

**Preventing Violence Together:
The Western Region Action Plan to Prevent Violence against Women
Incorporating *United*: Working Together to Prevent Violence against Women in the West
Implementation Committee Terms of Reference**

1. Background

1.1. *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women* was developed by a working group comprised of representatives from local councils, Primary Care Partnerships and community health services from the western metropolitan region of Melbourne, with Women's Health West as the lead agency. The action plan was officially launched in December 2010.

In October 2012, the *Preventing Violence Together* partnership was awarded \$600,000 funding from the Department of Justice for the implementation of the *United* project. *United* is a collaborative plan to embed sustainable, evidence-based strategies for the prevention of violence against women and their children before it occurs within our partner agencies and communities. Each partner has broad reach and significant scope to create change, and our project will further enhance organisational capacity to continue implementing region-wide strategies post-funding. Women's Health West is the lead agency on the *United* project; the partner and implementing agencies are:

City of Melbourne
Brimbank City Council
Doutta Galla Community Health Service
Hobsons Bay City Council
ISIS Primary Care
Djerriwarrh Community Health Services
Maribyrnong City Council

Melton City Council
Moonee Valley City Council
Western Region Health Centre
Wyndham City
Inner North West Primary Care Partnership
HealthWest Partnership
Western Integrated Family Violence Committee

Further background information regarding the development of *Preventing Violence Together* may be found in the Executive Summary of *Preventing Violence Together*, available at:
<http://www.whwest.org.au/docs/PVTweb.pdf>.

2. Purpose

The purpose of the Implementation Committee is to support signatories to *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women* and intern the implementation of *United* strategies designed to prevent violence against women before it occurs. The Implementation Committee has two primary functions

2.1 To support member organisations to implement their chosen actions identified through the *United* project.

2.2 To work in partnership with other organisations to implement region-wide actions contained in *Preventing Violence Together* action plan and supported by the *United* project

3. Membership

3.1 Members will be drawn from:

3.1.1 Organisations that have endorsed/are in the process of endorsing *Preventing Violence Together* and in *the United project*.

3.1.2 Organisations who are key members of the VAW sector, including the Western Integrated Family Violence Committee

3.2 Organisations represented on the Implementation Committee will be permitted to send a representative in the place of a standing member should the need arise.

4. Structure

4.1 As the lead agency, Women's Health West will provide coordination support for the Implementation Committee. This will include:

4.1.1 Convening Implementation Committee meetings

4.1.2 Providing secretarial support (producing agendas and minutes of meetings)

4.1.3 Coordinating regional PVAW/United activities related to the action plan as appropriate

4.1.4 Acting as a 'hub' of information and coordination between organisations that are Implementation Committee members

4.1.5 Producing progress briefs with the input and assistance of the Implementation Committee

4.2 The position of committee chair will rotate every 12 months.

4.2.1 Members (not from the lead agency) will be called upon to self nominate for the role of Chair prior to the last meeting of the year. In the event that more than one person is nominated, a majority vote will be sought via confidential email.

4.2.2 In the event that no individual self nominates for the position, WHW, as the lead agency, take up this role.

4.2.3 In the event that the nominated chair is unable to attend a meeting, an alternative chair will be arranged.

4.3 HealthWest Partnership will provide general support as required, and will act as a conduit between the Implementation Committee and the broader HealthWest PCP network. Inner North West PCP will act as a conduit between the Implementation Committee and the broader Inner North West PCP network.

4.4 Members will be expected to actively participate in the Implementation Committee.

4.5 Meetings will be cancelled, or rescheduled as required, if fewer than 50% of members are able to attend.

4.6 Sub-committees may be established to progress the work in specific settings/areas (for example, Sports). Membership for sub-committees will be drawn from Implementation Committee members and external stakeholders and/or experts as required.

5. Frequency and location of meetings

5.1 Meetings will be held bi-monthly on a Thursday afternoon on dates agreed to by the Implementation Committee.

5.2 Meetings will be 3 hours in duration with a short break, and will ordinarily run from 1:30pm – 4:30pm

5.3 Meetings will be held at Women's Health West

5.4 Extraordinary meetings may be called at the request of Implementation Committee members in the instance of demonstrable need

6. Decision Making Process

The Majority Consensus Process (see Appendix 1) is the preferred decision making process for the Implementation Committee. Members are welcome to send information for consideration in decision making to the group via Women's Health West or other Implementation Committee members if they are unable to attend a particular meeting.

7. Accountability and Progress Briefs

7.1 The Implementation Committee is accountable to endorsee and partner agencies via individual representatives. Regional initiatives that are undertaken between agencies will be subject to the ordinary principles and processes utilised by those agencies in undertaking partnership work.

7.2 Progress Briefs prepared by the Implementation Committee will be produced periodically by the Implementation Committee. Progress Briefs are expressly not a reporting mechanism but rather, a promotion and publicity tool in order to keep endorsing agencies and key sector stakeholders apprised of progress toward implementation.

7.3 Progress Briefs will be provided to agencies including (but not limited to) the following: all endorsee and partner agencies; key stakeholders such as VicHealth and Domestic Violence Victoria; key government departments such as the Office of Women's Affairs.

8. Review

The Terms of Reference will be reviewed annually, with the next review being March 2014.

Appendix 1

The Majority Consensus Process

Consensus decision making is different to voting – it does not settle for a decision that a small majority of people support, but aims to find creative solutions that draw together the passions and best thinking of everyone involved.

The consensus process begins with encouraging everyone present to share their ideas, thoughts, hopes and concerns about the issue under consideration.

The facilitator/chair and others in the group/meeting pay attention to what's being said, and when common threads and areas of agreement begin to appear, they try to summarise them in the form of a proposal. For example, "it seems like we're all thinking that a forum sometime in June would be a good idea – I propose that we decide to work towards having a forum one day in June, and form a Implementation Committee to make it happen".

Once a proposal has been put to the group, the facilitator/chair tests for consensus by asking if there are any concerns or reservations about the proposal.

If no one raises any other issues, the group has achieved a consensus and can move on to the next issue at hand.

If people raise concerns about the original proposal, their ideas are taken into account, there is more discussion, and if possible, a new proposal is made, and consensus is tested again.

While not all meetings require full consensus for every decision made, many find better decisions are made and effectively carried out when they work towards consensus by addressing the concerns of dissenters, rather than acting on a proposal that only a small majority of people support.

If consensus cannot be achieved through this method in a timely and fair manner, and it is necessary to use a voting system, each representative being offered one vote, with the majority being the final decision.

Appendix 2

Organisational Membership

Women's Health West
Brimbank City Council
Djerriwarrh Health Services
Doutta Galla Community Health Service
Inner North West Primary Care Partnership
ISIS Primary Care
HealthWest Partnership
Hobsons Bay City Council
Maribyrnong City Council
Melbourne City Council
Moonee Valley City Council
Melton City Council
Western Integrated Family Violence Committee
Western Region Health Centre
Wyndham City