri Lanka (31%), Iran (29%), Pakistan (13%), Afghanistan (4%), Iraq (3%) and Vietnam (3%), with a further 10% stateless; Greater Dandenong's largest overseas-born communities are Vietnamese, Indian, Cambodian and Sri Lankan. This is precisely why our partners' in-language prevention resources exist in Dari, Hazaragi, Tamil, Hindi and Punjabi. Those materials were not translated after the fact from an English-language model. They were built in and with the communities that live here.

Diversity in our region also maps directly onto disadvantage. Greater Dandenong is among the most disadvantaged municipalities in Victoria; Bayside among the most advantaged. Among Greater Dandenong residents from Iran, Iraq, Afghanistan, Pakistan and Burma who had arrived in the four and a half years before the 2016 Census, 60% of those aged fifteen and over had left school before completing Year 11, and median weekly incomes ran from \$233 to \$459 against a Victorian median of \$651. Reported experience of discrimination on the basis of skin colour, ethnicity or religion in Greater Dandenong rose from 9% in 2007 to 19% in 2018–19, reaching 42% among Muslim residents and 38% among Hindu residents. In Cardinia, only 56% of residents agreed that multiculturalism definitely makes life better locally, against 67% of Victorians overall. Prevention practitioners in this region are not working in a neutral climate, and the backlash this submission asks the Plan to name is already measurable in our communities.

Gender composition across the region is close to even - Casey 50.2% female, Cardinia 51% - but the way that is counted illustrates a wider problem. ABS Census data records sex, not gender identity. When Cardinia Shire asked its own residents a gender identity question in its 2023 Liveability Survey, 53% identified as female, 43% as male and 0.3% self-described. The national data infrastructure the Second Action Plan will rely on cannot presently see the population it is meant to serve. What regional data does show clearly is that caring roles, single parenthood and disability are strongly gendered across the region, with women overrepresented as carers and single parents, and older women the fastest-growing cohort within the region's homelessness population.

This is the region the PRET Partnership was built to serve. It is why prevention here is place-based by necessity rather than preference, and why the asks that follow turn on funding communities to lead prevention in their own languages and settings.



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Executive Summary

This submission responds to the consultation on Priority Area 2 (Primary Prevention and Early Intervention) of the Second Action Plan on behalf of the Promoting Respect and Equity Together (PRET) Partnership. Coordinated by Women's Health in the South East (WHISE), the PRET Partnership brings together more nearly 40 organisations across Melbourne's Southern Metropolitan Region, collectively serving approximately 1.56 million people across 10 local government areas, including some of Victoria's most advantaged and most disadvantaged communities.

A decade of regional practice has shown what works.

Our submission makes the case that the Second Action Plan's central opportunity is to build on this strength - to recognise, resource and connect what already works, rather than start again each funding cycle. The Partnership model itself is the evidence: regional coordination turns generational, whole-of-population change into a scalable, replicable practice - provided it is backed with funding and measurement architecture that matches its ambition.

We make eight key asks of the Second Action Plan:

1. **Treat primary prevention as a distinct national priority**, with its own outcomes framework and workforce strategy, funded on a horizon that matches generational change, with gender equality positioned as the foundational prevention strategy.
2. **Fund regional prevention infrastructure** - the connective tissue, proven in our region, that turns individual programs into whole-of-community change, including the place-based leadership role of local government.
3. **Build a measurement architecture fit for prevention's strengths** - a prevention-specific national framework, ring-fenced evaluation funding, contribution analysis, culturally responsive and participatory methods, and Indigenous data sovereignty embedded from the outset so the change prevention is already achieving can be seen and valued.
4. **Resource the prevention workforce as the skilled specialists they are**, with secure contracts and accountability held by leadership.
5. **Embed lived experience as primary prevention infrastructure**, drawing on the PRET Partnership's own national-first Framework for Embedding Lived Experience.
6. **Back culturally embedded, in-language, community-led prevention**, resourcing ethno-specific and faith-based organisations to lead.
7. **Resource practitioners to meet backlash with confidence**, paired with legislative action on algorithm-driven misogyny.
8. **Extend accountability across the whole community** - corporate, sport, media and government leadership alongside families - building on the whole-of-community model our region already practises.

Our distinctive contribution to this consultation is proof of concept: ten years of regional, place-based practice showing what prevention can achieve at scale. The tools and infrastructure we have developed, including the Lived Experience Framework, Prevention of Family Violence First Aid Training, and Values-Based Messaging capability, are ready for national scaling, and the partnership model itself is replicable in other regions. We offer this as the working model for what the Second Action Plan's national ambitions can look like on the ground.



What is PRET?

Why use partnerships to prevent gender based violence?

For a decade, WHISE has been the backbone organisation for a regional partnership dedicated to the primary prevention of gendered violence across Melbourne's Southern Metropolitan Region- ten local government areas, 1.56 million people, and some of the most and least disadvantaged communities in Victoria, with extraordinary cultural and linguistic diversity. The partnership brings together around 40 organisations: councils, community health services, legal services, family and specialist family violence services, Aboriginal Community Controlled and Aboriginal-led services, multicultural and ethno-specific organisations, faith-based organisations, disability services, and state government departments.

Our Partners are:

- Anglicare Victoria
- Bayside City Council
- Bayside Community Health
- Bayside Health Peninsula
- Better Health Network
- BP Integrated FV Partnership
- Bunjilwarra Residential Rehab.
- Cardinia Shire Council
- City of Casey
- City of Greater Dandenong
- City of Port Phillip
- City of Stonnington
- Community First Responders
- Department of Education
- Emerge Support
- Glen Eira City Council
- Family Life
- Frankston City Council
- inTouch
- Jewish Care
- Wellsprings for Women
- Kingston City Council
- Monash Health and Community
- Moorabbin Specialist FV Court
- Mornington Peninsula Shire
- Outlook Disability
- Peninsula Community Legal Service
- SECASA (Monash Health)
- SM Integrated FV Partnership
- South East Community Links
- South East Leisure
- South East Monash Legal Service
- South East Water
- Southern Migrant and Refugee Centre
- Specialist FV Court - Dandenong
- The Orange Door – SMA
- The Orange Door – BPA
- Uniting
- WAYSS Ltd

The partnership is [now delivering its third regional strategy](#). The first, *Preventing Violence Together 2016–2021*, built the case for collective action. This strategy establishing a shared understanding of the gendered drivers of violence and the capability of practitioners across the region to act on them. [The second, *Promoting Respect and Equity Together 2021–2025*](#), matured the partnership from case-making to systems work: strengthening organisational cultures and leadership, building workforce capacity, brokering evidence into practice, and embedding an intersectional lens across health planning. The third, *Promoting Respect and Equity Together (PRET) 2025–2030*, extends that work. It deepens collaboration, [broadens the](#)



[diversity of initiatives](#), and examines prevention across the full spectrum from primary prevention to early intervention, response, recovery and healing.

The value of the partnership model lies in what no individual program can do alone. A regional partnership holds the relationships, shared language and strategic coordination that turn more than 160 separate prevention activities into a coherent whole-of-region effort. It is governed through structures that connect prevention to the response system, two regional networks aligned with the Regional Integrated Family Violence Partnerships, and sustains collective learning through Communities of Practice on Respectful Relationships in schools (the Critical Friends Network), embedding lived experience, and working with men and boys. Each strategy has been built on a partner-validated theory of change with an overlaid evaluation framework, meaning the region does not just deliver prevention: it measures, learns and adapts together.

The [independent evaluation of the second strategy demonstrates](#) what this infrastructure delivers. Over 2021–2025, the partnership engaged 28 new organisations and 37 new practitioners in prevention, extending the work into sectors where prevention has traditionally been absent; housing, legal services, men's behaviour change, emergency management, leisure, maternal and child health, and disability advocacy. Participation in the partnership's working groups more than doubled, from 58 to 137. Fourteen learning forums built the capability of more than 1,000 participants on topics from affirmative consent to trauma-informed practice, reproductive coercion and healthy masculinities. Partner organisations' commitment to working on prevention of violence against women rose from 93% to 96%, and on gender equality from 82% to 97%. Seven new initiatives engaged over 300 men and boys in healthy masculinities and community connection. [The Critical Friends Network](#) supported 42 community leaders to embed Respectful Relationships education in schools, and the partnership extended that whole-of-service approach into early childhood education. And the partnership produced the [Framework for Embedding Lived Experience in the Primary Prevention of Gender-Based Violence](#), the first of its kind nationally, now being operationalised through a regional Community of Practice and a lived experience advisory structure within the partnership's governance.

Partners themselves describe the value plainly: 92% reported opportunities to share their prevention work and learning through the partnership, 89% said it supported their organisation's capacity to deliver evidence-based prevention, 75% reported improved access to evidence-based research, and 65% said it directly enabled collaboration with other organisations in the region, reducing duplication and increasing collective impact.

This is what regional prevention infrastructure looks like in practice: a decade of sustained, evaluated, place-based collective action, held together by a funded backbone and shared strategy. It is the model this submission asks the Second Action Plan to recognise, resource and replicate.



Our Response to the Consultation Paper

The consultation paper poses five questions under Priority Area 2. Below, each question is followed by the PRET response drawing on the collective material we have built.

Q1. What would make the biggest difference in preventing and ultimately ending violence?

Our answer: Sustained, flexible, long-term funding for primary prevention as a distinct national priority and a structural commitment to the regional, strategic infrastructure that makes prevention work.

This was the first thing nearly every partner reached for, and it ran through every theme. Primary prevention is generational work. It cannot be delivered through short project cycles driven by political terms. The single biggest difference the Second Action Plan could make is to fund prevention on a horizon that matches its ambition, with dedicated investment in prevention infrastructure, not just programs.

What this means in practice:

- Taking a **‘whole of government approach’** to prevention of family and gender-based violence. Primary prevention of family and gender-based violence spans all social determinants of health including Health, Education, Infrastructure, Climate Change, Employment, Finance, Industry, Defence, Justice, Immigration. There needs to be strategic coordination between departments within Federal departments but also between Federal and State government departments as well as between departments within State government to ensure that approaches to preventing family and gender-based violence are mutually beneficial and amplified across all levels of government.
- Treat primary prevention as a **distinct but embedded priority area** with its own outcomes, workforce and funding while recognising the continuum it shares with early intervention. The consultation paper itself notes there are differing views about whether these should be treated separately. We say: primary prevention must remain distinct, with its own funding, workforce and outcomes, but embedded within a coordinated system of programs and services, not isolated from early intervention, response and recovery
- Fund **regional prevention partnerships** like PRET as a collective strategic and connective infrastructure, not discretionary programs. Across the Southern Metropolitan Region, the Respect Victoria mapping exercise identified over 160 prevention activities led by more than 50 organisations. These are held together by relationships and shared language, not by structural funding. That is the gap.



- Recognise that effective prevention is **cost-effective and community-led**. It is an investment in community development, not a cost. Properly funded prevention improves outcomes across the health portfolio: children meeting developmental milestones, reduction in childhood anxiety and youth mental ill-health, reduction in violence and trauma, increased employment participation, and the health and wellbeing of adults and seniors which reduces health system costs.
- Acknowledge that **short-termism is political, not just financial**. Political cycles and shifting agendas drive short-term vision and short-term funding. Gender equity and primary prevention need a much longer view to genuinely reduce harm.

Q2. How can existing efforts to prevent violence be strengthened or built upon at the individual, community, organisational, institutional and societal levels?

Our answer: By recognising, resourcing and connecting what already exists rather than starting from scratch each funding cycle; and by spreading accountability beyond the usual players.

The consultation paper calls for prevention "where people live, work, learn and connect." We are already doing this and what limits our impact is not knowledge or willingness but structural support.

How existing efforts can be strengthened:

- **Fund the coordination, not just the delivery.** Across our region, the translation work turning "change the gendered drivers" into a conversation with a footy club, doing a workplace audit, reviewing a council policy, adapting classroom curriculum is specialist, relational and largely invisible. When systems don't move together, the coordination burden falls on practitioners. The Second Action Plan should explicitly resource this coordination role through funding, governance and practical implementation guidance.
- **Spread responsibility beyond community organisations and councils through legislative mandates.** Corporate Australia, sport and media need to carry prevention responsibility too. A genuine whole-of-community approach means prevention is not left to the most passionate, most precarious parts of the workforce.
- **Build cross-sector infrastructure for collective impact and evaluation.** Most sectors are not explicitly funded to deliver prevention. Health, local government, education, early years, community services, sport, faith and multicultural settings all touch prevention, but delivery is reliant on individual organisations and motivated people, with little resourcing for coordination, shared evaluation or lessons learned. One partner's entire prevention program is currently self-funded by Council with no certainty beyond the current cycle.
- **Support whole families, not just mothers.** People who use family and gender-based violence are often themselves victim-survivors of it. Preventing intergenerational harm means developing a system that wraps around families holistically: accessible support, education and care for expecting parents and caregivers of all genders, and identifying



early warning signs before harm compounds. Practice examples in our region include dads' parenting groups and after-hours Maternal and Child Health age-and-stage appointments (Cardinia Shire).

- **Honour the continuum with early intervention without collapsing the distinction.** In migrant and refugee communities, it is often difficult to do prevention alone as people may be victim-survivors and/or using violence, and early intervention or response approaches need to be embedded alongside prevention. The plan should resource this complexity rather than enforcing a binary.
- **Dedicate investment to prevention approaches for LGBTIQ+ people and communities.** Port Phillip (10.6%) and Stonnington (7.8%) have among the highest proportions of LGBTIQ+ adults in Australia. Prevention work with these communities requires dedicated, evidence-based approaches that address the specific intersections of heteronormativity, cisnormativity and gender inequality; not a footnote in mainstream programming.

Q3. How can governments, communities, schools, workplaces, online platforms and others better support people to recognise and respond to harmful attitudes and behaviours?

Our answer: By investing in place-based, culturally embedded education and engagement; and by naming the digital environment as a prevention setting that requires legislative action, not just programs.

- **Legislative action** to change the systems and structures which hold in place gender inequality and violence against women, girls and gender-diverse people needs to be implemented at the same time that we're doing the work to change attitudes and behaviours in work places, schools and communities.
- **Prevention education must be long-term, sustained and contextualised** not just one-off awareness campaigns. The consultation paper itself notes that some educational interventions have inadvertently led to backlash, with boys becoming more supportive of violence after exposure to insufficiently contextualised programs. Our Critical Friends Network (supporting Respectful Relationships in schools), our Early Years Webinar (where 95% of early childhood educators recognised the importance of addressing family violence), and our Preventing Family Violence First Aid Training (91% of participants prepared to act as active bystanders) all demonstrate what sustained, relational education looks like.
- **Culturally embedded, in-language prevention is essential.** Across our region: South East Community Links' Change the Story in Language resources (Dari, Hazaragi, Tamil, Hindi, Punjabi), Wellsprings for Women's "Being a Man" project with migrant community leaders, inTouch's Motivation for Change program for men from refugee backgrounds, and JewishCare's Shabbat table toolkit; all show that prevention must be done in community, by community, in language. This is not supplementary work; it is the core of intersectional prevention.



- **Algorithm-driven online content is a growing barrier to prevention** particularly with young people. Several partners raised the intersection between pervasive misogynistic content and the harm it inflicts on primary prevention efforts. Government has a role in legislating platform accountability alongside funding on-the-ground prevention (see the Fix Our Feeds campaign at teachusconsent.com/fix-our-feeds).
- **Prevention of sexual violence, including reproductive coercion, requires its own dedicated focus and funding.** WHISE's Reproductive Coercion Forum, delivered in partnership with the Good Health Down South partnership, is an example of sexual violence prevention in practice, and it needs national coordination and dedicated funding to scale.
- **Practitioners are the translators.** The plan should recognise prevention practitioners as skilled specialists - not deliverers of pre-set programs - and elevate practice knowledge and lived/living expertise as legitimate evidence, standing alongside academic and population data rather than beneath it.

Q4. What prevention and early intervention approaches appear most promising or effective, and what is needed to strengthen or expand them?

Our answer: Place-based, relational, cross-sector prevention infrastructure which is coordinated through regional partnerships and measured through frameworks that value process and structural change, not only prevalence data.

Promising approaches from our region:

1. **Regional prevention partnerships** (like PRET) that hold relationships across schools, workplaces, councils, clubs, health and community settings, and coordinate shared learning through communities of practice on working with men and boys, on intersectionality, and on embedding lived experience.
2. **Culturally grounded programs** like the Bunjilwarra Healthy and Respectful Relationships program a 12-week program for Aboriginal and Torres Strait Islander young people, developed with Dardi Munwurro, where young participants explored violence through colonisation, culture and identity, and reported shifts in understanding of masculinity and violence.
3. **Community-driven prevention infrastructure** In Victoria, Local government carries prevention into settings no other partner reaches at the same scale: as major employers with gender equality obligations, as universal service providers through maternal and child health, early years, libraries and leisure, as planners and regulators of public space, and as trusted local institutions. Cardinia Shire's Together We Can initiative, Kingston's Prevention of Family Violence Working Group, the Frankston–Mornington Peninsula Family Violence Prevention Collaborative and Casey's Safe and Equal ten-year strategy each coordinate effort within their municipality — across the council as a workplace, its own service delivery, and local agencies, schools, sport, police and residents. What turns ten municipal efforts into a regional one is the infrastructure that connects them: a shared strategy, common measurement, brokered evidence, and a backbone organisation holding the whole. Councils supply reach. The regional



partnership supplies coherence. Neither substitutes for the other, and funding one without the other produces ten disconnected programs or a coordinating body with nothing to coordinate.

4. **Workforce capability programs** like our Reproductive Coercion Forum (where understanding of structural coercion jumped from 8% to 40%), Values-Based Messaging training, and the Women with Disabilities Victoria Disability Inclusion Capacity Building Project.

What these approaches need to be strengthened:

- **A fairer measurement framework** that values process, reach, relationships and structural change, not only prevalence, homicide and service-demand data. Counting harm is not the same as measuring prevention. Storytelling and qualitative evidence are legitimate, not supplementary. The plan should fund local measurement approaches that complement national datasets.
- **National data that is granular enough to guide local practice.** Practitioners need place-based evidence, local drivers, community attitudes, service access, protective factors to know where to focus and whether change is happening. This needs to be provided, even if the data indicates current strategies are not working so that changes can be made.
- **Investment in intersectional data.** Intersectional measurement is not automatic or free it has to be funded and built into the architecture of the plan.
- **A measurement ethos of learning, not just proving.** Violence is a dynamic space that evolves across all demographics, socio-economic backgrounds and generations. The value is in what we learn from the process and how we adapt, not in fixed outcome targets that assume a static problem.



Q5. What emerging issues should the Second Action Plan address in relation to primary prevention and early intervention?

Our answer:

- **Organised backlash and a hostile political and online climate.** The systems mapping workshop identified backlash and resistance as a local-level reality practitioners manage daily. Prevention work is increasingly contested and the plan must name this, resource practitioners to navigate it, and address the underlying drivers of backlash rather than leaving the workforce to absorb it.
- **Algorithm-driven misogyny and harmful content** targeting young people requires both legislative mandates for platform accountability and funded on-the-ground counter-narratives. The Second Action Plan should recognise online and digital environments as prevention settings in their own right, not just as channels for harm, and invest in digitally native prevention approaches alongside legislative platform accountability.
- **The engagement of men and boys** as the highest-priority action identified in the Respect Victoria systems mapping (the top priority at both state and local level). The plan should invest in strengths-based, relationally grounded approaches which work with men to build their understanding of gender equity, men's mental health, via lived experience and trust-building. Our region's work with men includes dads' groups, the Being a Man project, the Bunjilwarra program, and Men's Behaviour Change Programs all demonstrate possible approaches across the spectrum from primary prevention to response.
- **The burden shifted onto children and young people.** The consultation paper itself notes the contradiction: young people are taught about consent and respect in the classroom, only to return to homes where adults use violence. Prevention must build the capacity of the entire adult community and not leave children to solve an adult-created problem.
- **The need for a prevention workforce strategy.** Build the workforce - don't strain it. Secure, long-term contracts for stability and retention, *and* genuine care for a workforce carrying a heavy and increasingly contested load. Push accountability to leadership and C-suite roles rather than leaving prevention on the most junior, most precarious staff.



What works and What can be scaled?

Primary prevention tested practice that can be scaled and implemented

The Second Action Plan does not need to invent primary prevention delivery models. Victoria has spent more than a decade building, testing and evaluating them. What follows are four proven, practical models from our region- each with a track record, an identifiable design, and a clear pathway to national scale. They share a common logic: prevention works when skilled practitioners are funded to build relationships over time, when departments coordinate rather than duplicate, and when the settings doing the work, schools, early learning services, community organisations, have leadership buy-in and the authority to make structural change.

Regional prevention partnerships — the infrastructure model

The PRET Partnership is not an isolated arrangement. It is one of nine regional prevention partnerships covering every metropolitan and rural region of Victoria, each facilitated and coordinated by the local women's health service as backbone organisation, and supported by three statewide services - Women's Health Victoria, the Multicultural Centre for Women's Health and Women with Disabilities Victoria - providing specialist advice, workforce training and intersectional practice leadership across all nine regions. This architecture was recognised by the Royal Commission into Family Violence, which named women's health services' expertise and leadership in prevention and recommended the co-designed, evidence-based regional planning the partnerships now deliver. For more than a decade it has given Victoria something no other jurisdiction has: a cohesive, statewide primary prevention infrastructure that reaches into hundreds of communities, schools, councils, health services, sports clubs, faith settings and workplaces, grounded, as the model itself puts it, in every home, club and office.

The design matters as much as the coverage. Each partnership develops a strategic regional plan over a three-to-ten-year horizon, co-designed with partner organisations and renewed through structured evaluation; so the work compounds across strategy cycles rather than resetting with each funding round. In the Southern Metropolitan Region, the first regional strategy (Preventing Violence Together, 2016–2021) built the case for collective action and the capability of the regional workforce; its evaluation then directly shaped the second (Promoting Respect and Equity Together, 2021–2025), which sharpened the focus to systems-level and gender-transformative practice, embedded a theory of change and an evaluation framework overlaying it, and aligned its working group structure with the Regional Integrated Family Violence Partnerships so that prevention and response workforces report into each other rather than operating in parallel; the prevention–response continuum this submission argues for, built into the governance. The backbone function is what holds this together: convening bi-monthly working groups and learning forums, developing shared measurement systems, coordinating public messaging, brokering knowledge between national frameworks like Change the Story and local practice, providing direct organisational advice, and positioning lived experience at the strategic level through structures such as WHISE's Industry and Lived Experience Advisory



Committee. Partners themselves identify why a regional backbone cannot be replicated from the centre: its staff's knowledge and expertise, its ability to see common themes across the region, and its eye on emerging issues; "it takes us out of that isolation and being in a silo," as one partner put it.

The 2025 evaluation of PRET demonstrates what this infrastructure delivers, objective by objective. The partnership engaged 28 new organisations and 37 new practitioners across the strategy period, deliberately extending prevention into sectors it had not previously reached; legal services, men's behaviour change, Aboriginal and Torres Strait Islander services, disability advocacy, housing, emergency management and local government, while partner organisations' commitment to working with WHISE rose from 93% to 96% on prevention of violence against women and from 82% to 97% on gender equality in a single year. Fourteen learning forums built the capability of more than 1,000 participants, with evaluated gains in knowledge and confidence across affirmative consent, lived experience practice, trauma-informed approaches, reproductive coercion and healthy masculinities, and attendance at capacity-building events grew 51% across the strategy. Participation in the partnership's working groups more than doubled, from 58 to 137, and 65% of partners reported that the partnership had directly enabled collaboration with other organisations in the region; the reduced duplication and mutually reinforcing activity that collective impact promises but rarely evidences. Through the partnership, seven new initiatives engaged more than 300 men and boys; the Critical Friends Network supported 42 community leaders to embed Respectful Relationships in schools; five early learning services increased their gender equality capacity and three councils committed to building the capability of their own services; and 75% of partners reported improved access to evidence-based research. A single regional backbone holds together more than 160 prevention activities across 50-plus organisations in our region alone; a leverage ratio no direct-delivery program can match.

Core components — what a funded national version must include:

- **The backbone function itself, funded as infrastructure.** A regional organisation with demonstrated coordination capability, resourced to convene, plan, measure, broker knowledge and provide organisational advice, not merely to deliver programs. Every model in this submission (Being Equal, the Critical Friends Network, the workforce development model) depends on this function existing; it is the load-bearing wall of the whole architecture.
- **Long-horizon regional strategies with evaluation discipline built in.** Three-to-ten-year co-designed plans, each cycle informed by structured evaluation of the last, a theory of change, an evaluation framework overlaying it, and shared measurement across partners, so investment compounds rather than resets.
- **Specialist intersectional services led by the communities concerned.** Statewide (or national) organisations led by lived expertise, the Women with Disabilities Victoria and Multicultural Centre for Women's Health role, providing intersectional practice leadership into every regional partnership, so that marginalised communities' priorities shape prevention practice rather than being retrofitted to it.
- **Mandated core membership with decision-making standing.** Funding conditions should require that every regional partnership includes local government and multicultural, settlement and ethno-specific services as core members, not as



consulted stakeholders or invited guests. Councils bring universal service reach, gender equality obligations under state legislation, and standing in the settings prevention needs to enter. Multicultural, settlement and ethno-specific organisations hold the cultural and language authority without which prevention in a region like ours reaches only the already-converted. Both are currently in the partnership because relationships hold them there. Neither is guaranteed by any funding instrument.

- **Regional communities of practice and working groups as standing infrastructure.** The PRET partner practitioners deeply appreciate the learning opportunity to meet with other regionally based practitioners doing similar work. The evaluated growth in participation and collaboration came through the convening function; these structures build understanding and trust and turn a list of funded organisations into a partnership.
- **Structural connection between prevention and response.** Governance that aligns prevention partnerships with the family violence response system, as PRET's working groups align with the Regional Integrated Family Violence Partnerships, so the two workforces inform one another by design.
- **Localised co-design authority.** Regional partnerships must hold genuine authority to tailor national frameworks to their communities; the model works because Change the Story is skilfully translated to local contexts, not transmitted downward.

What this means for the Plan: the regional partnership model is already designed, already operating across an entire state, and already evaluated across two full strategy cycles. The fundable action is straightforward; establish a national stream of structural funding for regional prevention partnerships, backboned by organisations with demonstrated coordination capability, in every jurisdiction, with the statewide specialist intersectional services funded alongside them. Fund the backbone function itself, not just the programs it coordinates: the evaluation evidence above is what the backbone function produces, and none of it appears on the budget line of any single program. Victoria's architecture provides the template; the investment required is modest relative to the more than 160 prevention activities and 50-plus organisations a single regional backbone holds together in our region alone, and it is the precondition for every other model this submission puts forward.

Respectful Relationships in early childhood — the Being Equal Program

Gender norms take shape in the earliest years of a child's life. When Victoria mandated a whole-school approach to Respectful Relationships, no equivalent existed for early childhood education and care. Being Equal was built to close that gap. Developed by the Health Promotion team at Better Health Network, a PRET partner, drawing on prevention capability built through the partnership's first regional strategy, Being Equal was piloted from 2018 as a two-year, whole-of-service program with five early learning services across Port Phillip and Stonnington, reaching 135 educators and 645 children and their families. The program continues today with another 15 services participating in the Being Equal program.

The design matters as much as the reach. Being Equal adapted the Department of Education's whole-of-school Respectful Relationships program for early learning and aligned it with the Victorian Early Years Learning and Development Framework's planning cycle. Services therefore work in an improvement language they already use, and the work counts as evidence toward their Quality Improvement Plans and accreditation rather than competing with them. The model is a continuous improvement cycle across six benchmark areas: leadership



commitment; support for staff and families impacted by family violence; professional development; culture and environment; teaching and learning; and community partnerships. It was co-designed with educators from the participating services, tested and refined through a six-weekly peer network, backed by one-to-one coaching from health promotion officers, and produced a theory of change, benchmark tool, service readiness checklist, staff induction and briefing resources, procurement guidance and a family violence audit tool.

The 2021 evaluation of the pilot, found all five services made progress across all six benchmark areas, with the strongest gains in leadership and commitment, culture and environment, and professional development. Every service embedded gender equality and respect in its Quality Improvement Plan and a key policy or philosophy document; all five now hold a family violence policy; and 38 educators completed Identifying and Responding to Family Violence training, with 89% reporting confidence to identify family violence and refer to support services as a result. The evaluation isolated four elements that drove change. The whole-of-service framework, the peer network, a program coordinator in a backbone role acting as a critical friend to each service, and a champion with time and authority within each service. Being Equal demonstrated a finding the Second Action Plan should heed: professional development alone does not produce whole-of-service change.

The services' own case studies demonstrate what that change looks like in practice. Book audits transformed everyday pedagogy: one service catalogued its library and purchased more than forty inclusive titles after a whole-staff audit revealed male characters dominated nearly every book on its shelves, and educators across the pilot now report assessing every new book for equity before reading it to children. A classroom gender-mapping exercise showed construction spaces monopolised by boys and art spaces by girls, so the service redesigned the room, and both spaces became busy, collaborative and mixed. Services de-gendered dress-ups, dolls and lost property, and educators tallied their own use of gendered language to catch their slips. Children carried the change themselves: at one centre, a playground rhyme that girls are weak disappeared after a child interrupted the singer to say "No, we are all equal." And parent engagement data from one kindergarten found 96.7% of parents supported equal opportunities for boys and girls, 81.7% saw themselves as having a role in promoting gender equality, and 75% wanted more information on how to support it. One family who objected was heard, engaged and retained through the service's relationship with them. That is what managing resistance looks like when prevention is relational and embedded rather than imposed.

Core components - what a funded national version must include:

- **Skilled, funded practitioners in a backbone role.** Staff trained in the Our Watch frameworks and grounded in public health approaches, funded to coach services through the improvement cycle, convene the peer network, connect services to other community supports, and sustain tailored one-to-one support over at least 18 months to two years. The evaluation is explicit that future implementation requires a backbone organisation or program coordinator and that one-off training does not work.
- **A resourced peer network or community of practice.** Named by the evaluation as a requirement for any future implementation, not an enrichment, the six-weekly network is where educators build knowledge, share tools and problem-solve together.



- **Service-level conditions.** A champion with time and authority in each service, project time in educators' position descriptions, leadership buy-in, and gender equality embedded in the service's quality and planning processes so the work aligns with accreditation rather than competing against it.
- **Cross-department coordination.** Structured coordination between health and education portfolios, at federal and state levels, so that prevention and early years systems reinforce rather than bypass each other.
- **Family violence response readiness built in.** The model treats support for staff and families impacted by violence as a core benchmark alongside prevention. The prevention–response continuum in practice, exactly as this submission argues throughout.

What this means for the Plan: the fundable action is direct. Being Equal comes with a documented theory of change, benchmark tool, readiness checklist, evaluation evidence and service case studies and its own evaluation recommends precisely what a national plan can deliver: piloting across a broader range of early learning services, resourced peer networks, and backbone organisation support. With the Commonwealth already investing in early childhood education access and quality, funding regional backbone organisations to deliver whole-of-service gender equality programs in early learning would extend the national Respectful Relationships commitment to the life stage where gender norms first form, the point of maximum prevention leverage.

The Critical Friends Network — strategic support for schools

The Victorian Royal Commission into Family Violence recognised the critical role schools play in preventing family violence, and Recommendation 189 mandated a whole-school approach to Respectful Relationships education in every Victorian government school. What the mandate could not supply on its own was enough implementation support to support the number of schools. The RR staff provided by the Department of Education were and continue to be highly skilled, but even with increased numbers of them, aren't able to reach every school with the local, sustained assistance schools need to complete baseline assessments, build action plans, and hold a whole-of-school approach together through staff turnover and competing priorities. Schools are increasingly turning to external providers to fill the RR gap; many of whom are not evidence-based, vetted or even grounded in the Change the Story framework.

The Critical Friends Network is the region's answer to that gap. A "critical friend" is an evidence-based concept from educational leadership research: someone who asks provocative questions from an experienced perspective and offers insight into another's work. Originally developed by Women's Health in the East and run by WHISE from 2018 to 2025, the Network recruits local practitioners with prevention, health promotion and family violence expertise, from councils, community health services, community and faith organisations, trains them and matches them to schools as strategic advisors to school leadership on Respectful Relationships implementation. Critical Friends enter through a structured pathway: an expression-of-interest process, foundation training in intersectional gender equality and family violence, then training in Respectful Relationships and the critical friend role itself, backed by a termly community of practice run in partnership with the Department of Education.

The evaluations tell a clear story about both impact and leverage. Each active critical friend sustained support to between six and ten schools, engaged one to three new schools, and



maintained monthly or bi-monthly contact - meaning a modest network of community practitioners extends implementation support across a school system that two or even four departmental staff for a region of more than 250 schools could never reach. Practitioners also engaged additional schools beyond the network through their own catchments, a multiplier effect that comes free with a community-embedded workforce. Every participant surveyed wanted to continue in the role, and all reported being well or very well supported - retention and satisfaction results most workforce programs would envy. The training evaluation, which followed participants for twelve weeks, found gains in understanding (of family violence, its forms, its drivers, and its link to gender inequality) and confidence (to discuss that link in schools, to consider young people's diverse identities in a whole-school approach, and to act in the critical friend role) that were largely sustained three months on. One practitioner's reflection captures the capability shift: "now they all come to me for directions."

The evaluations are equally instructive about what threatens the model and each threat points to a design requirement. Staff turnover in schools, in community organisations and in the Department of Education RR Lead and Liaison staff, repeatedly disrupted continuity, forcing relationships to be rebuilt. The lack of clarity for schools about the expected deliverables for the Respectful Relationships funding, the lack of understanding about how the Initiative should be extended beyond the classroom and disruptions due to COVID all dampened school engagement. As a result the follow-up data showed a lack of school engagement with some of the Critical Friend practitioners softened motivation. This shows that single-exposure training decays, and that the community of practice and ongoing advisory support are load-bearing components, not enrichment.

Core components — what a funded national version must include:

- **Continuity in the education workforce.** Department of Education Respectful Relationships liaison and lead staff on contracts longer than two years, so the departmental side of the partnership does not reset with every contract cycle, the turnover the evaluation identified as a primary barrier.
- **A community-wide practitioner base.** Community service staff trained in the Our Watch frameworks, with health promotion expertise and capacity within their position descriptions to build partnerships with local schools, local government and other community services. These practitioners build relationships with school staff, students and parents, and provide resources, ongoing project management and event coordination. Critically they do not deliver programs in school but support the school with the whole school approach. The evaluated leverage ratio, each practitioner sustaining six to ten schools, is what makes a community-wide approach affordable; a handful of regional staff is not an alternative, it is the gap the model exists to fill.
- **A structured capability pathway with ongoing support.** Foundation training in family violence and intersectional gender equality, role-specific training, and a standing community of practice; because the evaluation evidence shows gains hold at twelve weeks with support and erode without it. Practitioners themselves asked for advanced training, case studies and hands-on learning: the appetite for depth is there to be funded.



- **Cross-department coordination between health and education, at federal and state levels,** so prevention practitioners and education system staff are working to one implementation plan rather than parallel ones.
- **School-level conditions and funding certainty.** Schools with leadership buy-in, staff with time and authority to make structural change, and a funding signal from government stable enough that schools invest in implementation rather than waiting out the cycle.

What this means for the Plan: Respectful Relationships-style programs exist or are emerging in every jurisdiction, and nationally consistent consent and respectful relationships education is already Commonwealth policy. What is missing everywhere is the implementation workforce around the schools. The Critical Friends model supplies it at low cost by activating practitioners who already exist in every community, and it comes with seven years of delivery experience, a documented training pathway, and evaluation evidence of what sustains it. The fundable action: resource regional backbone organisations to establish critical friends networks alongside every jurisdiction's Respectful Relationships program, with the departmental continuity and school-level conditions above written into the funding design.

Prevention workforce development — the women's health services model

Australia already has a documented, field-tested model for developing the primary prevention workforce. For over a decade, Victoria's twelve women's health services have operated as the workforce development infrastructure for prevention, building not just their own specialist staff but the capability of the much larger contributing workforce across NGOs, schools, sports clubs, community health, local government and police. This role was recognised by the Royal Commission into Family Violence, which recommended building the size and capacity of the prevention workforce, and it is delivered as a coordinated, multi-sector, multi-setting, multi-strategy approach, not a training catalogue.

The model works because it treats workforce development as more than courses. Its documented components include:

- **A specialist intermediary workforce.** Regional backbone organisations employ practitioners whose job is to develop everyone else's; translating national frameworks like *Change the Story* into practical implementation guidance, tailoring it to setting and community, and providing expert advice into diverse organisational contexts. This is the workforce that makes the rest of the workforce possible.
- **Wrap-around support, not one-off training.** Initial training and resources followed by further training and ad-hoc support in the medium term, until workers establish knowledge, experience and independence. This is the same design principle that runs through the Critical Friends Network: single-exposure training does not change practice.
- **Communities of practice as workforce infrastructure.** Peer networks facilitated by the backbone organisation do work that formal training cannot; knowledge sharing, confidence building, and crucially the reduction of worker isolation and burnout in a field marked by job insecurity, high workload, and exposure to resistance and backlash.
- **Building the authorising environment, not just the worker.** Whole-of-organisation capacity building directed at employers and management, so leaders understand the



actions required of them to enable their own staff's prevention work. Without this, capability development is poured into practitioners who lack the organisational authority to use it.

- **Intersectional practice led by lived expertise.** Statewide specialist services, Women with Disabilities Victoria, the Multicultural Centre for Women's Health, lead and model intersectional capacity building, ensuring the workforce mirrors community demographics and that marginalised communities' priorities are recognised in prevention practice, not retrofitted to it.
- **Worker health, wellbeing and backlash support as core business.** Named supports for practitioners navigating resistance and hostility; peer networks, ad-hoc advice, work with management to create safe enabling environments, and advocacy to decision-making bodies. As this submission has argued throughout, the workforce is absorbing the backlash; this model resources them to withstand it.
- **Train-the-trainer and advanced pathways.** Deliberately expanding the pool of workers skilled in training others, with tiered development from induction through to masterclasses, aligned to a capability framework, so the workforce grows itself rather than depending permanently on a small specialist core.
- **Evidence-building as a workforce function.** Gathering and sharing evidence on what works in prevention workforce development as a priority aspect of all delivery, feeding practice knowledge into government consultation and industry planning.

What this means for the Plan: the national prevention workforce strategy this submission calls for does not need to be designed from a blank page. Victoria's model provides the architecture: fund specialist backbone organisations to carry the workforce development function in every region; align development to a national prevention capability framework; resource communities of practice and wellbeing supports as core workforce infrastructure, not extras; require employer and leadership capability building alongside practitioner training; and embed intersectional leadership by organisations led by the communities concerned. Pair this with the workforce conditions this submission has already named - secure multi-year contracts and accountability held at leadership level - and the Plan has a complete, costed-out logic for a workforce strategy it can fund in its first year.



The evidence challenge

Why current measurement architectures fail place-based prevention, and what can be done

This section draws on evidence that examines barriers, challenges and opportunities for evaluating social change impact in primary prevention of gendered violence in migrant, refugee and culturally diverse communities. It connects the academic evidence to the practical reality of our partnership and makes the case that the measurement architecture the Second Action Plan adopts will determine whether place-based, intersectional prevention can survive, let alone grow.

The problem as we experience it

Across the PRET Partnership, prevention practitioners face a compounding set of measurement challenges:

- **They are not funded to evaluate.** Community organisations, councils, multicultural services and faith-based organisations delivering prevention in the south east are rarely funded to conduct rigorous evaluation alongside delivery. Evaluation is treated as an add-on rather than a core function and when funding is tight (which is often), it is often one of the key items that is cut to preserve resources for delivery.
- **Centrally designed measures don't fit place-based work.** National indicators including prevalence rates, homicide data, service demand are crisis indicators, not prevention indicators. They measure what the system failed to prevent, not what prevention is achieving. When funders and Treasuries require evidence of "impact" using these measures, prevention partnerships are being asked to demonstrate outcomes they were never resourced to track, using tools that were never designed for the work they do.
- **Numbers of people** reached by particular interventions, doesn't necessarily translate into changed attitudes, or behaviours. To change the way people behave, even when they have changed their attitudes takes time, consistent effort, equivalent change within their peer-groups and other structural changes in workplace policies and community structures. Change is possible but we have to measure for the kind of change we want to see.
- **The evidence hierarchy devalues what prevention actually produces.** Prevention generates shifts in attitudes, norms, relationships, institutional practices and community capacity; these changes are relational, contextual and slow. They are real outcomes, but they are poorly captured by the standardised, quantitative, short-cycle evaluation designs that dominate government reporting frameworks.
- **Communities most affected are least visible in the data.** People on temporary visas, communities with limited English literacy, populations who distrust institutions due to historical trauma. These groups are often excluded from administrative datasets



entirely, meaning the intersectional picture the plan claims to want is structurally absent from the measurement systems it relies on.

What the evidence says

The literature review confirms that these are not local implementation failures they are systemic design problems embedded in how governments commission, fund and evaluate prevention.

Western evaluation frameworks are inadequate for culturally diverse prevention work.

Traditional evidence hierarchies prioritise randomised controlled trials and quantitative metrics, systematically undervaluing Indigenous knowledge systems, experiential knowledge, practice-based evidence and qualitative research. This is particularly problematic for primary prevention, where outcomes manifest as shifts in social norms and relational dynamics that are difficult to quantify using standardised instruments.

Attribution is the wrong question - contribution is the right one. Prevention operates through long causal chains involving attitude change, norm shifts, institutional practice change and ultimately behaviour change across whole communities. Programs contribute to change rather than solely causing it. Yet funders continue to demand attribution-style evidence from contribution-style work, creating a structural mismatch between what prevention does and what it is asked to prove.

Short funding cycles make longitudinal evidence impossible. Prevention outcomes unfold over years and decades, proximal outcomes (awareness, attitude shifts) over months, intermediate outcomes (norm and institutional change) over years, and ultimate outcomes (reduced violence) over a decade or more. Evaluation designs constrained by two-to-three-year funding cycles cannot capture this, and the result is a feedback loop: without funded evaluation, impact cannot be demonstrated to government, which further erodes commitment to funding.

Language equity and trust are foundational, not optional extras. Communities with diverse literacy levels, oral communication traditions, and experiences of institutional betrayal cannot meaningfully participate in evaluation processes designed around written surveys and standardised instruments. Machine translation is inadequate. Concepts may not have direct equivalents across languages. And communities who have experienced trauma, persecution or surveillance by authorities may, with good reason, distrust any official data collection effort.

The question of who defines success is a power question. Different stakeholders hold different perceptions of what constitutes success. When government defines the indicators, designs the collection tools and commissions external evaluators, the communities whose lives the work is meant to change have no say in what counts as evidence of that change. This is not just a methodological problem it is a democratic one.

What the Second Action Plan should do differently

Based on the literature and our partnership's practice experience, we recommend:

1. **Fund evaluation as infrastructure, not as an add-on.** Every prevention funding stream under the Second Action Plan should include a dedicated, ring-fenced evaluation



component that is resourced at a level that allows for co-designed, longitudinal, culturally responsive evaluation. This is not a line item for reporting templates. It is an investment in the evidence base the Plan says it wants.

2. **Develop a prevention-specific measurement framework.** The Plan should commission a national measurement framework designed specifically for primary prevention distinct from the crisis-focused indicators that currently dominate. This framework should measure the whole chain of change: knowledge and attitudes, social norms, behaviour change, organisational and system change, community capacity, and the social determinants of health, not just prevalence and service demand. This can be inclusive of updating Our Watch's Counting on Change framework and, specifically, look to lay out strategies on how measurement of national frameworks are applied in local environments, and with communities facing intersecting barriers.
3. **Mandate co-design of evaluation with communities.** Evaluation questions, methods, indicators and success criteria should be co-designed with the communities the work serves including migrant, refugee, Aboriginal and Torres Strait Islander, disability and LGBTIQ+ communities. This means funding communities to participate meaningfully (not expecting unpaid labour), compensating community members for their expertise, and ensuring that evaluation serves community-defined priorities as well as government accountability.
4. **Invest in participatory and culturally responsive evaluation methods.** The Plan should explicitly support, and fund evaluation methodologies suited to diverse, place-based prevention, including photovoice, body mapping, oral testimony, Most Significant Change storytelling, yarning circles, arts-based methods, and participatory social norms measurement. These are not soft alternatives to "real" evaluation they are often more valid, more accessible and more capable of capturing the dimensions of change that standardised instruments miss.
5. **Build evaluation capacity within communities, not just universities.** Rather than relying solely on external evaluators, the Plan should invest in building evaluation capacity within community-based organisations and within communities themselves through training, mentorship, infrastructure and sustained resourcing. This is both more sustainable and more likely to produce evaluation that communities trust and use.
6. **Recognise contribution, not just attribution.** The Plan's reporting and accountability frameworks should explicitly adopt contribution analysis rather than requiring prevention programs to demonstrate sole causation of outcomes they can only contribute to. This means accepting that prevention works through multiple impact pathways, that change is non-linear, and that a well-designed program can demonstrate its contribution to change without needing to prove it caused the change alone.
7. **Align evaluation timeframes with prevention timeframes.** If prevention is generational work as the Plan acknowledges then evaluation must be funded on timeframes that match. This means multi-year evaluation designs with measurement points that correspond to the temporal reality of prevention: early process and relationship measures in years one to



three, intermediate norm and system change measures in years three to five, and population-level impact measures only over a decade or more.

8. **Centre Indigenous data sovereignty.** Evaluation with Aboriginal and Torres Strait Islander communities must be grounded in the CARE Principles (Collective Benefit, Authority to Control, Responsibility, Ethics) and in community self-determination over what is measured, how, by whom, and for whose benefit. This is non-negotiable and should be embedded in the Plan's evaluation architecture from the outset.
9. **Fund place-based measurement, evaluation and learning (MEL) systems.** The Victorian place-based MEL toolkit offers a model: shifting from traditional monitoring and evaluation (focused on accountability and transparency) to MEL that balances accountability with adaptive learning, accommodates emergent outcomes, and recognises that different measurement priorities apply across different phases of implementation. The Second Action Plan should fund the development and implementation of place-based MEL systems in every region where prevention partnerships operate.
10. **Make evaluation findings accessible to communities.** Evaluation is not complete when the report is submitted to government. Findings should be disseminated in accessible formats visual, audio, narrative, translated and fed back through channels that communities prefer and trust. Communities should be supported to use evaluation findings for their own advocacy, planning and learning.

Why this matters for everything else in the submission

The measurement question is not a technical appendix to the submission it is the structural condition that determines whether every other ask can be met. If prevention continues to be evaluated using crisis indicators on short-cycle timelines by external evaluators without community co-design, then no amount of funding, workforce strategy or lived experience embedding will be visible in the evidence base. The Plan will conclude that prevention "doesn't work" not because it failed, but because it was measured with the wrong tools, on the wrong timeline, by the wrong people, against the wrong benchmarks.

Getting measurement right is the precondition for getting prevention funded. It is not a secondary concern. It belongs at the centre of the Second Action Plan's architecture.



Where PRET speaks to other Priority Areas

While our primary home is Priority Area 2, our material also speaks directly to:

Priority Area 1 (Victim-Survivors) — Q4: What gaps remain for diverse communities?

Our region's diversity (63% overseas-born in Greater Dandenong; Victoria's most disadvantaged municipality alongside some of the least disadvantaged LGAs in the country) makes intersectional prevention a daily practice, not a policy aspiration. The gap is not awareness it is structural funding for culturally embedded, in-language, place-based prevention that reaches beyond the already-converted.

Priority Area 3 (Children and Young People) — Q1 and Q2:

Our work in Respectful Relationships in schools, the Early Years Webinar, and the Bunjilwarra program all demonstrate approaches that recognise children and young people as rights-holders. The key message: do not place the burden of prevention on children without changing the adult environments they return to.

Priority Area 4 (People who use violence): Q1:

Our region's work engaging men and boys — including the Being a Man project, the Bunjilwarra program, dads' groups, and Men's Behaviour Change Programs — demonstrates the spectrum from primary prevention through to response. The plan should invest in sustained national coordination to engage men and boys in healthy masculinities and positive peer relationships, grounded in strengths-based, relationally grounded approaches.

Priority Area 5 (System Integration and Workforce) — Q2 and Q5:

Our strongest workforce messages: practitioners are skilled translators and specialists, not deliverers of pre-set programs. Fund a workforce strategy. Elevate practice knowledge as evidence. Resource the coordination role. Build a more diverse workforce. Address vicarious trauma and backlash.

Lived experience a key part of primary prevention infrastructure

A recurring thread across our partnership discussion, and across all three themes of this submission, is the question of *whose knowledge counts as evidence*. Practitioner expertise, community insight and lived experience are consistently treated as supplementary to academic and population data, useful for illustration, but not structural. We argue they are foundational.

In primary prevention specifically, lived experience plays a distinct role that is not yet well understood at the national level. Unlike in the response and recovery space where lived experience advisory roles are increasingly embedded the prevention sector is still working out how to centre lived experience ethically, safely and effectively. The PRET Partnership has led



practical work on this question. In 2024, after a two-year process involving a national conference, a cross-sector forum and a practitioner think tank, the partnership published the *Framework for Embedding Lived Experience in the Primary Prevention of Gender-Based Violence* the first framework of its kind developed specifically for the primary prevention context.

The Framework makes several arguments the Second Action Plan should hear.

Lived experience in prevention is broader than the experience of violence itself.

It encompasses the direct and indirect experience of the intersecting forms of discrimination and oppression including racism, ableism, economic marginalisation, heteronormativity that compound the gendered drivers of violence. This is a more structurally grounded definition than the one that typically operates in response settings, and it is essential if prevention is to be genuinely intersectional rather than tokenistic.

Prevention and response are not separate worlds.

The Framework proposes a circular model in which response and recovery inform prevention, and participation in prevention work can itself support healing and empowerment. This means the prevention sector has a dual responsibility: to benefit from lived experience *and* to ensure that people contributing their lived experience gain what they need for their own recovery journey whether they are migrant or refugee women navigating economic marginalisation, or men who have used violence and are working to change.

Embedding lived experience requires organisational readiness not just goodwill.

The Framework sets out a seven-step process covering problem definition, organisational readiness assessment, workforce support structures, engagement methods (using the IAP2 spectrum from consultation through to empowerment), recruitment with appropriate remuneration, and co-designed evaluation. It includes specific guidance on lived experience practitioner roles, supervision, professional development and safety recognising that without these structures, lived experience engagement risks being extractive rather than empowering.

Measurement and evaluation must involve the people whose experience the work is designed to serve.

The Framework positions lived experience practitioners as contributors to theory of change development, qualitative data collection, interpretation of findings and dissemination not as subjects of evaluation but as co-producers of evidence.

The Framework identifies distinct roles within a lived experience prevention workforce, lived experience practitioners employed because of their expertise, lived experience advocates and advisors in governance and strategic roles, and primary prevention practitioners who may or may not hold lived experience but need the capability to work alongside those who do. Each requires different supports, remuneration structures, supervision and professional development pathways. This level of specificity is what moves lived experience from aspiration to infrastructure.

WHAT WE ARE ASKING THE SECOND ACTION PLAN TO DO:

Recognise lived experience as a *structural component* of primary prevention not an optional enhancement and resource it accordingly. This means funding for lived experience workforce



development in the prevention sector specifically, including dedicated roles, remuneration, supervision, training pathways and organisational readiness. It means valuing lived and living experience as legitimate evidence in measurement frameworks. And it means ensuring that the "nothing about us, without us" principle applies to the design of the Plan itself including who defines what success looks like.

The PRET Partnership's Lived Experience Framework is available as a practical resource for the national effort. It is already being operationalised through a Lived Experience Community of Practice across our region, and we would welcome the opportunity to share our learning with the national architecture.



Our key asks

Where we want the submission to land

1. **Treat primary prevention as a distinct yet connected national priority** with its own outcomes framework, dedicated workforce strategy, and sustained, flexible funding that outlasts political cycles. The Plan should continue to position gender equality as the foundational prevention strategy, and invest in initiatives that address the gendered drivers of violence across institutions, communities and systems.
2. **Fund regional prevention infrastructure** not just programs. Partnerships like PRET are the connective tissue that makes prevention work across settings. They need structural investment, not project-by-project grants. This investment must recognise the role of local government as a provider, partner, advocate and educator, and the contribution councils make through place-based prevention, community engagement, policy development, service delivery and advocacy, alongside the backbone coordination function that connects that work across a region
3. **Transform the measurement architecture for prevention** and commission a prevention-specific national measurement framework; fund evaluation as infrastructure (ring-fenced, co-designed, longitudinal); mandate contribution analysis rather than attribution; support participatory and culturally responsive evaluation methods; build evaluation capacity within communities; align evaluation timeframes with prevention timeframes; and centre Indigenous data sovereignty. Any national framework must also be designed for consistent application at regional and local levels, so councils and community partners can measure outcomes in place-based settings while remaining aligned to national priorities. (See the detailed section on evidence and measurement above.)
4. **Resource the prevention workforce as skilled specialists** with secure contracts, a funded workforce strategy, genuine care for a workforce under increasing strain, and accountability pushed to leadership, not left to the most junior staff.
5. **Embed lived experience as prevention infrastructure** fund lived experience workforce development in the prevention sector specifically, with dedicated roles, appropriate remuneration, trauma-informed supervision and organisational readiness support. Treat lived and living experience as legitimate evidence, not anecdote.
6. **Invest in culturally embedded, in-language, community-led prevention** not retrofitted intersectionality. Fund ethno-specific and faith-based organisations to lead, not just participate.
7. **Name and resource the response to backlash** including legislative action on algorithm-driven misogyny and harmful online content, and practical support for practitioners navigating a hostile climate.



8. **Support whole families and whole communities** don't shift the burden of prevention to children, to mothers, or to under-resourced community organisations. Spread accountability to corporate, sport, media and government leadership.

Our distinctive contribution — what no other submission can say

We are not a single organisation. We are a **regional prevention partnership of nearly 40 organisations** including councils, health services, multicultural organisations, Aboriginal Community Controlled Organisations, legal services, family services, faith-based organisations, universities and government departments and coordinated through WHISE as the backbone organisation of the PRET Strategy across Melbourne's Southern Metropolitan Region.

We serve a population of 1.56 million people which is one quarter of Victoria, across 10 LGAs that range from the most disadvantaged municipality in the state to some of the least disadvantaged in the country, with extraordinary cultural and linguistic diversity. Our partnership model, like those partnerships to prevent gender based violence supported by our sister Women's Health Services, is built on evidence, demonstrates impact and can be scaled across Australia.

What we bring to this consultation is the **lived, regional, day-to-day practice of primary prevention** grounded, intersectional, and sustained over a decade of collective action. We know what prevention looks like when it works, what it costs when it is under-funded, and what it loses when governments change, funding cycles end, and the workforce churns.

The most useful thing we can offer the national conversation is the evidence of our own practice and the honest account of what it needs from the Second Action Plan to survive and grow.