

FOUNDATIONS FOR ACTION



Understanding the primary prevention
workforce in Victoria



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Understanding the primary prevention workforce in Victoria

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Produced by Safe and Equal

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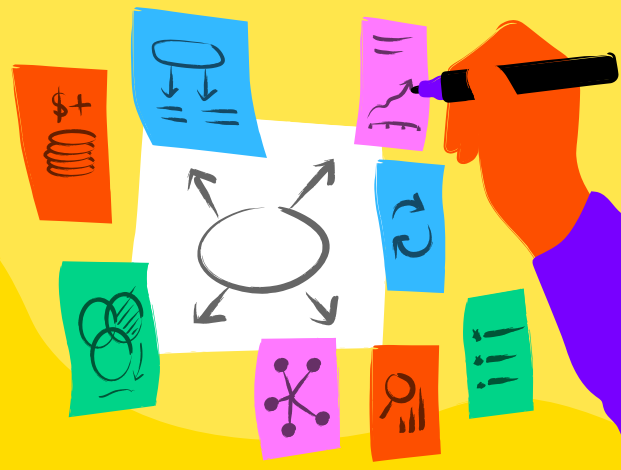
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INTRODUCTION AND PROJECT PURPOSE



This report describes the findings of a project aimed at strengthening the foundations for planning and implementing primary prevention workforce development in Victoria. The project was funded by the Centre for Workforce Excellence in the Department of Families, Fairness and Housing, in partnership with Family Safety Victoria, during 2023–2024.

The key aims of the project were to:

- + Develop a comprehensive view of the nature and diversity of the current workforce, across organisations, roles, sectors, settings, communities and locations
- + Create shared understandings of the workforce through consultation with key stakeholders
- + Outline key considerations for responding to workforce needs and developing the workforce into the future

Through these aims, the project sought to increase the collective capacity of prevention stakeholders and decision-makers to strategically map out the actions that are needed to develop the primary prevention workforce in Victoria.

Background

Primary prevention is focused on whole-of-population initiatives, in different settings where people live, work, learn, socialise and play. It aims to address the underlying drivers of violence, in order to stop violence from happening in the first place.

A primary prevention approach works to change the underlying social conditions that produce and drive violence against women, and that excuse, justify or even promote it. It works across the whole population to address the attitudes, norms, practices, structures and power imbalances that drive violence against women.¹

The national framework for the prevention of violence against women, [Change the Story](#), has established that men's violence against women is driven by:

1. Condoning of violence against women
2. Men's control of decision-making and limits to women's independence in public and private life
3. Rigid gender stereotyping and dominant forms of masculinity
4. Male peer relations and cultures of masculinity that emphasise aggression, dominance and control²

The gendered drivers of men's violence against women are well-recognised and described, but preventing all family and gender-based violence means looking at additional drivers of violence. These include inequality and discrimination experienced by Aboriginal and Torres Strait Islander people, people from migrant and refugee communities, people of colour, lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) communities, and people with disabilities, amongst others. A number of other complementary frameworks address these issues directly, such as [Changing the Picture](#), [Changing the Landscape](#), [Pride in Prevention](#) and [Intersectionality Matters](#).

¹ Our Watch, [Change the Story: A shared framework for the prevention of violence against women in Australia](#), 2021, page 8.

² Our Watch, [Change the Story](#), page 36.

As a result of the Royal Commission into Family Violence, transformation has occurred across the systems in Victoria involved in preventing and responding to family violence. Primary prevention has become further established through dedicated funding, policy frameworks and action plans. This has built on a proud history of community-level activity and activism to further establish a system of organisations and initiatives with overlapping interests in working to prevent family and gendered violence.

A workforce of skilled primary prevention practitioners, located in a diversity of organisations, is already in place. This workforce needs support and will benefit from strategically targeted initiatives to develop and grow its work. The need for a larger and skilled workforce in order to deliver primary prevention is widely recognised in policy and government action plans at both Commonwealth and state level in Victoria.

Policy priority and existing actions

[Change the Story](#) outlines how a scale-up of prevention will require a skilled and experienced workforce.

Given the nature of prevention work (population-wide and multi-sector/setting), the prevention workforce will be multidisciplinary and diverse, and will comprise a wide range of roles. It will include policy makers, researchers, communicators, evaluators and practitioners whose professional role is primarily dedicated to prevention; practitioners who work across multiple disciplines and undertake prevention activities as one element of their work.³

It notes that what is required is both a highly specialised workforce and a much larger, multi-disciplinary workforce working across different settings, sectors and communities.

Meanwhile, the [National Plan to End Violence Against Women and Children 2022–2032](#) includes a commitment to workforce development across the continuum, including primary prevention, early intervention, response and recovery.

Having a workforce that is adequately skilled to respond to violence is just one side of the coin. There must also be an expert workforce to prevent gender-based violence. Like the response workforce, the prevention workforce needs to be multidisciplinary. It requires technical and content experts whose focus is on systems change, and sector-based professionals who tailor and deliver prevention initiatives within their organisations. To end gender-based violence in one generation, prevention needs to be embedded in every setting and sector.⁴

At a state level, Victoria's [Free from Violence Second Action Plan 2022–2025](#) includes a focus on workforce development, acknowledging that 'a strong, diverse and supported primary prevention workforce is critical for effective and coordinated primary prevention activity'.⁵ The plan explicitly mentions capability, career pathways, and health and wellbeing for the workforce. It also highlights the need to look for mutually-reinforcing approaches in workforce development across the continuum.

In line with [Free from Violence](#), the [Preventing Family Violence and Violence Against Women Capability Framework](#) was developed with a detailed framework for understanding the prevention workforce and the knowledge and skills required across different levels and types of workers.

Through a specific focus on primary prevention in the [Workforce Census 2019–2020](#), important data was collected around workforce composition and diversity, satisfaction with supervision and support, priorities for further training and professional development, and issues with health and wellbeing as well as workforce retention. However, difficulties emerged in estimating the size of the prevention workforce, and distinguishing between roles as 'practitioners' and 'contributors' (as outlined in the Capability Framework).

³ Our Watch, [Change the Story](#), page 104.

⁴ Commonwealth Department of Social Services, [National Plan to End Violence Against Women and Children 2022–2032](#), 2023, page 56.

⁵ Victorian Department of Families, Fairness and Housing, [Free from Violence Second Action Plan 2022–2025](#), 2021, page 18.

The first rolling action plan under [Building from strength: 10-Year Industry Plan for Family Violence Prevention and Response](#) included a number of specific actions to understand, equip and support the primary prevention workforce. This was developed further in [Framing the Future: Second rolling action plan](#), released in 2024. This plan outlines four focus areas:

- + Growing the workforce
- + Supporting strong organisations and workforce culture
- + Building capability
- + Building a system that works together

Key actions specific to primary prevention include defining and mapping the prevention workforce, coordination and strengthening of training and professional development, and development of targeted training approaches to grow the workforce contributing to primary prevention. Other actions of relevance to primary prevention include a focus on entry points, workforce retention, workforce diversity, and embedding culturally safe and inclusive workplace practices. Specifically, this project has directly contributed to the action on defining and mapping the prevention workforce.

Moving forward, the Victorian government's strategic document for the next stages of reform of the family violence system, [Strong Foundations](#), has affirmed an ongoing commitment to developing a skilled and diverse workforce to both prevent and respond to family and sexual violence.

Additional foundations for action

In advancing primary prevention workforce development, a range of recent reports have provided key insights.

The need for a skilled prevention workforce as a critical piece of prevention architecture was a focus in the Family Violence Reform Monitor's report on [Monitoring Victoria's Family Violence Reforms: Primary Prevention System Architecture](#). This report included a proposed action to 'Actively work to grow and strengthen the primary prevention workforce by improving pathways into the workforce, improving retention and responding to varied workforce development needs'.⁶ The report also noted that there is a lack of clear and shared understandings of the prevention workforce across and within government and the sectors engaged in the work. A dedicated focus on prevention workforce development was identified as a necessary action moving forward.

Respect Victoria's [First Three-Year Report to Parliament](#) also included a review of workforce development activity. It provided a strong overview of work to date, and suggested areas for future development. In particular, issues with workforce retention were identified:

This workforce has grown in size and diversity, and there is a stronger understanding of primary prevention language, approaches and evidence-based practice across a broad range of sectors and settings. However, there have been ongoing challenges to the sustainability of the workforce due to the often short-term, insecure nature of prevention roles, and high levels of turnover that result in practice knowledge and expertise being lost across key sectors.⁷

In moving forward, Our Watch's resource, [Growing with change: Developing an expert workforce to prevent violence against women](#), identifies the key elements of workforce development as follows:

- + workforce planning
- + workforce preparation and pathways
- + sector governance and coordination
- + working conditions
- + professional development

⁶ Family Violence Reform Implementation Monitor, [Monitoring Victoria's Family Violence Reforms: Primary Prevention System Architecture](#), 2022, page 9.

⁷ Respect Victoria, [First Three-Year Report to Parliament](#), 2023, page 93.

It outlines an approach to professionalisation of the prevention workforce that goes beyond a focus on growth and skills, and aims for development across all these areas to create a high-quality, sustainable profession.

Workforce development covers a range of elements and includes not just the size and capability of the people in the workforce, but also the systems and processes that are required to support long-term sustainability and adaptability of the workforce in relation to the needs of the sector. Workforce development initiatives need to be multilayered and the rollout of such initiatives needs to be sequenced and coordinated to ensure quality and consistency of outcomes. Workforce development efforts need to be enduring and systemic, not one-off.⁸

This resource also argues for a concerted, coordinated and long-term strategic approach to prevention workforce development.

More generally, workforce development plays an important role in broader system strengthening for primary prevention. This is recognised in the Family Violence Reform Monitor's report, [Monitoring Victoria's Family Violence Reforms: Primary Prevention System Architecture](#), which highlights the need for a strong and coordinated system in Victoria that:

- + has the appropriate infrastructure
- + is clear about the roles and responsibilities of all parties
- + retains a skilled prevention workforce
- + is backed by sufficient and sustained funding
- + is committed to ongoing evidence-based improvement and refinement⁹

As a contribution towards this, the project reported on here had a focus on investigating the primary prevention workforce in Victoria in terms of the range of organisations and practitioners involved, the activities they undertake and the roles in which they are employed. It includes prevention work undertaken across settings, priority communities and areas of technical expertise.

Engaging key government and non-government stakeholders in the project aimed to support broader work to strengthen and connect organisations across the prevention system. Overall, the main value of the project lies in establishing the foundations for future work to build and strengthen the workforce needed to prevent family and gender-based violence.

Project methodology

The project was undertaken in three phases.

The first phase involved establishing the project, alongside a desktop review of key policy documents and research. This phase included consultation with stakeholders to refine the focus of the project and its methodology.

The second phase involved data collection. This was primarily undertaken through a series of interviews and focus groups with identified stakeholders. A list of these is included in the Appendix. All participants were provided with a Participant Information Form and asked to provide informed consent to participate. Interviews were recorded and summary notes prepared, with access restricted to the project team.

During this phase, Safe and Equal also undertook a review of program evaluation results and other data drawn from its Statewide Prevention Workforce Development Program (2022–2026) and the Fast Track Intensive Leadership Program (2021–2024).

A summary of initial key themes was prepared, and consultation undertaken with key stakeholders. In addition, interview participants were invited to comment on the write-up of results specific to their sector, setting or community.

⁸ Our Watch, [Growing with change: Developing an expert workforce to prevent violence against women](#), 2023, page 10.

⁹ Family Violence Reform Implementation Monitor, [Monitoring Victoria's Family Violence Reforms: Primary Prevention System Architecture](#), 2022, page 8.

The third phase of the project involved finalising the data analysis and writing up the full results in this final report. A draft was prepared and consultation with key stakeholders was conducted, with a focus on the overall analysis and implications for the future.

Report structure and summary of findings

The report includes five chapters.

This first chapter has introduced the project, its context and purpose.

The second chapter is focused on key themes drawn from the interview data regarding how to understand prevention itself, the sector/s involved in the work, and the workforce.

A key finding in this chapter is that a range of primary prevention is being undertaken across Victoria with common aims in addressing the drivers of family and gender-based violence. This supports a broad understanding of the prevention workforce as being made up of practitioners undertaking this work.

The third chapter outlines a description of prevention activities being undertaken in a range of sectors, settings, communities and locations.

In analysis of the interviews and focus groups, clear clusters of organisations undertaking prevention activities emerged. These are described in detail, in order to support understanding about where people are working, and the work they are doing.

The fourth chapter is focused on prevention practitioners, providing insights into common functions and roles, and entry points.

Through the input of interview participants and key stakeholders, the report puts forward three broad categories that help to improve understanding and description of the prevention workforce. Common practitioner functions and roles are mapped to these categories.

The fifth chapter includes considerations for the future.

A number of common themes were raised by participants that are important for informing workforce development moving forward:

- *Ensuring long-term investment*
- *Recognising and enabling community-led prevention*
- *Building skills, knowledge and confidence*
- *Enhancing collaboration and connection*
- *Supporting the complexity of the prevention system*

Future prevention workforce development will require ongoing engagement between government and key stakeholders to further refine and develop understanding of the prevention workforce and strategically grow and develop this workforce into the future.

DESCRIBING THE PREVENTION WORKFORCE IN VICTORIA



The primary prevention workforce is currently made up of highly-skilled, knowledgeable and dedicated practitioners – supported and employed by a range of organisations. Practitioners are necessarily dispersed across a range of inter-related sectors, settings, communities and locations. This is a strength of the existing workforce, but creates some challenges in understanding the full range of prevention activity, as well as effectively supporting the people undertaking this work.

Participants were asked to describe their own work and those they worked with, how they understood prevention, and their understanding of prevention as ‘a sector’ and a workforce.

While this project could never hope to represent all primary prevention work being conducted in Victoria, it has managed to capture a complex and comprehensive overview of a significant amount of primary prevention activity and the workforce delivering this work. This chapter seeks to outline key themes drawn from the interview and focus group data (see Appendix for details).

Defining prevention

There are a range of ways in which participants defined and talked about their work in prevention – including prevention of violence against women, family violence, gender-based violence and sexual violence.

This suggests the need for ongoing discussion and engagement about the conceptual and strategic definitions for prevention activity. However, it is likely that different parts of the prevention workforce will continue to focus on different aspects of the work, so the current diversity in approaches isn’t necessarily a barrier to effective prevention or future workforce development.

Despite these differences, there were important commonalities across all participants. A common theme throughout was the focus on the gendered drivers identified in *Change the Story*, as an enduring theoretical and evidence-based underpinning for prevention. In addition, many participants are leading work addressing specific experiences of violence, such as sexual violence, or focused in particular locations or working with a range of communities.

Almost every participant talked about how primary prevention works best when it is integrated with other work on-the-ground – whether this is health promotion, service delivery, prevention focused on the social determinants of health, community-led initiatives focused on health and wellbeing for particular communities, or gender equality or inclusion work happening in organisations and settings. This allows prevention to be grounded and connected into other change and activity that is already under way.

At a program level, many talked about how it is impossible to separate out prevention from their other work.

I can’t afford to make the distinction. I benefit from the fact that these skilled workers work across the social determinants ... if I had that sector and that sector and that sector on the same team? The silos ... I just wouldn’t get anything done.

For some, the integration of prevention was partly the result of a lack of sustained direct investment in primary prevention. However, it also suggests the necessary link into existing conceptual, policy, funding service and programmatic architecture and workforces to reach as many parts of society as possible, and have impact ‘at scale’ and over a long period.

A number of participants talked about the overlap in their work between primary prevention, early intervention and response. This came out most strongly from those engaged in sexual assault and specialist family violence services, and those specialising in working with men and boys or community-led prevention. Participants talked about the need to consider the links in work across the prevention continuum, and how the combination of work can strengthen programming and effectiveness.

Many participants talked about how they couldn't imagine doing prevention in a way that was separate from the broader work of the sectors and organisations where they were situated, that it was the integration of prevention that made it effective and 'special'. However, many participants working in different contexts said the same thing – which indicates that there are a diversity of ways in which prevention is being done. This is a strength, but also a challenge in terms of gaining an overall view of the range of prevention work being implemented in very different contexts.

Prevention 'sector' or system

While many participants did consider themselves part of 'a sector', they also expressed the view that it is too simplistic and reductive to define prevention as a sector. Many talked about the grassroots and 'organic' way in which prevention work has grown, and how it is currently spreading and growing in range of sectors, settings, communities and locations.

Many participants spoke of a recognised 'core' and specialist sector, but views varied as to which organisations were a part of that core and which were not. For many, the 'core' was described as being made up of practitioners with specialist primary prevention knowledge and skills, and organisations with dedicated primary prevention staff.

The most common areas of overlap and integration with prevention activity identified by participants were women's health, gender equality and family violence. Organisations working in these areas were most likely to be seen as part of the 'sector'.

While mentioned by fewer participants, two notable additions were organisations working in the areas of sexual violence prevention, and in masculinities or working with men and boys. Organisations in these areas described themselves confidently as part of the sector, with a dual role focused on program delivery and sharing their knowledge and expertise with others.

Many participants noted the increasing recognition of the leadership of organisations and practitioners in community-led or settings-based prevention – and considered these part of the 'core' specialist sector. However, participants working in community-led or settings-based prevention raised significant concerns of exclusion, lack of diversity, and feeling that their expertise is undervalued and, at times, even exploited. These were raised consistently as important barriers to these participants feeling included, and being recognised within a holistic view of primary prevention activity in Victoria.

A number of participants described their role in prevention while working in related sectors, most commonly the health sector (with a focus on sexual and reproductive health), mental health, and youth and other community services. All community-led organisations also described undertaking a leadership role in prevention while also participating in sectors delivering programs with a focus on health, mental health and other wellbeing issues for their communities.

Overall, many participants were uneasy about trying to define a 'sector'. As one participant, said: *'I find it easier to think about who is a 'prevention practitioner'.* Another also switched view to the workforce: *'I find this easier to think about because there are just not that many prevention-focused agencies'.* Many felt that defining the 'sector' had become a focus in order to bolster advocacy with government for investment and engagement, and enhance ways of working together.

Some felt that taking a more expansive view of the prevention 'system' could lower barriers to workforce participation by focusing less on who was 'in' or 'out' and instead focusing on what is needed to deliver the work and the outcomes. Overall, what emerged through this project is that there is not yet a clear picture of prevention system as a whole. Other gaps emerged in terms of understanding the roles of various players within the system, and how best to work together, suggesting that this requires ongoing attention and clarification.

Regardless, participants spoke strongly about the need to recognise and build specialist expertise in order to drive ongoing practice development and support prevention activity across different sectors, settings and communities. There was strong appetite for *describing* the activities actually underway, and having greater *visibility* of the organisations and practitioners doing the work, in order to facilitate this.

Prevention workforce

While most participants agreed that there was a prevention workforce, many argued against imposing arbitrary boundaries and definitions on this workforce. These concerns were related to both going either too broad or too narrow in definition.

Workforce definition

Many referred to the adage that 'prevention is everyone's business', and questioned the degree to which everyone could potentially be considered part of the workforce. This was summed up by one participant, as:

Any one person or organisation or activity that stops the perpetration on a long-term basis of gender-based violence ... I get why you need to define workforces ... you need to codify and measure and plan for it ... but the truth is that it is anything and all.

Some felt that a 'purist model' of prevention – based on a strong evidence base and enshrined in [Change the Story](#) – had inadvertently created a sense of the prevention workforce as being exclusive. Many talked about how prevention continues to be 'jargon heavy', and that what is needed is clear, simple and convincing ways of speaking about what primary prevention is and why it matters. While some noted this as a challenge for practice, many raised it as a potential barrier for workforce participation and attraction.

Mutual respect for different perspectives can be a challenge, even simple things like the language or the terminology that's used ...[the] theoretical language that a lot of people might not have ... Ensuring there are accessible ways to talk about things like the drivers [is important]. I think sometimes it can be very academic, which then shuts people out from articulating what they're doing.

For some, the hesitation with defining the workforce was linked to a concern about losing focus on the need for prevention to be integrated and embedded with other activity, rather than stand-alone.

Others cautioned against going too broad in considering the workforce, as this could potentially devalue prevention as a specialist (and evolving) practice. Some participants said that there just weren't the resources in place to support and maintain contact with 'everyone' as a workforce, and risks involved in less skilled, knowledgeable and connected practitioners picking up the work in ways that could even cause harm to themselves or even others.

Some put forward other ways of understanding the workforce that felt more inclusive to them, focused around the idea of a common goal and purpose.

A tight construction of how to define the workforce has always been the default – what if we went broader than that? Could we define the workforce by their actions or their outcomes, not their function or role?

Many participants noted that they worked with sectors and practitioners that would not necessarily identify as part of the prevention workforce, but were doing work that specifically targeted the gendered drivers. A common theme in the interviews relating to community-led prevention was that many practitioners working with and for communities are effectively contributing to efforts directed at the drivers of violence for these communities, but would not understand or see themselves as part of the workforce. All of this points to the importance of recognising the work of those leading and coordinating the prevention work of others in their communities or settings.

Community-led programs were described as being delivered with a focus on Aboriginal and Torres Strait Islander communities, migrant and refugee women, LGBTIQ+ communities, and women living with disabilities.

The most common settings raised by participants were schools (with a focus on respectful relationships education), local government, sporting clubs and TAFEs. Others raised workplaces as a key area of focus, and additional work in settings like universities, media and financial institutions, but these were often described as led at a national level rather than in Victoria.

Research was also raised by a number of participants as vital to underpinning prevention efforts. However, there was limited description of specific research collaborations involving practice-based organisations and practitioners.

Overall, many participants felt that *visibility* of who is doing the work would assist in supporting collaboration, collegiality and connection between different areas of the workforce – as an important step to strengthening the workforce.

Professional identity

Interviews revealed mixed sentiments about the role that a sense of ‘professional identity’ plays in strengthening the prevention workforce. For some, a sense of common identity was seen as positive and unifying. Equally, some felt that this identity and clear understanding of the workforce assisted with creation of policy levers, planning and resourcing:

... having a primary prevention sector with a clear and strong self-identity as a sector [can help government] to create policy and programs around an identifying characteristic ... how you interact with that identity is different, but it can also be a conduit to workforce planning.

In contrast, many were uncertain as to whether a professional identity was necessary or useful, and suggested alternatives that could provide focus.

There is something to work on: giving people the tools to see themselves in the work they are doing without getting too wedded to definitions, associations, a sense of belonging.

Despite hesitation around ‘professionalisation’ and *definition*, some participants understood that these are important for government and for organisations specifically focused on workforce development (in order to define their work). However, for others there was a feeling that this detracted from the movement-based origins of prevention and the necessary complexity of prevention as a system. Nevertheless, the importance of *understanding* the workforce better was a common theme, consistent with the idea of increasing the *visibility* of the work.

Conclusion

Overall, a view emerged through the interviews of a range of work being undertaken across Victoria with common aims in addressing the established drivers of family and gender-based violence. This supports a broad understanding of the prevention workforce as being made up of practitioners undertaking this work across a range of sectors, settings, communities and locations.

The following chapters expand on this understanding, with a focus on describing the variety of prevention activities being carried out by organisations in Victoria, along with common practitioner functions and roles.

DESCRIBING PREVENTION ACTIVITIES AND FUNDING SOURCES



Participants were asked to describe the activity of their own organisation and how this activity is funded. Understanding where people are working, the sorts of organisations where they work, and what they are doing, is key to both reaching and supporting the primary prevention workforce.

During analysis of the interviews and focus groups (see Appendix), clear clusters of organisations emerged. These are described in detail in this chapter, including important information about how these clusters work amongst themselves, and how they relate to others.

Again, this cannot be considered a fully representative view of all primary prevention in Victoria. However, what has been captured is a more comprehensive overview of primary prevention activity being undertaken that can be built upon further in future to understand and support the primary prevention workforce.

Specialist organisations with sole focus on prevention

Sector/industry	Prevention activities	Organisations (examples)	Funders
Specialist primary prevention organisations	<ul style="list-style-type: none"> + Policy frameworks and advice + Projects + Training + Campaigns + Resources + Research 	<ul style="list-style-type: none"> + Respect Victoria + Our Watch 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio + Commonwealth Department of Social Services + Philanthropic and corporate partnerships

There are a small number of specialist organisations that are solely focused on primary prevention. These include Our Watch nationally and Respect Victoria. All staff in these organisations considered themselves part of the prevention workforce, and described a role in growing the broader workforce and 'sector'.

Our Watch described their role as an employer of a significant number of practitioners (both in Victoria and nationally), and acting as a connector and facilitator of work across the country. The organisation's role in workforce development nationally was previously more a byproduct of funded work in practice leadership, but more recently includes a specific focus on capability-building, i.e. growing the skills, coordination and size of the workforce. An important recent piece of work is [Growing with Change](#), which aims to grow understanding of the current workforce, national policy context and how to build and sustain a national prevention workforce. Professional development activities undertaken by Our Watch include training, webinars and communities of practice.

A key reflection from Our Watch is the difference between the size and sophistication of the workforce in Victoria, and in other states and territories. In most cases, outside of Victoria, prevention is yet to receive substantive policy or funding priority – with small and short-term projects making up the majority of the work.

Respect Victoria was established in 2018 as the statutory body for primary prevention in Victoria. Staff described its work as focused on strengthening system coordination and working with communities, organisations, institutions and government to make primary prevention a priority.

This includes a focus on a number of core strategic priorities, including research and knowledge building, keeping prevention on the policy and public agenda, supporting best practice, and influencing community and social change. Staff also described Respect Victoria's policy advice function and the importance of embedding primary prevention action across government.

Respect Victoria described its role as acting between government and the 'sector' – as a conduit and supporter of work across both. Its role in supporting monitoring and evaluation was also highlighted. *'We're trying to bolster those mechanisms to make the work visible. The overall objective is to get this work funded to a commensurate level.'*

Women's health and gender equity

Sector/industry	Prevention activities	Organisations (examples)	Funders
Women's health and gender equity	<ul style="list-style-type: none"> + Regional networks and partnerships + Projects + Training + Resources + Policy advice and advocacy + Awareness-raising 	<ul style="list-style-type: none"> + Statewide and regional women's health services + Gen VIC 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio + Victorian Health portfolio + Philanthropic + Fee for service

The Women's Health Services Network is a significant player in primary prevention delivery in Victoria. It is made up of collaboration of 12 women's health services across the state, including both place-based services and three statewide services.

Participants described a number of key thematic areas of work across the state, including:

- + Gender equality
- + Gendered violence prevention
- + Sexual and reproductive health
- + Mental health and wellbeing
- + Climate change, emergencies and disaster
- + Women in a changing society

However, these were described strongly as overlapping and intertwined areas of work.

Funding for the women's health services comes predominantly through the Department of Health, with a component dedicated to the prevention of gender-based violence. Another component focused on prevention comes through the Department of Families Fairness and Housing, which is dedicated to building the capabilities of practitioners and partner organisations.

The role of the women's health services in the public health system is strongly focused on health promotion and primary prevention around the social and gender-based determinants of health, and workforce capability-building to support these. The specific funding for the prevention of gender-based violence was described by all participants as inseparable from the broader work of the women's health services. Fee-for-service training was described as another important source of income.

Staff employed specifically to work on gender-based violence prevention clearly explained their funded projects and roles, with a focus on coordinated activities through each of the place-based regional prevention partnerships. However, many participants made the point that funding streams don't recognise the integrated nature of work around gender equality – as a foundation for their work across prevention and women's health promotion.

Participants highlighted the work of the regional partnerships convened by the women's health services as a unique place-based primary prevention infrastructure with an overarching strategy, governance structure and partnership mechanisms. These were described as enabling coordination and integration of primary prevention activities across the regions to maximise impact and reach.

A statewide collective impact framework has been developed that resulted in an evaluation report released in 2023, [Small change, big impact: Women's Health Services Network collective impact report](#).

The women's health services described a strong commitment to intersectionality in their work – with a focus on overlapping experiences of inequality and discrimination in both the drivers of violence and the social determinants of health. This commitment is strengthened by the statewide work of Women with Disabilities Victoria and the Multicultural Centre for Women's Health, as well as specific projects working with these communities being undertaken in particular areas.

Several participants referenced the implementation of the Gender Equality Act as a significant milestone that created a ripple effect, creating a new focus on gender equality and increasing fee-for-service and partnership opportunities. However, the rigorous compliance demands of the Act for prescribed entities were noted as a risk to other areas of work, as they consume considerable time, energy and resources. Some anticipate that new legislation recontextualising sexual harassment as an occupational health and safety issue is likely to create a similar focus and demand.

Gender Equity Victoria (Gen VIC) is the independent peak body for organisations and individuals promoting gender equity in Victoria. Gen VIC has over 100 members including health organisations, housing, economic wellbeing and employment services, consultancies that work in gender equity, and reproductive rights organisations. They reported that they are currently self-funded with a small number of paid staff, focusing their work as a 'movement builder' around gender equity.

Participants talked about the overlap between gender equity and primary prevention work and the importance of mutual advocacy and collaboration, as well as the role of other peak bodies such as Safe and Equal in primary prevention. *'We're not about replication – we're about elevation and movement building'*.

Family violence

Sector/industry	Prevention activities	Organisations (examples)	Funders
Family violence	<ul style="list-style-type: none"> + Workforce development + Projects + Training + Networks + Resources + Policy advice and advocacy + Projects with local community or corporate partners + Awareness-raising 	<ul style="list-style-type: none"> + Safe and Equal + Specialist family violence services 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio + Victorian Housing portfolio + Philanthropic and corporate funders + Self-funded

Prevention activity conducted by and within specialist family violence services has a long history in Victoria. A dedicated focus on primary prevention workforce development has also been strengthened since the Royal Commission, through funding provided to Safe and Equal – as a peak body resulting from the merger of Domestic Violence Victoria and Domestic Violence Resource Centre Victoria in 2020.

All participants working in family violence prevention and response agreed on the ongoing need to consider the specialisation and distinction between the two, but also the need for the work to be done in ways that are connected and considered ‘part of a whole’ working toward a shared goal. There was recognition of the specific skills and capabilities needed in primary prevention, and the need for dedicated and funded programs because services and practitioners working in response are already under a huge amount of pressure. However, participants also talked about wanting greater integration and cross-exchange. A simple example of why this is needed is that primary prevention and growing awareness creates the potential for more disclosures and engagement with services.

Much of the prevention work currently being done by specialist family violence services was described as self-funded, or funded through short-term philanthropic or non-government funding sources. Examples here include linking into regional primary prevention networks and partnerships, or community-based initiatives with sporting clubs and schools.

Both response and prevention were described as ‘values-based’ work, with an underlying commitment to intersectional feminism. Participants argued against ‘siloes’ and false distinctions, and talked about shifting focus to look for connections between the work and the workforce, as complementary to each other. For some, this means being more flexible and open to what is recognised as ‘primary prevention’.

Getting a really full picture of what's happening is a good starting point because that broadens the page we are all trying to get on. We only look at half the page sometimes ... We need to get better at ... listening to and hearing other perspectives that might not be framed exactly the 'right way'.

Safe and Equal reported that family violence services strongly describe a necessary link to prevention, as a source of hope. This was described as: ‘working towards a future where they aren’t overworked, and have long waiting lists and seeing the same sorts of presentations and demand’. Participants talked about the strong common foundation for work across the family violence continuum, with a focus on the gendered drivers.

Participants across a number of organisations described a growing role for Safe and Equal in prevention workforce development and sector-based advocacy. This was described as:

... listening to and connecting with practitioners to then be able to create training and professional development that is meaningful to them, and meets a need. Our unique position is that we learn from them through this, about what we need to advocate for with government.

Safe and Equal described their role as helping to connect the diversity of organisations engaged with prevention, and advocating with and for these organisations. In doing so, a particular focus is building partnerships with community-led organisations, in order to ensure a meaningful intersectional approach in prevention as well as response.

Community-led prevention

Sector/industry	Prevention activities	Organisations (examples)	Funders
Community-led family violence, health and wellbeing	<ul style="list-style-type: none"> + Projects + Training + Workplace inclusion + Resources + Policy advice and advocacy + Awareness-raising 	<ul style="list-style-type: none"> + Dhelk Dja partnership + Djirra + Multicultural Centre for Women's Health + Rainbow Health Australia + Women with Disabilities Victoria + Community-led services in family violence, health and wellbeing, equality + Grant recipients 	<ul style="list-style-type: none"> + Commonwealth Department of Health + Commonwealth Department of Social Services + Victorian Prevention of Family Violence portfolio + Victorian Health portfolio + Philanthropic + Fee for service

Participants from community-led organisations talked about their work as delivering programs with and for their communities, clearly targeted at the drivers for their communities. In addition, a number of organisations are simultaneously providing capability-building and consultation for prevention organisations and practitioners more broadly – in order to ensure inclusive, intersectional and gender-transformative approaches.

Most participants working in community-led prevention highlighted the under-recognised role of volunteers and the engagement of community members as critical to ensuring that prevention activity is informed and effective. Participants raised the ongoing capacity restraints of working with and for minoritised communities, facing demands to deliver for communities and to advise and consult with organisations engaged with prevention.

A common theme was that many practitioners working in community-led organisations with a focus on rights, health and wellbeing are doing primary prevention, but wouldn't necessarily see themselves as part of the workforce or system.

There's some work just to capture work that has already been done by people who wouldn't identify as primary prevention people, and we maybe don't need them to, but are doing great work that is challenging the drivers.

While this understanding may only need to happen at 'the back end', bringing these well-established programs into view as contributing to prevention would create valuable opportunities for evaluation and practice improvement.

A number of participants also pointed to unique national networks and Commonwealth-funded programs that they were leading, while these were not necessarily visible to others engaged in prevention in Victoria.

Many participants working in community-led prevention noted the 'load' being carried by practitioners in terms of maintaining connection to community and doing work within community, and that there is a lot of pressure on small numbers of people doing the work and providing consultation to the broader workforce and prevention organisations.

Aboriginal-led prevention

A significant amount of activity has been funded and carried out since 2016 in Aboriginal-led prevention. In 2023, the Victorian Government and Respect Victoria, on behalf of the Dhelk Dja Partnership, published a report on the [Aboriginal Family Violence Prevention Mapping Project](#). This review provides a detailed breakdown of the nature and reach of Aboriginal primary and secondary prevention activities in Victoria between 2016 and 2021, funded by the Victorian government and other sources, and mapped against the Dhelk Dja regions.

The report found that during the timeframe there were 251 government-funded initiatives, with the majority targeting health, family and community service settings, followed by sports, recreation and leisure, the arts, and education and care settings for children and young people. Key findings were that Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal community groups were also engaged in a broad range of unfunded prevention efforts, and that the line between prevention and response was not always clear, as organisations often worked across the prevention continuum and saw their work operating in more integrated ways.

Stakeholders explained there is extensive prevention activity occurring in Aboriginal communities and that everything ACCOs do includes prevention as a core element. By providing culturally safe support, services and Gathering Places for the Aboriginal community, ACCOs offer opportunities for healing while also playing a critical role in supporting and strengthening families, communities, culture, and identity. In this way, the work ACCOs undertake contributes to prevention in both: addressing the underlying drivers of violence, particularly in terms of the legacies and ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people, families, and communities, and strengthening protective factors against violence, such as enhanced resilience, self-esteem, cultural identity and connection to family and community.¹⁰

While many of these programs are taking action to address the drivers of family violence in Aboriginal communities, they are not always explicitly described as primary prevention. Nevertheless, understanding the breadth of prevention activity delivered by these organisations is important in both supporting the work and the workforce undertaking it. Having capable and determined staff in place, and longer-term funding were identified as key enablers of activity.

This added to the findings of the earlier Family Violence Implementation Monitor report on [Aboriginal-led prevention and early intervention](#), which looked at work led by ACCOs, Dhelk Dja Committees, and local workforces and networks. The report noted the long-standing and well-integrated work happening across family violence early intervention, response and recovery, as well as broader community health and wellbeing initiatives.

Key findings were that while there is a wide range of effective initiatives, significant system issues remained unresolved. These included a lack of detailed guidance on how to implement and evaluate prevention and early intervention frameworks; reliance on short term, grant-based funding; a need for more culturally-adapted capability building initiatives to support both the Aboriginal and broader workforces; and the need for stronger government accountability for delivery of initiatives to support Dhelk Dja priorities.

Universally, Aboriginal Community Controlled Organisations we consulted told us that prevention of family violence in community is grounded in healing, identity, culture, connection and strengthening families. However, there is a disconnect between this approach and mainstream practice and the funding frameworks and reporting requirements that sit around them. Because funding of programs is largely short-term and may not always include sufficient time or provision for implementation and culturally appropriate evaluation models, the outcomes cannot be demonstrated to the extent that they should be, therefore the true value is likely underestimated.¹¹

¹⁰ Urbis, [Aboriginal Family Violence Prevention Mapping Project: Mapping initiatives delivered 2016–2021](#), 2022, page 32.

¹¹ Family Violence Implementation Monitor. [FVRIM report on Aboriginal-led prevention and early intervention](#), 2022, page i.

In addition, participants from Djirra offered insights to the project team. Djirra is an ACCO that provides a range of support services for Aboriginal women and to Aboriginal people who have experienced family violence. Originally established as the Aboriginal Family Violence Prevention and Legal Service, their programs have grown over time to include holistic primary prevention and early intervention programs, case management, legal support, cultural and wellbeing workshops, drop-in services and policy advocacy.

Participants from Djirra noted that the term ‘prevention’ is not consistently understood across government departments and the sectors with which they work, and that their programs do not neatly fit descriptors or terminology used by funders. This was seen as contributing to situations where their community engagement work was not visible or conceptualised as falling within the landscape of prevention.

Participants described how they were advocating to change and challenge funding models, including reporting and evaluation frameworks, to better support and articulate Djirra’s culturally-safe, wrap-around and holistic service model. Through different initiatives, Djirra has been influencing funders to move to self-determined funding agreements, including long-term funding and reporting based on Aboriginal-led outcomes and measures of success. Long-term and flexible funding, particularly for prevention work, was seen as key to building community trust and responding to community need.

Djirra’s theory of change emphasises the importance of providing ‘the right support at the right time’ through integrated service delivery, and programs such as Dilly Bag, Young Luv, Sister’s Day Out and Koori Women’s Place, with a focus on building connection to culture and community. The change in funding delivery as well as reporting means that Djirra have funding that is more fit-for purpose and meets needs, while reporting for the funder is more meaningful and streamlined. This case provides an example of successful advocacy for funding reform to support an integrated program of work that includes prevention.

Multicultural and faith communities

A notable organisation leading primary prevention with and for migrant and refugee communities is the Multicultural Centre for Women’s Health. MCWH is a community-based, not-for-profit organisation led by, for and with women from migrant and refugee backgrounds. They are part of the Women’s Health Services Network, and their prevention programs have a focus on building the capacity of the primary prevention and gender equity workforces in intersectional feminist primary prevention practice, and effectively engaging migrant and refugee communities in the prevention of violence against women.

MCWH identified overlaps in their work, including nationally-funded programs with a focus on sexual and reproductive health for migrant and refugee women, as well as sexual assault. There was also an emphasis on working with men and boys, as an integrated part of prevention programs in a range of communities. Improving representation of migrant and refugee women, particularly as leaders at the executive level, in the primary prevention workforce was noted as a priority.

Since 2022, MCWH and Safe and Equal have been participating in a partnership to support 33 grantees funded as part of the Victorian government’s Supporting Multicultural and Faith Communities to Prevent Family Violence Grants.

Participants noted the diversity of organisations supporting and participating in this work, from large faith-based organisations with distinct prevention programs to smaller community-led organisations undertaking prevention activities in an integrated way with strong overlaps with early intervention and response (where necessary and possible).

In doing this work, participants emphasised the importance of intersectionality and community-led practice. This was described as starting from the idea that communities already have the answers, and addressing the structural barriers such as colonisation and racism that have prevented this knowledge from being applied. Programs were described as being values-led and guided by the unique needs and context of their community.

Participants working with multicultural and faith communities felt that [Change the Story](#) was less relevant to their work, and talked about using and developing their own resources – particularly [Intersectionality Matters](#) by MCWH.

I think a lot of the Connecting Communities grantees are thinking about it from the perspective of racial equality as well as faith-based equality as well as gender. But it's the same idea of people being free and able to live a life without fear. Getting to a shared vision of what prevention practice looks like is trickier, but fundamentally I do think that good prevention is empowering communities to be the best version of themselves.

Community-led practice was described as less well-understood, but potentially offering significant learnings for prevention in general.

LGBTIQ+ communities

There are two organisations funded to deliver primary prevention focussed on the experiences of LGBTIQ+ communities in Victoria. Both said that they identify as part of the primary prevention workforce, but that the communities they work with and represent are more likely to understand their work as part of broader LGBTIQ+ advocacy and programs for health and wellbeing.

Rainbow Health Australia is funded to address evidence gaps, strengthen understanding of the drivers of violence for LGBTIQ+ communities, and build the expertise of both LGBTIQ+ organisations and family violence primary prevention organisations.

Zoe Belle Gender Collective is a small trans and gender diverse-led advocacy organisation that was previously funded as a pilot project under Rainbow Health Australia's primary prevention project. Their current focus is on designing resources and building the capacity of primary prevention organisations to prevent men's intimate partner violence against trans women and trans feminine people. They reported that their work is now self-funded and that there is currently no funding directed to trans and gender diverse-led organisations to deliver prevention programs or to support sector development.

Participants working with LGBTIQ+ communities also described a number of programs that contribute to primary prevention by working against the drivers, but are unlikely to consider their work as primary prevention – e.g. the Healthy Equal Youth program. The broader work of LGBTIQ+ inclusion in organisations and services (through inclusion training and Rainbow Tick accreditation) was also identified as contributing to primary prevention.

Participants working with trans and gender diverse communities reported that specialist primary prevention, gender equity and LGBTIQ+ organisations were starting to engage with trans and gender diverse issues and contribute to the reach of this work. However, they also described ongoing barriers to trans and gender diverse people being meaningfully included, beyond a 'tokenistic' profile in public forums and social media. Significant ongoing gaps in trans inclusion within work addressing men and masculinities, and sexual assault prevention were emphasised.

Trans and gender diverse people and organisations have been really excluded from the prevention sector for a very long time. So it's hard to claim space and be part of the sector ... There's also a separation between professional and community, even where we're talking ground-breaking work empowering communities and working with communities ... [Our work] isn't very respected or understood.

A significant development in this area relates to the announcement by Our Watch in 2023 that a national framework for LGBTIQ+ primary prevention is due to be developed.

Women with disabilities

Many participants mentioned the work of Women with Disabilities Victoria as a community-led peak organisation representing women with disabilities in Victoria. WDV described the focus of their primary prevention programs as building the capacity of the primary prevention, disability and social services workforces. This is achieved through a dedicated focus on both the prevention workforce and the disability and social services workforces, and also bringing the two together in shared learning spaces to build a sense of mutual understanding. WDV is also part of the Women's Health Services Network, with a focus on capability-building.

WDV talked about the importance of their Gender and Disability Experts by Experience group in providing consultation and facilitating the co-design and co-delivery of capability-building projects, resources and activities. This includes providing training to organisations and individuals, and focussing on broader sector engagement. The Experts by Experience group is considered an essential part of the prevention workforce focussed on lived experience and dismantling the intersecting drivers of violence.

A recent move towards a Prevention of Violence Against Women with Disabilities credential/endorsement model was described.

We really hope that if we do an endorsement model, with goal identification and practical steps, then organisations and practitioners will be more inclined to actually change their practices so you can have a longer-term impact.

Participants noted that uptake within the primary prevention workforce was higher at the moment, but that this has been harder to achieve in the disability and social services workforces, due to a lack of funding and resources. For example, disability support workers were described as an important target audience in terms of upskilling, but these workers are often casualised or on short-term contracts, with limited time available for training.

Other future priorities noted by participants in this space included engaging with men and boys, and broadening their intersectional engagement to more closely consider migrant and refugee, LGBTIQ+, and Aboriginal and Torres Strait Islander communities.

Settings-based prevention

Sector/industry	Prevention activities	Organisations (examples)	Funders
Councils	<ul style="list-style-type: none"> + Projects + Networks + Training + Awareness-raising + Resources + Strategies and action plans for family violence and gender equality 	<ul style="list-style-type: none"> + Municipal Association of Victoria + Individual councils 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio + Self-funded
Schools	<ul style="list-style-type: none"> + Respectful Relationships curriculum + Whole-of-school initiatives + Training + Awareness-raising + Resources 	<ul style="list-style-type: none"> + Schools 	<ul style="list-style-type: none"> + Victorian Education portfolio
Early childhood	<ul style="list-style-type: none"> + Respectful relationships + Projects + Training + Awareness-raising + Resources 	<ul style="list-style-type: none"> + Early childhood centres and kindergarten programs + Maternal and child health programs 	<ul style="list-style-type: none"> + Victorian Education portfolio + Victorian Prevention of Family Violence portfolio + Self-funded + Councils

TAFEs	<ul style="list-style-type: none"> + Projects + Networks + Training + Awareness-raising + Resources + Strategies and action plans 	<ul style="list-style-type: none"> + Respect and Equality in TAFE Network 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio + Self-funded
Sporting clubs	<ul style="list-style-type: none"> + Projects + Networks + Training + Awareness-raising + Resources + Strategies and action plans 	<ul style="list-style-type: none"> + Individual clubs 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio + Self-funded + Councils
Other settings	<ul style="list-style-type: none"> + Projects + Strategies and action plans + Industry guidelines 	<ul style="list-style-type: none"> + Industry bodies + Individual organisations 	<ul style="list-style-type: none"> + Our Watch + Self-funded

A key theme from participants working in settings included the need for more recognition of the potential reach and impact that could be achieved by building primary prevention further in these spaces. Many other participants mentioned work in settings, but there was perhaps less recognition of the nature of the work being undertaken.

Participants working in settings described the challenges of working in large, bureaucratic and hierarchical organisations and the need to advocate constantly for their work. All talked about the need for practitioner connection and collaboration to address isolation and build mutual support for their work.

Across a number of settings, a key focus is gaining support for strategies and action plans to secure commitment and allocation of funds in the areas of gender equality, family violence and primary prevention. This includes both internal work to ensure staff are safe and supported, and also external work to promote and take action for social change.

Councils

Many participants across interviews mentioned councils as key actors delivering primary prevention in Victoria, particularly those funded by the Victorian Government through the Free from Violence Local Government Program. A first phase of this program funded fifteen councils from 2022, and a second phase funded an additional twelve councils from 2024. Throughout interviews, the Municipal Association of Victoria (MAV) was consistently referred to as a significant source of support for councils and a source of prevention expertise.

All participants working in councils spoke about the significance of the [Local Government Guide for Preventing Family Violence and All Forms of Violence Against Women](#), as an industry specific tool helping staff at every level to understand their role and advocate.

The guide has been helpful as the language is local government-specific. It situates the work in our role and functions ... pares it back with real examples of us as a workplace. It has helped with messaging about people's roles.

Participants described the reach and potential reach of activities in councils: *'The role of Council is unique as it is government but with links into community'*. Councils play a key role in service delivery for local communities, and in serving and engaging with communities. Prevention has been integrated successfully into a range of council workforces, services and facilities in areas such as sports and recreation, maternal and child health, as well as external engagements with schools, women's health services, community organisations in the local area.

Many participants noted the overlap between primary prevention and gender equality work. The compliance required for councils under the Gender Equality Act was applauded as a key lever for change, alongside concerns about the unfunded work required in implementation.

Participants described a number of barriers to their work, including hierarchy, 'red tape' and compliance, as well as resistance to their work.

Early childhood and schools

One of the most widely-recognised primary prevention initiatives in Victoria is the Respectful Relationships (RR) Initiative. Established in 2016, this initiative has five components – a whole of school approach, Lead and Partner schools, Department-led professional learning, Respectful Relationships resources and a dedicated workforce. The RR initiative and its impact is well-documented through a number of evaluation reports.¹²

The Department of Education employs Project Leads in each of Victoria's 17 local areas who are responsible for supporting schools to implement the initiative, while another 17 staff are employed as Liaison Officers, tasked with building school capability to respond to disclosures of family violence. The Respectful Relationships Unit in the Department manage all statewide staff and supports, including teaching and learning materials available to support implementation.

The Department of Education also delivers the Safe Schools program, which is focused on ensuring that LGBTIQ+ students are free from discrimination and bullying. While not widely described as a primary prevention initiative, Safe Schools is aimed at the drivers of violence for LGBTIQ+ communities.

In addition, all government-funded schools are required to deliver Respectful Relationships education (RRE) as a core part of the Victorian curriculum at all grade levels. While the RR workforce have a role in delivering RRE, a number of other school staff and external providers are also involved in curriculum delivery.

Many participants spoke about working closely with schools and RR staff to support RRE and primary prevention across Victoria. This included delivering training and professional development, working with schools to respond to incidents or disclosures, and engaging with schools around broader efforts through regional partnerships and initiatives like the 16 Days of Activism.

Some respondents expressed a desire to work more with schools, while others noted a high demand from schools for their support, particularly since the introduction of the new affirmative consent legislation in Victoria in July 2023. With funding for Respectful Relationships renewed in 2024, there are hopes that the success of this program can be built upon in future.

TAFEs

A number of participants described the Respect and Equality in TAFE project as a network of all Victorian TAFEs working to roll out Our Watch's Respect and Equality in TAFE (RET): Victorian Guide. Melbourne Polytechnic has led the RET network, providing support and expertise to focal points based across the state seeking to embed the RET Guide within their organisation. Participants describe the role of this project as 'walking alongside' each TAFE, connecting them to training, resources, each other, key partners and stakeholders, and creating opportunities to share learning.

The RET Guide takes a whole-of-organisation approach, and covers five domains: workplace, student, learning and teaching, communications, industry and community. Very few TAFEs have more than one staff member allocated to this work. All roles are funded directly by the TAFEs themselves and many are doing prevention work as a part of their broader work sitting within a team focussed on diversity and inclusion. On top of implementation of the RET Guide, many roles also hold responsibility for creating and monitoring implementation of Gender Equality Action Plans as a part of commitments under the Gender Equality Act.

¹² ACIL Allen, [Respectful Relationships Evaluation 2017-18: Phase One Evaluation Summary](#), July 2019 and [Respectful Relationships Evaluation 2019-20: Evaluation Summary](#), June 2021.

Participants highlighted the reach of work done in TAFEs, across urban and rural communities, and the potential to leverage linkages to the education sector, industries and trades, local businesses and community organisations. Nevertheless, some participants expressed concerns about expectations around the pace of change, amidst a lack of funding.

Participants acknowledged that while prevention activity is undoubtedly growing in TAFEs, visibility of these successes remains limited and progress slow. While the RET Guide was seen as a valuable starting point, some participants felt that more understanding was needed about uptake, levers and enablers due to the diversity of TAFEs across the state.

These organisations are hugely hierarchical ... You need to brief and need to be tight or you don't get up. When trying to internally upskill people who are potentially not interested or feel they need to be taught this work; when you are trying to educate within the kind of circles and structures, this is where frameworks help.

Sports and recreation

Many participants talked about partnering with sporting clubs and undertaking joint activities with local clubs to advance gender equality and violence prevention initiatives.

In addition, a number of participants were working on projects supported through the Preventing Violence through Sport Grants Program (funded by the Victorian government). Some came from backgrounds in primary prevention work, and were passionate about both increasing participation in sport and addressing the gendered drivers by influencing positive behaviours and attitudes at a community level.

Participants described working closely with councils (with a focus on sports and recreation facilities and programs), neighbourhood houses, local community health centres and women's health services.

At sports clubs, I've been working with key people on committees ... Often the clubs I work with are small, and usually there's one or two people who are champions in their club for inclusion, diversity, social change.

Some talked about the role of statewide bodies representing community sports, and the need to work with these bodies to prioritise the work, create an authorising environment, and build relationships and networks. In most cases, community sport is reliant on volunteers so the statewide bodies were described as having an important role to play in education and support.

Sport and Recreation Victoria has a dedicated focus on gender equality, and linking together and supporting primary prevention through sport. This involves supporting grantees through dedicated project funding, and internal capability-building and embedding of primary prevention into broader initiatives.

We have access to so many people engaging in sport in different ways ... we have a core bunch of people there that we can educate to realise that words matter, actions matter, and how do we change those?

This work is slow but I feel it's so important to meet people where they are at. It's frustrating when we see how far people are from where we want them to be ... there's poor behaviour that needs to be dealt with ... the prevention work is more about the bigger picture ... a community development approach to building trust and respect.

Other settings

Our Watch has identified a number of settings as ‘priority settings’, and is leading work at a national level that has significant uptake within Victoria. These settings include workplaces, universities, TAFEs, media and sport.

Our settings work is about increasing prevention activities in big reach settings ... there is this whole ecosystem of work where the primary objective is not workforce development, but there is workforce development activity happening.

A focus on workplaces is integrated across a number of fields and sectors already described above, with participants highlighting the potential for legislative and regulatory levers like the Gender Equality Act, family violence leave legislation and sexual harassment obligations.

There have also been recent national policy developments in responding to sexual harm on campuses, with Universities Australia taking strong public positions and the Commonwealth releasing an [Action Plan Addressing Gender-based Violence in Higher Education](#) in 2024. On the ground in Victoria, this work is often driven by a small number of staff in university-based diversity or inclusion units.

There was widespread recognition of the need to transform media reporting on family and gender-based violence, with national advocacy on this issue again being led by Our Watch. However, in Victoria this work was described as being reliant on individual journalists and advocacy driven by primary prevention organisations.

A number of other settings were mentioned by participants, and this report has not been able to capture all of this work in its complexity. Amongst others, examples here include work being done in the legal and justice sectors and institutions, community services and health, and creative industries and the arts.

Sexual assault

Sector/industry	Prevention activities	Organisations (examples)	Funders
Sexual assault and affirmative consent education	<ul style="list-style-type: none">+ Training and education programs+ Programs in schools, early childhood, higher education and community settings+ Policy advice and advocacy+ Awareness-raising	<ul style="list-style-type: none">+ SASVic+ Specialist sexual assault and harmful sexual behaviour services	<ul style="list-style-type: none">+ Victorian Prevention of Family Violence portfolio+ Self-funded

Participants working in sexual assault prevention talked about the strong history of the sector in prevention, with a strong linkage to early intervention and response.

The movement and the history that underpins where CASAs started was always about preventing violence and sexual violence. It's always been core to the mission of the sector ... even though over time the sector has shifted more to response, that underpinning vision has always been there. So most [practitioners] would consider that prevention is part of the job that they do, even if it isn't practically, necessarily the job they do day-in-day-out.

The establishment of SASVic as the peak body was seen as important in both drawing together existing prevention work being done by member services, as well as identifying ways to grow and strengthen this work. Many specialist sexual assault services undertake some prevention work, or integrate it into their broader policy, advocacy, education and workforce development. There is a strong interest in doing more prevention work in the sector, however, the lack of dedicated funding for this was described as a key barrier.

SASVic highlighted the importance of building community capacity to prevent, recognise and respond to sexual violence, and a need for dedicated, fit-for-purpose funding across the sector to support these aims. The peak has recently received time-limited funding (in a partnership with YACVic and Safe and Equal) from the Victorian government to support organisations providing programs to support young people to understand affirmative consent. This is the only dedicated funding that the peak body currently receives for prevention.

Participants talked about the integration of response and prevention when undertaking settings-based or community education on sexual consent, and a need for prevention workers to be well-equipped to manage inevitable disclosure appropriately.

... what we're finding through the affirmative consent projects is that it is really hard to separate the two [response and prevention]. We're seeing a lot of disclosures ... and you can't do one without the other.

Those working in sexual assault prevention saw their role as delivering programs, but also offering expertise to the broader prevention workforce. Because of funding limitations, programs were described as often being reactive (e.g. being called into schools or workplaces after an incident) rather than proactive (strategic outreach). Participants noted the lack of shared and recognised underpinning frameworks around the drivers of sexual violence, and [Change the Story](#) was not identified as sufficient in providing this.

Those working in sexual assault prevention talked about working in inter-related ways with the youth sector and sexual health sector. Relationships with the legal sector were also raised as important in this area of work.

A number of other participants raised the importance of greater integration of workforces working in sexual violence prevention and family and gender-based violence prevention. This included finding ways to connect across areas of specialisation, and ensuring that primary prevention openly includes a focus on sex as well as relationships.

Masculinities and working with men and boys

Sector/industry	Prevention activities	Organisations (examples)	Funders
Masculinities and working with men and boys	<ul style="list-style-type: none"> + Research + Resources + Education, community and training programs 	<ul style="list-style-type: none"> + The Men's Project – Jesuit Social Services 	<ul style="list-style-type: none"> + Philanthropic + Victorian Prevention of Family Violence portfolio + Victorian Education portfolio + Fee for service

Organisations specialising in masculinities, and working with men and boys, described themselves as part of the prevention workforce. However, participants also noted that this work necessitates engagement with other sectors and workforces – youth work, mental health, men's health, alcohol and other drugs, and justice – and that not all of these are part of the workforce.

The Men's Project at Jesuit Social Services described a dual role of delivering community education and engagement programs, sharing 'what works' and contributing to capability-building across the prevention workforce through research and collaboration. They see themselves playing a conduit role between those engaged with prevention and those working with men and boys, outside of gender-based violence.

In delivering programs, the team works with others across a wide range of sectors and settings – including councils, women's health services, schools and TAFEs. In addition, there is a strong focus on professional development for workforces engaging with young people, and young men in particular, in violence prevention or sexual assault prevention.

There are expectations placed on people, based on the organisation that they are part of, or the role that they have ... but this whole thing is built on quicksand if the skillset and confidence and areas of professional development are not instilled in those teachers and youth workers. Just because it's on the job title doesn't mean I am confident to have that conversation in the way that is intended.

Some other participants mentioned working with men and boys as a focus of their work, particularly those working in community-led prevention, with a focus on community engagement and linking into community-specific men's behaviour change programs. In addition, Safe and Equal and the Men's Project described some nascent work they are undertaking in partnership to consider shared learnings and ways to build broader workforce capability.

A number of other organisations and individuals working in masculinities were mentioned – with a focus on mental health, men's health, relationships and consent, and young people. These were described as undertaking work addressing the drivers, but without necessarily having a conscious alignment to prevention. The Men's Project described a deliberate approach to connecting their work into the broader prevention sector and workforce, with an explicitly pro-feminist lens around accountability.

More broadly, needing to engage men in the workforce was mentioned by a number of participants. This was raised as important in broadening gender representation within the workforce, while maintaining accountability to the strong feminist underpinnings of prevention. This should be a future topic of conversation and engagement in workforce development.

Health and community services

Sector/industry	Prevention activities	Organisations (examples)	Funders
Health sector (particularly sexual and reproductive health)	<ul style="list-style-type: none"> + Awareness-raising + Education, community and training programs 	<ul style="list-style-type: none"> + Sexual and Reproductive Health Services + Sexual Health Victoria 	<ul style="list-style-type: none"> + Victorian Prevention of Family Violence portfolio
Community services sector	<ul style="list-style-type: none"> + Awareness-raising + Education, community and training programs 	<ul style="list-style-type: none"> + Community services + Neighbourhood houses 	<ul style="list-style-type: none"> + Self-funded + Philanthropic + Victorian Prevention of Family Violence portfolio
Youth sector	<ul style="list-style-type: none"> + Awareness-raising + Education, community and training programs 	<ul style="list-style-type: none"> + Youth services + YACVic 	<ul style="list-style-type: none"> + Self-funded + Victorian Prevention of Family Violence portfolio

A number of participants were working on grants made available from the Victorian government to work with young people to raise understanding of affirmative consent. SASVic, YACVic and Safe and Equal have also collaborated through a partnership to support grantees. Through these grants and the program partnership, some felt an important opportunity had been created to consider the significant prevention intent and potential in broader programs focused on sexual and reproductive health and sexuality education, as well as broader programs in youth work or community development.

Sexual Health Victoria talked about primary prevention in the context of sexual and reproductive health services, and the need to connect with the clinical workforce providing services in this area.

My strong belief is that helping people to achieve their reproductive and sexual health outcomes is about offering choice – and that's primary prevention. If they are able to make those choices, in ways that reduce harm, then we believe that relationships and sexuality education is primary prevention. We know that early and ongoing access to education reduces unintended pregnancies, rates of STIs and also reduces rates of sexual violence.

A barrier to making the most of the significant overlap with broader respectful relationships education and gender equality work was identified as an unwillingness to talk about sex and sexuality. However, when considering young people this was seen as even more important.

We believe that to provide a holistic approach to primary prevention, we must include navigating safe and pleasurable sexual experiences as well. We would be calling for greater integration in how that's delivered to young people – in school settings, but also outside of school settings.

More broadly, the workforce supporting young people outside of school settings was identified as a focus, as disengaged or 'at-risk' young people may be at increased risk of gender-based violence. The youth and community sector was raised as an important focus for primary prevention, though many practitioners wouldn't necessarily understand their work as such. One example was community-based financial counselling and its role in fostering women's independence.

Another example comes from Banksia Gardens Community Services, which has taken a strong focus on taking a lead on gender equity in the community sector. This is implemented as a set of values and commitments across the organisation, and then demonstrated through a specific project – the youth-led project Good People Act Now.

Anybody who is in a community organisation, everyone needs to do something and put their hands up. Everyone needs to understand, based on their resources, what they can do. Even if you're really small, then I think you need to do what you can with what you've got, and there's stacks of external resources to support you ... be efficient and effective when you can. Know your area. Know your space. Know your referrals. Understand you can be very powerful ... It affects everybody, you can't opt out.

Corporate and philanthropic

Sector/industry	Prevention activities	Organisations (examples)	Funders
Corporate	<ul style="list-style-type: none"> + Internal strategies and action plans for family violence and gender equality + Financial abuse prevention 	<ul style="list-style-type: none"> + Banks + Corporations 	<ul style="list-style-type: none"> + Self-funded
Philanthropic	<ul style="list-style-type: none"> + Grant rounds + Project funding 	<ul style="list-style-type: none"> + Foundations + Individuals 	<ul style="list-style-type: none"> + Self-funded

A number of participants talked about existing work being done by corporations on internal workplace strategies around gender equality and family and gender-based violence, which are gaining momentum. Specific examples provided were work in the banking industry around preventing financial abuse, and in the utilities sector assisting customers experiencing family violence.

Corporates either just get it right away or they don't, that gender inequality is linked to gender-based violence, and this is why we have to take action. This will be usually where there's a senior leader that 'gets it'.

Participants described both growing levers (legal and regulatory obligations) and corporate interest in contributing to the broader work of prevention. Most activities were being driven from specific areas within corporations, such as diversity and inclusion teams. Work in these spaces was described as both internal and external, utilising the opportunities for responding to violence as significant employers, as well as the broader impact of their work in public-facing and customer-facing prevention.

A number of participants also described receiving philanthropic funding for prevention work. This was most often the product of growing interest amongst funders, and long-term relationships built with organisations undertaking primary prevention.

Research

Sector/industry	Prevention activities	Organisations (examples)	Funders
Research	<ul style="list-style-type: none"> + Research projects + Grant rounds + Community and sector consultation 	<ul style="list-style-type: none"> + ANROWS + Individual researchers + Research networks and centres + Respect Victoria 	<ul style="list-style-type: none"> + National competitive grants schemes + Commonwealth Department of Social Services + ANROWS + Victorian Prevention of Family Violence portfolio

A range of organisations and individuals are engaged with research that both builds understanding necessary for primary prevention, and adds to understanding about how to do this work.

Participants identified clusters of individual researchers in Victorian universities working on family and gender-based violence, and violence against women from both an Australian and international perspective. Some are also focused on the experiences of particular communities, including women living with disabilities and Aboriginal and Torres Strait Islander communities. Others are focused on particular experiences, like sexual violence or harassment.

A number of existing networks of researchers were also identified. The Centre of Excellence for the Elimination of Violence Against Women was mentioned, along with research centres including the Monash Gender and Family Violence Centre, and the Australian Research Centre in Sex, Health and Society.

Funding for prevention-related research has been provided through national competitive grant funding (e.g. Australian Research Council), and through the Commonwealth Department of Social Services. Family Safety Victoria has also provided research grants that have helped to inform prevention. ANROWS was mentioned by a small number of participants, as the organisation leading the national research agenda.

Almost all participants mentioned [Change the Story](#) as the evidence-based national framework, and talked about research underpinning their work. However, it is unclear whether researchers consider themselves part of the prevention system or the workforce. Ongoing interaction between researchers and research bodies, and the rest of the workforce, was not described by any participants. Strengthening these relationships is something that could improve the translation of existing research into practice, but also improve the integration of prevention into research with a focus on family and gender-based violence.

Respect Victoria talked about their role in research and knowledge-building to further primary prevention. This includes looking at the connection between primary prevention-focused research and evaluation of initiatives.

There is a role for research to keep pushing the edges of how we understand prevention, and how to do it well ... how we build that knowledge and also put it into practice.

Respect Victoria described working with Our Watch and ANROWS as national bodies with a clear role in primary prevention research, and also hoping to help facilitate more connections between researchers and practitioners on the ground in Victoria.

Those working in community-led prevention mentioned the critical importance of recognising research gaps, and the need for research to address the experiences and drivers of violence for particular communities (e.g. LGBTIQ+ and trans and gender diverse communities).

We need research. People keep saying we don't have the evidence to support it, and then there's this constant catch 22 because we don't have the research and the evidence. We need [research but] it has to be co-delivered, where we help form the questions, we help promote it, we help analyse it ... It would help legitimise what we're saying and delivering and we don't have that. Too often research goes into a community and ... they don't ask the right questions and they extract, and it's easy to misinterpret the data.

Government

A number of participants working in government expressed the view that they are part of the broader prevention system.

We play a role in a policy sense but to position ourselves in the sector doesn't sit right... We position ourselves as working with, collaborating with and cocreating with, but we aren't part of the workforce.

Participants noted that they contribute to in a number of ways – through funding projects, contributing to policy development, and advocating within government for investment and attention.

Public servants have an identity and our own sector, and we don't want to intrude or encroach on a sense of identity that has a right to be separate... From a government point of view having a primary prevention sector with a deep and strong self-identity as a sector, helps us create policy and programs around an identifying characteristic.

Participants from government noted their excitement about the ongoing possibilities for the growth of prevention, as there is more learning about the work and who is doing it, and future workforce development being able to be informed by this.

Final note

As noted at the start of the chapter, this project could not hope to capture all primary prevention activities occurring in Victoria. There are a number of funded and unfunded initiatives that are not captured here that nevertheless have a primary prevention component or focus. This includes those led by legal, health and community services, and community groups. As one example, there are eight elder abuse prevention networks that deliver local action to raise awareness of elder abuse and prevent it from happening using a primary prevention approach. The networks are membership-based, including community groups, organisations or businesses that work with or provide services to older people and others.

It is also worth noting that there are a number of organisations conducting projects with Commonwealth government or other national and international funding, with a focus on prevention of violence against women and gender-based violence. This includes organisations and practitioners working on global and regional perspectives and projects, such as the Equality Institute and International Women's Development Agency. These organisations are national and international in scope, but have staff based in Victoria so participate in local events and practitioner networks in Victoria. Despite the different focus of work, there is significant potential for learning and exchange with those undertaking work in Victoria.



DESCRIBING PRACTITIONER ROLES AND FUNCTIONS



Across all the data, a rich amount of detail emerged about the people undertaking prevention work in Victoria. A number of participants talked about how there is significant diversity in job titles and roles in prevention, particularly in comparison to service systems in areas like family violence. Primary prevention practitioners are also employed under a range of awards and job classification systems.

Others stressed that the lack of understanding about primary prevention itself created barriers to valuing the existing workforce.

[There is] no consistency in valuing the work, in terms of translating research to practice, and varying expectations of understanding the work ... [it] isn't just picking up a script and delivering the training.

Nevertheless, at a practitioner level, two key insights were generated by the project – understanding common functions and roles amongst prevention practitioners, and entry points.

Functions and roles

The investigation of functions and roles included drawing from interview data, as well as an analysis of participant data from Safe and Equal's Statewide Prevention Workforce Development Program (2022–2026) and the Fast Track Intensive Leadership Program (2021–2024).

The [Preventing Family Violence and Violence Against Women Capability Framework](#) released in 2017, defined two main categories in the prevention workforce as 'practitioners' and 'contributors'. Many interviews conducted for this project reflected the view that prevention activity, and the workforce delivering it, had developed substantially since 2017 and that a more nuanced set of descriptors is now required. A review of both the prevention and response Capability Frameworks is currently underway, with both due for release in 2024.

In line with a focus of *describing* the prevention workforce, analysis conducted through this project revealed a substantial amount of information about primary prevention practitioners, and those who support and contribute to prevention work more broadly.

The following table presents a summary of common functions and roles. These are organised in three broad categories, including those who are:

- ➔ **delivering and leading prevention initiatives** in specialist organisations, as well as those in key settings, related sectors and communities
- ➔ **supporting prevention initiatives** through advocacy, leadership, management and active participation
- ➔ **contributing to prevention** as 'everyone's business' through participation, support and promotion of initiatives

It is important that these categories are not interpreted as fixed, as movement between categories should be encouraged. In addition, the categories do not represent a hierarchical picture, as each category includes staff working at different levels of seniority.

Another important note is that while the first two categories can broadly be considered to make up the prevention workforce, the final category is inclusive of anyone contributing to prevention within the scope of their own role, commitment and capability. While the intention is for all three categories to grow and develop, workforce development should be targeted predominantly at the first two categories.

The following table cannot capture the full complexity of primary prevention work as it stands. However, it was tested and validated with key stakeholders and found to broadly capture common functions and roles across the primary prevention workforce in Victoria.

Functions and roles

➔ Delivering and leading prevention initiatives		
Prevention activities	Functions	Examples of roles
Delivering and leading initiatives in specialist organisations	<ul style="list-style-type: none"> + Design and delivery of projects and programs + Monitoring and evaluation + Budget management and reporting + Training design, development and delivery + Policy advice and advocacy + Communications and campaigns + Resource development + Management and supervision + Network coordination + Grant writing and development + Stakeholder relationships and partnerships 	<ul style="list-style-type: none"> + Primary prevention officer + Policy officer + Research officer + Communications officer + Campaigns coordinator + Health promotion officer + Network coordinator + Training coordinator + Programs manager + Executive + CEO + Consultant + Trainer + Facilitator
Delivering and leading initiatives in key settings and sectors	<ul style="list-style-type: none"> + Design and delivery of projects and programs + Monitoring and evaluation + Budget management and reporting + Internal policy and strategy development + Policy advice and advocacy (specific to sector/setting) + Communications and campaigns + Resource development + Management and supervision + Network coordination (specific to sector/setting) + Grant writing and development + Stakeholder relationships and partnerships + Integration with other initiatives in the sector/setting + Participation and advocacy within broader sector 	<ul style="list-style-type: none"> + Primary prevention officer + Gender equity officer + Network coordinator + Training coordinator + Program manager + Regional manager + Executive with responsibility for HR, quality, equity and diversity + CEO + Consultant + Trainer + Facilitator

Delivering and leading initiatives with and for priority communities	<ul style="list-style-type: none"> + Design and delivery of projects and programs + Monitoring and evaluation + Budget management and reporting + Training design, development and delivery + Policy advice and advocacy + Communications and campaigns + Resource development + Management and supervision + Grant writing and development + Stakeholder relationships and partnerships + Integration with other health and wellbeing programs + Participation and advocacy within broader sector 	<ul style="list-style-type: none"> + Project officer + Program manager + Executive + CEO + Consultant + Trainer + Facilitator + Volunteer
➔ Supporting prevention initiatives		
Functions		Examples of roles
<ul style="list-style-type: none"> + Integration with other work specific to role/organisation/sector + Management and supervision of staff delivering prevention activities + Policy and advocacy (internal and external) + Public statements and profile-building 		<ul style="list-style-type: none"> + Diversity, inclusion and equity officer + Communications officer + Community engagement officer + Manager + Executive + CEO + Board member + Family violence practitioners + Sexual assault practitioners + Women's health practitioners + Teachers + Youth workers + Volunteers
➔ Contributing to prevention		
Functions		Examples of roles
<ul style="list-style-type: none"> + Express support + Take local action + Promote activities 		<ul style="list-style-type: none"> + All sectors and settings

Entry points

Some insights into entry points were also gained from the interviews. In addition, the project team undertook an analysis of qualifications and previous roles of applicants for the Fast Track Intensive Leadership Program rounds that were specific to prevention during 2020–2023.

Practitioners come to this work from many disciplines and fields. The most common qualifications were in the areas of public health, social sciences and international development. Others had degrees in education and communication, with a small number having legal degrees.

Practitioners have often come into prevention from sectors related to women's health, gender equality or family violence services. Some have been teachers, youth workers or working in community development or international development. Others have come from roles with functions related to human resources, diversity and inclusion, communications or training and facilitation. In relation to community-led prevention, many practitioners come to primary prevention through a focus on health, wellbeing and human rights for their communities.

Overall, a barrier in terms of entry points raised by a number of participants was the lack of entry-level positions and clear pathways into the workforce. Most practitioners describe coming across primary prevention almost 'by accident' and realising that their skills were applicable in a field that fitted closely with their values.

What I've noticed is that people are becoming intrigued, and realising this is 'a thing' and something I can work in. It's growing in momentum and gaining a bigger presence. People are noticing that there's possibility here.

Describing common functions and roles, and understanding entry points, are important in providing a basis for clearer targeting of support and professional development. This will be explored further in the final chapter.



CONSIDERATIONS FOR THE FUTURE



A number of common themes were raised by participants that can inform primary prevention workforce development in Victoria moving forward. These are outlined in this chapter as follows:

- + Ensuring long-term investment
- + Recognising and enabling community-led prevention
- + Building skills, knowledge and confidence
- + Enhancing collaboration and connection
- + Supporting the complexity of the prevention system

Many of the findings in this project are consistent with workforce development priorities and needs outlined in the the Family Violence Reform Monitor's report, [Monitoring Victoria's Family Violence Reforms: Primary Prevention System Architecture](#), [Respect Victoria's First Three-Year Report to Parliament](#) and the report on the [Workforce Census 2019–2020](#). There is also a strong correlation with priorities and actions outlined in the current industry plan, [Framing the Future: Second rolling action plan](#).

Future workforce development will require ongoing engagement between government and key stakeholders to further refine and develop understanding of the prevention workforce, and strategically grow and develop it into the future.

Overall, the key finding of the project is that workforce development is contingent on sustainable support for primary prevention itself – the complex networks of sectors, organisations and practitioners that make up the prevention system. Meanwhile, workforce development will help to build and connect together the workforce needed for an effective system.

Ensuring long-term investment

Sustainable funding, and funding that is commensurate to the scale of change required, were key themes. Participants talked about how funding needs to be long-term to maintain a skilled workforce doing impactful work.

Long-term funding was raised as necessary in building and maintaining the meaningful connections and collaborations that are essential for prevention. Trust and relationship-building was a significant theme across all interviews, and competitive funding was identified as a significant barrier to this.

Short-term contracts and working conditions were raised as significant workforce problems.

There is something about sustainable employment practices. Often we cannot give staff secure employment ... I can list off so many staff who are extraordinary at translating theory to practice and have incredible experience ... who have left the sector and no longer working in related jobs because the employment conditions are just so poor.

Many talked about knowledge-loss from lack of staff retention, and how job insecurity adds to ongoing wellbeing challenges. All these factors continue to be a barrier to workforce participation and development.

Providing more secure employment with good conditions will improve retention, and also lay the basis for supported and ongoing practice improvement and innovation. Longer-term funding also contributes to the development of the evidence base for prevention through evaluation of outcomes and impacts, rather than shorter-term programmatic results.

Another common theme was the amount of unfunded prevention work being done. This added to concerns about undervaluing the work in general.

What comes to mind is remuneration – being able to be paid appropriately for the time and effort you put in. And when you think about it, everyone has a role to play, and that role that they are playing is unremunerated. It's invisible work and that perennial thing that women have to deal with – work that isn't valued and isn't paid properly.

Advocating to grow and develop the workforce must go hand in hand with resourcing and supporting prevention work that is spreading across sectors, settings, communities and locations.

What do we need to see in terms of workforce development, skills and qualifications and workforce planning – to get us to a point where prevention is population-level and we're seeing attitudes change? ... We need a vision piece – this is what we have now, this is what we want the work to look like in the future, and what's the workforce we need to get us there.

The future of the prevention workforce must involve both deepening – retention and increasing specialisation – and broadening – increasing the variety of embedded activity and encouraging everyone to have a role in supporting prevention.

Recognising and enabling community-led prevention

A significant number of participants described prevention work being undertaken with and for particular communities, as described earlier in this report. This work was described as having been less well-recognised and valued up until now. In fact, some participants described distinct experiences of exclusion in relation to being considered part of the workforce or the sector in meaningful ways.

Sustained longer-term funding was put forward as critical for community-led prevention, and as a facilitator of the necessary partnerships and relationships between community-led and other organisations leading prevention activity. These were both seen as important in ensuring meaningful intersectionality in primary prevention practice moving forward. Community-led organisations are already taking a leadership role in doing prevention, while also building knowledge and practice in ways that connect with the broader workforce.

A focus on workforce diversity was another common theme, in addressing the exclusion and discrimination faced by priority communities both in society and in the workforce itself. This requires specific attention and action in future.

There were a range of ways in which participants talked about the role of 'lived experience' in the workforce. The principle of ensuring that lived experience of family violence informs service design and delivery is well-recognised, and has been a focus of the reform process following Victoria's Royal Commission into Family Violence. In addition, others working in the women's health services talked about lived experience in a broader sense – encompassing lived experience of multiple and overlapping systems of oppression.

Those working in community-led prevention used the term 'lived experience', but tended to talk more about funding community-led programs, organisational partnerships and workforce participation as the key mechanisms to ensure inclusion and intersectionality.

Building skills, knowledge and confidence

The workforce was generally described as highly-qualified, and many felt that prevention-specific academic qualifications are not where focus and investment is needed. Others felt that unless prevention becomes a recognised and specific discipline and career, pathways into the workforce will be less clear.

Participants raised a number of ideas to support entry points, including traineeships, paid internships and secondments to create opportunities to move into prevention. Additionally, the report has provided insights into common fields of study, and previous career paths, for those who have entered prevention, which will be useful in future promotion of opportunities to enter the workforce. Other participants raised the need to recognise and value the work being undertaken by volunteers, particularly for unfunded prevention activity and by community members in community-led prevention. Providing opportunities for volunteers to enter the workforce could be a focus moving forward.

A key insight in this report is the description of three broad categories of common functions and roles, including those who are:

- + delivering and leading prevention initiatives in specialist organisations, as well as those in key settings, related sectors and communities
- + supporting prevention initiatives through advocacy, leadership, management and active participation
- + contributing to prevention through participation, support and promotion of initiatives

This enhanced understanding of the sorts of jobs and people involved will allow for strategic targeting and design of future workforce development – with a particular focus on the learning needs of those in the first two categories. The forthcoming Prevention Capability Framework is important in further outlining the capabilities required across a diverse workforce.

A key issue moving forward is ensuring that professional development is available that meets the needs of practitioners for progressing their career and deepening their expertise. A number of different organisations are providing training and professional development across the state, while Our Watch has a growing role in this area nationally. Some participants raised the need for a more coordinated approach to professional development – for example, mapping professional development on offer, and matching this to career stages and pathways. There is a clear need for ongoing training at a foundation level, for new practitioners and others interested in contributing or supporting prevention. However, there are fewer offerings of advanced professional training, and opportunities to focus on particular skill and topic areas.

Gaining a more comprehensive overview of training and professional development being offered across the state, and engaging with key providers, could inform efforts to fill identified gaps and share understandings about common learning outcomes. Other opportunities might include aligning measures used in training evaluation – with a focus on knowledge, skills and the confidence gained by practitioners to use these in their work as a result.

There are also opportunities to build on recent programmatic investments and sector expertise in key areas to develop capability in the broader prevention workforce through training and resource development. Examples here include programs and grants already underway in supporting young people to understand affirmative consent, working with multicultural and faith communities, and working with men and boys.

The Fast Track Intensive Leadership program was mentioned by a number of participants as filling an important gap in professional development, as a combination approach that allowed for both peer learning and mentorship. In Safe and Equal's evaluations of its workforce development offerings statewide, participants consistently point out that the value of formal training is enhanced through an inter-connected, 'wrap-around' support that comes through access to networks of experienced practitioners and peers.

Another point made by participants is that professional development is also continually provided through supervision and mentoring within organisations. Sustainable investment in prevention is therefore an investment in workforce development, particularly as it enhances retention and internal capability-building for the workforce.

Arising from this, potential actions for consideration to support workforce development into the future include the following:

- + Work with primary prevention stakeholders to further develop proposals to enhance entry points into the primary prevention workforce
- + Map existing professional development opportunities across the state, and engage with key providers, with a view to supporting practitioners across career stages and pathways (in line with the categories of common functions and roles developed in this report, and the forthcoming Prevention Capability Framework)
- + Support the development of targeted professional development for specific skill and topic areas, based on identified workforce needs and opportunities to leverage existing programmatic investment and sector expertise
- + Enhance leadership and mentoring programs, both for individual professional development and as a means to ensuring quality supervision and on-the-job training within organisations

Enhancing connection and support

A common theme across all interviews was the significant strain on the prevention workforce, and the need for ongoing support. A number of participants described this as supporting practitioners with the 'weight' of the work.

Inherent within this is the acknowledgement that prevention practitioners will inevitably experience resistance and backlash. Knowing how to respond effectively and safely, in the moment, is an ongoing focus of practice development in prevention. Participants described how this is becoming more complex over time – as prevention grows and succeeds, resistance and backlash will also grow. Participants talked about how the political and social context is changing, and reported experiencing greater resistance to gender equality as well as progressive change to address racism, the impacts of colonialism, homophobia and transphobia. A key focus will be continuing to develop flexibility and responsiveness to adapt to these contextual changes.

I hope we can keep a bit of the ethos ... that we're all feminists and in whatever way we are gender-oppressed people and this stuff is hard and it's slow. How do we care for each other? What's an appropriate, safe and professional way of ensuring this? ... [when people are working alone] it's often about finding the professional connection and group of people ... it's the relationships.

A number of participants raised communities of practice as a key way of drawing together peers doing work in different contexts, in order to learn from each other. This finding is consistent with evaluation of Safe and Equal's programs, where communities of practice continue to be the most valued activity for supporting connection and collaboration. Evaluation results consistently show that communities of practice remain a highly valued method to support practitioner wellbeing, and address isolation.

[It] creates [the] community that you need. It can be heavy [work] and having that community urging you on and keeping you keen and excited ... is pivotal to be able to do this work ... Being connected to the sector reminds you of the 'why' and lets you share your successes and failings, and learn from others.

– Safe and Equal CoP participant survey respondent (June 2022)

Many participants in this project also raised the regional prevention partnerships convened by the Women's Health Services and the Municipal Association of Victoria's Gender Equality and Prevention Network as important enablers for connection and support.

Connection and support are widely seen as necessary for practitioner wellbeing, but also contribute positively to the development of practice, collaborative projects and partnerships.

Potential actions for consideration into the future include the following:

- + Maintain and enhance existing networks and communities of practice as valued methods for supporting practitioner wellbeing, connection and peer-based learning
- + Expand support for existing and additional settings-based networks as a way to connect prevention activity, support practitioners and develop practice guidance specific to key settings

Supporting the complexity of the prevention system

Many participants spoke about the role of government as an enabler of progress for prevention. Building on [Change the Story](#), Victorian government policies and investments were described as having enabled an expansion of activity across the state, and created a common language and understanding of the work. However, the 'spread' of prevention has also created challenges in gaining a strategic and comprehensive view of activity being undertaken and being planned.

[It] is like throwing seeds onto the ground to create a forest. Some of these seeds become mighty oak trees. Now we need to be able to work together.

Moving forward, participants talked about the need for greater policy integration, and coordination of funding through various government departments. Prevention activity described in this report is funded and supported across a range of departments and offices concerned with education, health, family violence, equality, women, and so on.

There is a need to focus on visibility and valuing of the diversity of prevention work being undertaken across sectors, settings, communities and locations. This will require stronger relationships and partnerships across the workforce and the prevention system.

Participants described having strong lateral relationships with staff at other organisations at similar levels, and participating in productive and supportive practitioner networks. However, an area of focus for the future could be building stronger organisational relationships that are not reliant on individuals.

One potential barrier to building relationships relates to tension around different terms and framing being used to describe the work (such as family violence, gender-based violence, violence against women). Other differences relate to underlying understandings in areas focused on family violence, gender equity, sexual violence or sexual health. However, this project in fact revealed significant commonality in the way that almost all participants eloquently connected their work back to the underlying framework contained in [Change the Story](#), while acknowledging that additional thinking and work is needed when this is applied to various communities or experiences of violence.

A number of participants also raised the overlap in their work across primary prevention, early intervention and response. This was described as something that had been undervalued to date. Alongside this, participants were keen to ensure an ongoing specialist focus on primary prevention, and to advocate for this work to be valued and supported. One significant barrier to effective programming across the prevention continuum is a relative lack of frameworks and investment in early intervention. There is a specific need for workforce development to foster the knowledge and skills that are essential in early intervention, and this would assist in building effective linkages and supporting integration with both primary prevention and response.

Some participants reflected on the need to move beyond a sense of being 'protective' of the work, and talked about wanting to improve the inclusion and accessibility of prevention and create a bigger workforce that can reach a wider audience. However, this involves a challenge in maintaining clarity and focus on a primary prevention approach.

We're going to be stronger if we do it together ... it's in the best interest for your vision and your purpose and your sustainability ... when people feel that they aren't understood, they hang on to a theoretical base. There is a fear that if someone new comes in then the base will be watered down or eroded ... [instead] let's work out how do we fit in so we're all represented, understood and have voice.

Being able to better describe and value the full picture of prevention work being undertaken will help to advance advocacy for prevention itself. Some participants talked about the ongoing challenge involved in being able to 'tell the story' of prevention, in order to demonstrate its value.

We need to tell the story, and to tell the story we need the evaluation data, and to get the evaluation data we need to strengthen the mechanisms that allow us to gather that data and tell that impact story. Until we tell that story, people not doing this work won't see the value of it. We see the value of it but I don't think we have a clear and shared way of communicating about that value.

Workforce development was described by many participants as one aspect of broader system strengthening for primary prevention in Victoria. However, this project has revealed that many working within this system are not necessarily clear about the various players and components, how the system should be working and what is needed going forward. This report has added to the foundations for systems strengthening by mapping and describing the sectors, organisations and practitioners involved in primary prevention. Additional work will be required to clarify the contribution, roles and responsibilities of various organisations and actors within this system.

Overall, the complexity of the existing system should be seen more as a marker of success rather than a complication. However, ongoing and additional measures and mechanisms will be required to ensure a systems-level overview, and collaborative and mutually-supportive work across the system. One important contribution offered by this report is the potential to refine and enhance the collection of future workforce data, both in terms of reaching a range of participants and ensuring that the questions fit their own understanding of their roles and their work. This will assist in an ongoing way to improved understanding and support for the prevention workforce.

Potential actions for consideration into the future include the following:

- + Develop mechanisms for ongoing data collection about the primary prevention workforce, based on the descriptors contained in this report
- + Ensure workforce development is supported through ongoing governance mechanisms that facilitate coordination of primary prevention investment, policy and programming across government departments, and engagement with key non-government stakeholders

Ways forward for workforce development

Many participants talked about ways to move forward with workforce retention and expansion, particularly amidst funding challenges.

How can we get more agile and resilient ... not just pushing for more, more, more ... if this is our reality what can we do with what we've got?

There was an overarching sentiment that those organisations engaged in prevention needed to identify ways of working better and more collaboratively with each other, in order to sustain what has been built to date, and continue to grow. The findings contained in this report suggest that this will be assisted by improving the visibility and valuing of prevention itself (and the people doing it), alongside efforts that support collaboration and organisational partnerships through trust- and relationship-building over time. Gaining a more comprehensive view of the various ways in which prevention is being undertaken is an important foundation for mutual respect, learning and knowledge exchange across the workforce.

The project team would like to thank all participants for the generosity and passion with which they shared their work and their stories. This report reflects the truly impressive scope and scale of work being undertaken in primary prevention in Victoria. In doing so, it lays the foundations for future workforce development to better reach, support and sustain the committed and skilled people doing this work.

APPENDIX

Interviews

Banksia Gardens Community Services

Centre for Workforce Excellence

Djirra

Family Safety Victoria/Office for Prevention of Family Violence and Reform

Gender Equity Victoria

GenWest

Men's Project – Jesuit Social Services

Multicultural Centre for Women's Health

Municipal Association of Victoria

Our Watch

Rainbow Health Australia

Respect Victoria

Respect and Equality at TAFE Network

SAFV Centre

SASVic

Sport and Recreation Victoria

WIRE

Women's Health East

Women's Health Goulburn North East

Women's Health Grampians

Women's Health in the North

Women's Health in the South East

Women with Disabilities Victoria

Zoe Belle Gender Collective

Additional interviews were conducted with individuals with the aim of understanding prevention work being done in research and corporate spaces.

Focus groups and additional interviews

- + Fast Track Intensive Leadership Program prevention stream graduates
- + Grantees funded through the Supporting Young People to Understand Affirmative Consent Program
- + Grantees funded through the Supporting Multicultural and Faith Communities to Prevent Family Violence Grants, and project leads in the Connecting Communities partnership formed to support grantees
- + Practitioners working in local government, including grantees funded through Free from Violence
- + Primary Prevention Unit, Safe and Equal
- + Respectful Relationships Education staff
- + Sport and Recreation Victoria grantees

Safe and Equal acknowledges the support of the Victorian Government.