



AfriAus iLEAC
Changing Narrative: Youth Active
Bystander Training

Evaluation Report

Friday 4th August 2023

Acknowledgement

Women's Health in the South East acknowledges the traditional owners of the land of the Southern Metropolitan Region of Melbourne including the Bunurong People and Wurundjeri People of the Kulin Nation. We pay our respects to Elders past, present and emerging. WHISE acknowledges that sovereignty of this land has never been ceded and we are committed to honouring Australian Aboriginal and Torres Strait Islander peoples in our work.



Table of contents

Table of contents.....	3
Who is WHISE?.....	4
Primary prevention	4
Where we work.....	5
Introduction.....	6
Who registered for and attended the forum?	7
Overall ratings of understanding and confidence	8
Evaluation process and method:	10
Key learnings from the evaluation process:	10
Recommendations	11



Who is WHISE?

Women's Health in the South East (WHISE) is the regional women's health service for the Southern Metropolitan Region.

WHISE is a not-for-profit organisation that focuses on empowering women. We work to improve the health and well-being of women in our region by providing health information and education to governments, organisations, education providers, and community groups.

Our team of health promotion professionals work to promote gender equality, sexual and reproductive health and the prevention of violence against women.

WHISE proudly provides settlement services for refugee and migrant women. Funded through the Federal Government, our team assist women to access mainstream services, increase their knowledge of Australian society, and to help them better participate in the broader community. We run support sessions, provide assistance to liaise with government departments and referrals when required.

Primary prevention

Primary prevention in health promotion is at the very core of what we do. It is a deliberate way of changing the underlying causes of poor health. Rather than treating disease, our work seeks to prevent disease. WHISE work aims to reduce incidence of poor health of women in our community.

We train and raise understanding about gender equality because we know that this is the root cause of violence against women. We work in partnership with communities on sexual and reproductive health to support women to take control over their own health and well-being.

Health Promotion and Primary Prevention increases community well-being and most importantly for us, empowers women.



Where we work

We work across 10 local government areas. Our area of work is called the South Metropolitan Region and consists of approximately 1.3 million people, representing about one-quarter of the state's total population.

We cover Port Phillip, Bayside, Kingston, Frankston, Stonnington, Glen Eira, Dandenong, Cardinia, Casey and Mornington Peninsula.



Introduction

Women's Health in the South East (WHISE) and capability team delivered a culturally sensitive and age-appropriate gender equality youth active bystander training, with two youth workers at AfriAus iLEAC . The training included age-appropriate elements of PVAW by addressing gender stereotypes, sexism, and gendered 'bullying' behaviours.

Two WHISE facilitators presented on the day, and two youth workers were briefed on the session before hand to ensure the children were supported appropriately on the day. Child safety procedures were discussed with AfriAus iLEAC prior to implementation, parent/guardian consent was provided through AfriAus iLEAC, and the AfriAus iLEAC child safety policy was distributed to parents/guardians.

The main aims of the session were:

- To increase the children's knowledge and understanding of gender stereotypes and the harmful impacts.
- To increase the children's confidence in being an active bystander when witnessing harmful gender stereotyping within their schools, communities, and at home.

An additional passive aim of the session was:

- To indirectly influence the thoughts, perceptions, and attitudes of the parents in the crowd regarding the gender stereotyping of their children at home.

The session was held at the GirlForce Awards High Tea event on Saturday 1st July 2pm – 4.30pm at Comely Banks recreation facility (125 Bridge Road, Officer, Vic 3809).



Who registered for and attended the forum?

The audience consisted of the GirlForce Project members aged 5 to 17 years, their families (including parents), and other community members. GirlForce has both male and female participants, with the majority being female.

A total of 114 attendees (including live stream attendees), which included 45 minors, 57 adults, and 12 attendees online. Of the 114 attendees, 28 minors, aged between 5-17, (25%) participated in the evaluation. Only the children and young people were asked to participate in the evaluation as they were the target audience. Therefore, this evaluation is only measuring the increase of understanding and confidence of the minors who participated in this session.

Twenty-two people (79%) answered Q1, and all twenty-eight attendees answered Q2 (possibly due to the age of some children and the level of comprehension required to answer Q2 confidently).



Overall ratings of understanding and confidence

Figures 1 and 2 show that there were obvious changes in understanding and confidence. Attendees were asked whether they felt that the sessions had increased their confidence to safely challenge gender inequality and other forms of discrimination in social situations. As can be seen in *Figure 1*, 95% people felt their confidence increased. Only 5% felt that their confidence had increased a little.

Figure 2 shows that attendees felt the session had increased their understanding of harmful gender stereotypes, with 82% of people reporting yes. Notably, only 7% said they felt their understanding had not increased after attending the session.

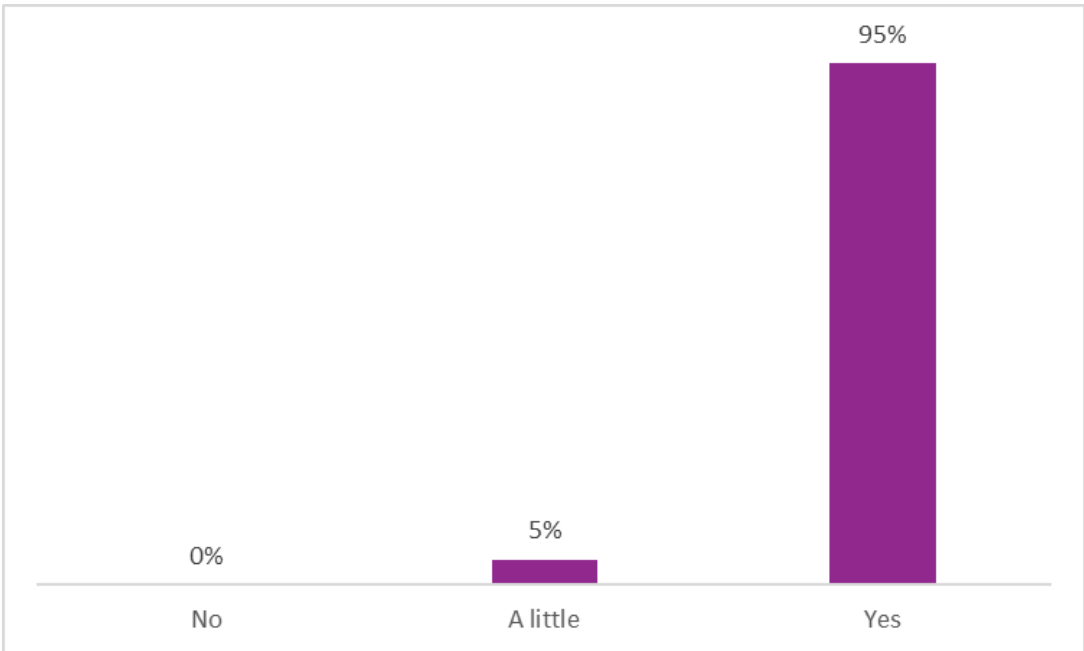


Figure 1: Session ratings of the level of confident to safely challenge gender inequality and other forms of discrimination in social situations.



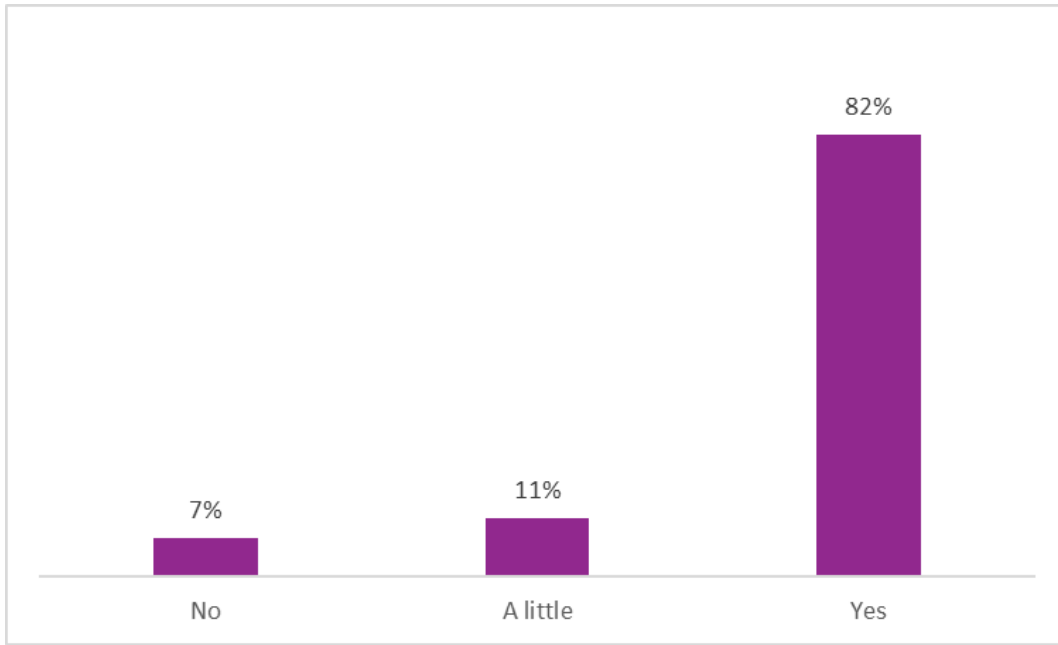


Figure 2: Before and after session ratings of the level of understanding of how women who face intersecting forms of discrimination and oppression experience higher rates of violence.



Evaluation process and method:

- This evaluation was delivered in person by using two large pieces of paper and stickers. The stickers were used for the responses, as attendees were asked to place one sticker, on each question, on the Likert scale.
- Each question was read out loud to each child using age-appropriate language. Each child then placed a sticker on the Likert scale, where they felt to be a true representative of their experience and feelings.
- Due to time constraints and the variety of age groups present, a post-evaluation only took place. It should be noted that only asking post survey questions has a risk of response bias.
- Response bias can produce skewed results, as responses might not represent how respondents actually feel due to social desirability. Social desirability reflects respondents' desire to answer a question in a way they believe is morally or socially acceptable. This would be particularly common for those who are participating in workshops about social and moral issues.
- Secondly, there is a risk that participants might overestimate their knowledge and confidence level increase. Therefore, there is no accurate way to determine whether a participant's understanding/confidence increased after attending this session, other than assessing their self-reporting responses.

Key learnings from the evaluation process:

- Only the GirlForce members (5-17 years) participated in the evaluation, as they were the target audience. This session was delivered face to face, and online, therefore the implementation of the evaluation considered all these variables when it was administered. The decision to only have this evaluation available to face-to-face meant certain participants were not give the opportunity to participate in this activity.
- Due to the young age of some of the participants, it cannot be certain whether they understood the questions asked and therefore only placed a sticker where they thought they should be (to please the facilitators). Saying this, using a method that was child friendly allowed facilitators to reduce this risk by using participatory approaches to ensure understanding and engagement.



- Time and space were factors that interfered with evaluation delivery. The time that it took for all children to have both questions explained to them and then for each child to take part in the survey was time consuming. Furthermore, the lack of floor space in the room meant it was crowded when the evaluation was taking place, which could have contributed to the time management issue. It was reported that as a result, the youth workers and facilitators may have had trouble keeping track of which child had answered which question. However, by having multiple facilitators and youth workers working together during this activity, ensured the evaluation was completed.

Recommendations

- This is an important learning as it demonstrates the significance of assessing the audience that the evaluation is aimed to and the space where the evaluation is taking place.
- During the planning stage of the evaluation process, risk factors need to be assessed and problem solved according to the audience and space to which the evaluation is planned to be delivered to and at. This might include:
 - Having multiple types of evaluation methods for each type of audience (only if needed). For example, adults will be given standard evaluation questions (standard will be determined within the planning process) and minors will be given age-appropriate questions. Furthermore, depending on the age range of the minors, participants might need to be split into age groups during evaluation delivery, with age-appropriate language for that particular age group.
 - Evaluation delivery might also be altered depending on the environment. For instance, face to face participants might have the evaluation administered through paper copies, whereas online participants might have an online survey, or might also have a paper copy, but accompanied a facilitator.
 - Facilitators who know that a face-face evaluation will take place with an activity might consider visiting the venue in advance to plan how this space can be effectivity used for the evaluation. Alternatively, the facilitators can ask the venue for a spatial map or measurements of the space in advance, which can be used to plan evaluation delivery.

