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| Health check tool |
| Local government guide for preventing family violence and all forms of violence against women |
| OFFICIAL |

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# Introduction

This template is part of the *Local government guide for preventing family violence and all forms of violence against women*. The guide is available on the [Municipal Association of Victoria’s Preventing family violence guide page](https://www.mav.asn.au/PFVguide) <https://www.mav.asn.au/PFVguide>.

This is a ‘health check’ of your council against the whole-of-council model. The health check aims to help you understand your current approach and practices (that is what you are doing) rather than trying to evaluate long-term outcomes. Once completed, you can use the results to decide where to focus your resources next. The tool should not be used as a ‘check the box’ or audit exercise, but to prompt discussion and inform further work and investment.

Throughout this health check, **primary prevention** collectively refers to prevention of family violence and all forms of violence against women. Note that ‘primary prevention’ is a public health term and can be used in other contexts, such as primary prevention of smoking or primary prevention of road accidents – these are not what we are referring to here.

| Stop! Have you read Section 1 of the guide? |
| --- |
| This health check tool is designed to be used after reading Section 1. Please ensure you have read Section 1 and undertaken all recommended preparation before using this tool. |

The health check uses one table per model component, split into four sections:

| Model section | Element |
| --- | --- |
| **Characteristics of a whole-of-council approach** | * Shared understanding of purpose and goals
* Leadership commitment
* Organisational fluency in primary prevention
 |
| **Councils’ domains of influence** | * Council as a workplace
* Arts and culture
* Built environment and open space
* Community services
* Corporate services, including finance, communications and IT
* Councillors
* Emergency management
* Governance
* Local laws
* People and culture
* Social and community planning
* Sports and recreation
* Council as a connector
* Councillors as leaders and decision-makers
 |
| **Critical elements required for successful primary prevention** | * Internal communication and engagement
* Community communication and engagement
* Aboriginal self-determination
* Applying intersectional practice and inclusion of diverse groups
* Inclusion of people with lived experience
* Anticipation and response to resistance and backlash
* Connection to the response sector and support for victim survivors
* Support from specialists
* Internal and external partnerships
 |
| **Monitoring, evaluation and dissemination** | * Monitoring, evaluation and dissemination
 |

# Characteristics of a whole-of-council approach

## Shared understanding of purpose and goals

### Our council has a clear expression of its primary prevention role, goals and plans

| Response | Mark with X |
| --- | --- |
| No or Never |  |
| Somewhat or Sometimes |  |
| Yes or Always |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council has a formal statement about its commitment to primary prevention in plans, strategies or its website
* Council has a strategy or plan (possibly as part of other plans or as a separate document) which outlines its goals and upcoming actions
* Primary prevention objectives or plans are reported against annually at the council or area level, both internally and to community or stakeholders
* Council has commitments to equality across gender, race, religion, cultural background, age and ability in its values statement

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Staff in our council understand and are committed to council’s role in primary prevention

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most council staff understand what primary prevention of family violence and all forms of violence against women is
* Most council staff could express council’s role in primary prevention and what it means for their work if asked
* Most council staff are comfortable discussing primary prevention and council’s role with community or stakeholders when relevant.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Leadership commitment

### Our councillors and executive leadership show strong and consistent support for primary prevention efforts

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Councillors and executive leadership have made statements to the public and council about the problem of family violence and all forms of violence against women, the role councils can play in primary prevention including the need to promote gender equality and reduce discrimination, and how these issues are linked
* Councillors and executive leadership condemn acts of violence and other discriminatory acts when they occur and to the public and council (where appropriate)
* Councillors and executive leadership have key performance indicators (KPIs) related to elements of primary prevention
* Councillors and executive leadership allocate budget and resourcing to ongoing primary prevention work and major initiatives.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Our functional and people leaders help their teams understand and execute their role in primary prevention

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Leaders have made statements to their team about the problem of family violence and violence against women, the need to create equality and reduce discrimination, and how these issues are linked
* Leaders take complaints of discriminatory acts seriously and condemn acts of violence and other discriminatory acts (where appropriate)
* Leaders can respond effectively to disclosures of family violence from staff
* Leaders are available and equipped for conversations with team members about why and how primary prevention is part of their work, through regular conversations and periodic communications or reporting
* Leaders champion primary prevention initiatives within their team and to the rest of council.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Organisational fluency in primary prevention

### Training is provided throughout an employee’s tenure to build fluency in primary prevention at the general and area-specific level

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Staff (including management and Councillors) have attended training about primary prevention, family violence and gender equality
* Standard council induction processes include an explanation of council’s commitment to primary prevention and training on primary prevention, family violence and gender equality
* Functional areas attend area-specific training or team reflections about how primary prevention relates to their work
* Staff can access further training and professional development to refresh and expand their knowledge.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Primary prevention is a part of our regular communications and discussions

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* There are regular communications within and between teams about current primary prevention work
* Most staff would report having discussions about primary prevention in their day-to-day work
* People other than gender equality, primary prevention or anti-discrimination practitioners discuss primary prevention in council.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

# Domains of influence

Council as a workplace

### Our council has policies, procedures and supports in place to ensure it is an equitable, respectful and inclusive workplace

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Our council has policies on diversity, discrimination, harassment and equal opportunity working that are well understood and used by staff
* Our council has a completed gender equality action plan which is well understood and supported by staff
* Staff are aware of council’s family violence policy and support available to staff experiencing family violence
* Our council has policies to support an equitable working environment, for example flexible working arrangements, mentorship programs and pay equity audits
* Councillors and executive leadership show strong support for the policies which support an equitable working environment and advocate for staff to access all available supports
* Our council has requirements for diversity on hiring panels, promotion panels and other decision-making bodies.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Staff feel that the workplace is inclusive and their complaints or challenges are addressed

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Staff surveys indicate that all staff feel equally safe and supported by the organisation and that they are comfortable to challenge inappropriate behaviour in the workplace
* Staff who have used complaints handling procedures or raised concerns about discrimination report being satisfied with the process (consider consulting existing data from your gender audit or responses to previous audits such as the VAGO sexual harassment report)

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – arts and culture

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are, and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – built environment and open space

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services and all major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – community services

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – corporate services (including finance, communication, IT)

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are, and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area.

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – councillors

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – emergency management

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – governance

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – local laws

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – people and culture

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – social and community planning

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a service provider – sports and recreation

### Staff understand their role in primary prevention and could describe how it looks in their BAU work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most staff could explain how primary prevention relates to their role and day-to-day work
* Staff consistently engage in any current primary prevention initiatives and can explain why the initiative is an important part of their work
* Staff know who the primary prevention practitioners or experts in their council and team are and can seek guidance
* Staff generally know what dedicated primary prevention initiatives or projects are happening in their area

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

### Services and functions are audited or designed with gender equality and primary prevention in mind

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* All new work is designed with input from a diverse group of internal or external stakeholders, through co-design where possible
* Existing work that was not designed with primary prevention embedded has been audited for its impact on people of different sex, age, gender, race and religion
* Data used to inform, deliver and evaluate programs is disaggregated by sex, age, gender, race and religion (where possible)
* Gender impact assessments have been conducted on all new services, reviewed services and major existing services

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Council as a connector

### Council coordinates or engages with local networks for improving primary prevention or gender equality

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council is an active member of local and regional primary prevention partnerships and networks, family violence networks, and anti-discrimination networks
* Council is known by partners and the local or regional sector as an engaged and active organisation, including through coordination or leadership of local campaigns (such as 16 Days)

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

Councillors as leaders and decision makers

### Our councillors publicly show support for primary prevention efforts and condemnation of violence

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Councillors have made statements to the public or the council about the problem of family violence and violence against women, the need to create equality and reduce discrimination, and how these issues are linked
* Councillors and executive leadership condemn acts of violence and other discriminatory acts when they occur and to the public and council (where appropriate)
* Councillors support plans and budgets that include primary prevention

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

# Critical elements

## Council has rich and varied partnerships with the local response sector and victim-survivor representatives

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Staff at council understand the difference and connection between primary prevention, secondary response and tertiary response to family violence and all forms of violence against women
* Staff at council can see the connection between primary prevention work, the work of the response sector and the stories of victim survivors
* Where relevant, the parts of council working in secondary or tertiary response can feed insights and lessons into council’s primary prevention work
* The parts of council working in secondary and tertiary response have strong and active connections to both the local response sector and any victim survivor representative bodies

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Council partners with Aboriginal organisations and promotes self-determination in its primary prevention work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council has an agreement or strong working relationship with local representative Aboriginal organisations (the type and structure of representative body will differ by area) and draws on this relationship for primary prevention work
* All areas of council have a partnership or strong working relationship with Aboriginal organisations working in their field
* Primary prevention services and initiatives that Aboriginal people will encounter are designed in partnership or consultation with Aboriginal organisations and delivered by those organisations where possible
* Council has and amplifies Aboriginal voices from within its organisation, with appropriate role definition and remuneration

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Communications from all areas of council are inclusive and informed by primary prevention

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Guidance for communications officers and teams includes how to use inclusive language and reflect diverse families and communities
* Council runs dedicated awareness communications about gender, LGBTQI+, racial, disability or age equality where appropriate (such as IDAHOBIT, International Day for the Elimination of Racial Discrimination, 16 Days of Activism against Gender Based Violence, International Women’s Day)
* Council has clear messaging available about its approach to primary prevention and how it relates to family violence and violence against women

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Inclusive, representative, genuine community engagement informs all relevant work at council

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Community consultation is designed to allow all members of the community to contribute – such as sessions are run at various times of day and locations, sessions are run in partnership with organisations to ensure cultural appropriateness, options for written feedback are available, interpreters are available
* Where relevant to an initiative, targeted consultation with representative organisations is undertaken
* Consultation data is disaggregated to test how well it represents the community (such as does it cover all groups, in what proportions) and to consider how different portions of the community are affected or have needs
* Co-design approaches are used for all major programs of work or initiatives

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Council has consistent and well understood practices for considering intersectional experiences

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list. For further explanation of intersectionality, ask your facilitator or coordinator.

* Most staff can explain what intersectionality means in their work
* Functional areas or teams have recorded guidance about how different communities experience or engage with their services and can be best accommodated
* Functional areas or teams have standard approaches to consultation, partnership and analysis to ensure their work considers a variety of experiences
* Teams and leadership are diverse

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Council has plans and guidance for responding to backlash and resistance and can provide support

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* VicHealth guidance on managing backlash is easily accessible on council intranet
* Primary prevention practitioners are equipped and resourced to help other staff members plan for backlash
* Leaders are committed to ‘backing’ initiatives and staff in the face of backlash to provide safety and confidence

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Specialists are visible and able to support but not solely responsible for work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Most initiatives undertaken in functional areas are either prompted or delivered by those areas
* Staff who have led or delivered initiatives would generally say they received the support that they needed from specialists
* Staff have access to clear guidance or can say what level of planning they should undertake on their own and what specialists can help with
* Specialists report being able to focus on their BAU and having sufficient guidance available to direct other staff to pursue their own independent primary prevention work

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
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|  |

# Monitoring and evaluation

## Council has monitoring practices for data collection (including gender disaggregated data) and continuous improvement

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Information about primary prevention activities is recorded in a database
* Council services regularly collect gender disaggregated data and collect and record qualitative data when appropriate
* Staff report that they can use the data from monitoring to consider how to improve their primary prevention activities

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Council conducts robust evaluations for its primary prevention work

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Evaluations follow a clear program logic model
* Evaluations use data from monitoring, existing data sources and new data sources (such as stakeholder engagement for the evaluation) to form evidence-based conclusions
* Where relevant, evaluations are conducted at the initiative, cluster and strategic level

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

## Council shares its learning from evaluations

| Response | Mark with X |
| --- | --- |
| No |  |
| To some extent |  |
| Yes |  |

#### Examples

**Note**: these are examples to prompt conversation and do not form an exhaustive list.

* Council publishes its monitoring and evaluation findings so they are accessible to other organisations in the primary prevention network (such as other councils, women’s health services, state government)
* Staff report that the results of monitoring and evaluation are communicated back to them so they can understand their progress

#### Group comments

| Examples of where council is meeting this indicator and areas where council could do more |
| --- |
|  |

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

Available at [Municipal Association of Victoria’s Preventing family violence guide page](https://www.mav.asn.au/PFVguide) <https://www.mav.asn.au/PFVguide>.