DESCRIPTIVE ANALYSIS OF THE
STRONG FATHERS STRONG FAMILIES PROGRAMME
FINAL REPORT

PREPARED FOR THE DEPARTMENT OF HEALTH
DECEMBER 2013
TABLE OF CONTENTS

Executive Summary ..................................................................................................................................... i

1 Introduction........................................................................................................................................... 1
  1.1 This project ....................................................................................................................................... 1
  1.2 The Strong Fathers Strong Families (SFSF) programme ................................................................. 1

2 Methodology ....................................................................................................................................... 3
  2.1 Overview........................................................................................................................................... 3

3 Research Findings .......................................................................................................................... 5
  3.1 Aims of the programme .................................................................................................................... 5
  3.2 Implementation of the programme .................................................................................................. 7
  3.3 Staff recruitment and workforce implications .................................................................................. 18
  3.4 Outcomes ....................................................................................................................................... 20
  3.5 Key enablers and barriers to implementing the programme .......................................................... 23
  3.6 Sustainability of the SFSF programme ........................................................................................... 25
  3.7 Measuring progress ........................................................................................................................ 26
  3.8 Conclusion – key success factors .................................................................................................. 27
Executive Summary

OVERVIEW

In August 2013, Urbis was commissioned by the Department of Health to undertake a descriptive analysis of the Strong Fathers Strong Families (SFSF) programme. The SFSF programme seeks to promote the role of Aboriginal and Torres Strait Islander fathers, partners, grandfathers and uncles, and encourage them to actively participate in their children’s and families’ lives, particularly in the antenatal period and early childhood development years.

This document is the descriptive analysis which identifies how the programme is operating across 12 sites in New South Wales, the Northern Territory, South Australia and Queensland. Specifically, it identifies common themes in implementing the programme, implementation barriers and enablers, workforce issues, key success factors and options for monitoring progress moving forward. This project is not a formal evaluation, and therefore this report does not make an overall assessment about the implementation and impact of the programme.

This report was informed by interviews with Department of Health State and Territory (STO) office staff, the 12 organisations implementing the SFSF programme, and other partner organisations located in SFSF sites. It was also informed by a review of action plans and progress reports submitted to the Department of Health by organisations implementing the SFSF programme.

IMPLEMENTATION OF THE PROGRAMME

Implementation of the SFSF programme is broadly similar across most sites. Most organisations reported delivering an effective programme that engaged the community and delivered outcomes to Aboriginal and Torres Strait Islander men and communities. A few organisations reported difficulties in implementing the programme, mainly because they could not recruit staff and/or participants. Implementation of SFSF in one site was hampered by systemic organisation-wide issues.

SFSF organisations had similar aims, which involved using education initiatives, health services/health promotion, social and cultural opportunities and community events to highlight the important role of men in the lives of children. Specifically, organisations were seeking to empower Aboriginal and Torres Strait Islander men to adopt healthy lifestyles, be an important role model, and play an active role in the physical, social and cultural development of Aboriginal and Torres Strait Islander children.

Most organisations were implementing a range of activities and events as part of the SFSF programme. The types of events and activities provided include:

- **Education courses/workshops** on topics such as parenting, early childhood development, alcohol and drugs, violence and family relationships
- **Health services and checks** which were followed up where appropriate with referrals to other services
- **Health promotion** through activities such as cooking classes, gym sessions and gardening
- **Men’s groups and yarning sessions**
- **Cultural camps** which incorporated traditional Aboriginal and Torres Strait Islander culture and promotion of health messages
- **Community-wide events** such as barbeques and community fun days.

In addition to group events, many SFSF Coordinators had adopted a case management role which involved providing one-on-one support to men to assist them to overcome a range of issues so they could participate in and benefit from the programme.
Recruitment of programme participants was challenging for many sites, but had become easier over time as the programme became more established in the community. Stakeholders reported that some men were reluctant to participate because they felt ashamed or lacked confidence, were not interested in the content of the course/programme, did not trust government-run programmes, or lacked money and transport to access activities for which transport was not provided.

To varying degrees, organisations had overcome challenges in recruiting participants through various recruitment strategies. Several organisations adopted a ‘phased’ approach to implementation which involved encouraging men into the programme through activities that were fun and engaging such as gym sessions, men’s camps and cultural activities. Over time, as relationships and trust developed, organisations started tackling more difficult and sensitive issues such as substance use and family violence. Another recruitment strategy involved promoting the programme to women who could then promote the programme to their husbands and partners.

Many SFSF organisations were working in partnership with other community organisations to promote the programme and recruit participants. As an example, one organisation was delivering the programme to residents in a residential drug and alcohol facility. Another organisation was recruiting men that were subject to a Work and Development Order issued by the NSW State Debt Recovery Office. Under this arrangement, men participated in SFSF activities and events in order to reduce outstanding debt. Partnerships assisted with recruitment, but also allowed SFSF organisations to provide more holistic care to programme participants and address the range of problems they were facing.

STAFF RECRUITMENT AND WORKFORCE IMPLICATIONS

Recruitment of Aboriginal and Torres Strait Islander workers for the SFSF programme has been difficult for some organisations but not all. Several organisations reported that encouraging applications from Aboriginal and Torres Strait Islander men was challenging but encouraging applications from appropriately qualified men was even more challenging. There were a range of reasons cited for this including a relatively low salary for the SFSF Coordinator role, a transient workforce and a lack of interest in the position. According to one stakeholder, recruitment was further complicated by the requirement to employ Aboriginal and Torres Strait Islander men, who were perceived as harder to recruit than Aboriginal and Torres Strait Islander women in some communities.

A key concern was defining the role of the SFSF Coordinator. In some locations, the SFSF Coordinator had become a ‘go to’ person in the community and provided a case management service for programme participants. Although this one-on-one support was seen as an essential component of the SFSF programme, there was concern that SFSF Coordinators did not have the capacity to case manage multiple men and follow-up referrals.

OUTCOMES

Despite some challenges in recruiting participants, stakeholders reported that when men did participate in the programme, they generally responded well to it. Attendance fluctuated and could be unpredictable but in most sites the number of participants was growing. According to stakeholders, participation in the programme delivered a number of positive outcomes for men, including:

- increased self-esteem
- improved health outcomes and health literacy
- improved access to services
- education, training and employment opportunities
- increased connection to community and willingness to share issues and concerns
- increased connection to culture.
At a community-level, stakeholders reported that the programme improved networks and partnerships among key community stakeholders. Knowledge and skills gained by men through participation in the programme also reportedly had a flow on effect in the home, improving family and community relations.

KEY SUCCESS FACTORS

There were a number of enablers and barriers that influenced the implementation and outcomes of the programme across sites. While some of the barriers were relatively easy to overcome (eg providing transport to SFSF activities/event), others were much more difficult (eg organisation-wide disruptions). This research identified key success factors associated with an effective SFSF programme. These include:

- a respected and well-connected SFSF Coordinator
- an implementing organisation that can adequately support the SFSF Coordinator and is committed to delivering the programme in a culturally appropriate way.
- strong partnerships with other community organisations and key community members including Elders
- a focus on holistic support for men
- a structured programme that is consistent and meets the needs of the local community
- an incremental approach to discussing and dealing with sensitive issues
- practical, hands-on activities (eg fitness, cooking classes).

MOVING FORWARD AND MONITORING SFSF PROGRESS

Most stakeholders agreed that there was a continuing need for the programme, noting that men’s programmes had been neglected for some time because parenting programmes typically focused on mothers. According to most stakeholders, there was enough interest to sustain the programme. Only a couple of stakeholders in one site questioned the value of continuing the programme given challenges in recruiting participants. Several stakeholders said increased and/or recurrent funding would help make the programme more sustainable as would removal of the limit on capital purchases. An opportunity for SFSF sites to network and share ideas and lessons learned would also be beneficial.

Presently, SFSF organisations provide six-monthly progress reports against SFSF action plans to the Department of Health. Most stakeholders reported that action plans provided a useful framework to guide activities, and progress reports helped sites ensure they remained on track. Other than action plans and progress reports, however, monitoring of programme implementation appears fairly limited.

As part of this project, Urbis was asked to consider KPIs that could be used to inform planning and reporting for the programme in 2014. While the programme is being implemented in a similar way across sites, there are differences and these need to be taken into account when developing KPIs. One option may be to have high-level KPIs that all organisations are expected to achieve and then site-specific KPIs that relate to activities at individual sites.

Some possible KPIs identified by stakeholders that could be measured quantitatively include:

- Number of men participating in SFSF activities/events (eg camps, conferences, structured training courses)
- Number of referrals in and out of the programme (this could include internal referrals)
- Number of men receiving health checks
- Improved body mass index (BMI) of programme participants
- Number of men attending first antenatal visits
- Smoking cessation or reduced tobacco use among programme participants.

Given the nature of the programme, there may be value in having KPIs that are measured qualitatively (for example, through self-reports by programme participants). Such KPIs might include:

- Improved confidence and self-esteem of men
- Increased knowledge of healthy lifestyle habits
- Lifestyle changes to incorporate healthy lifestyle habits (eg healthy cooking)
- Increased accessing of services
- Increased knowledge of aspects relating to parenting (eg changing nappies, feeding etc).

Once KPIs have been developed, it would be helpful to develop a reporting template that could capture data against KPIs regularly and consistently. This would allow sites and the Department to monitor implementation and outcomes across sites, and measure change for Aboriginal and Torres Strait Islander men and communities as a result of the SFSF programme.
1 Introduction

1.1 THIS PROJECT

The Strong Fathers Strong Families programme is an Australian Government initiative to promote the role of Aboriginal and Torres Strait Islander fathers, partners, grandfathers and uncles, and encourage them to actively participate in their children’s and families’ lives, particularly in the antenatal period and early childhood development years.

In August 2013, Urbis was commissioned by the Department of Health to undertake a descriptive analysis of the SFSF programme. The aim of this project is to provide the Department with an understanding of how the SFSF programme is operating across the four jurisdictions in which it is being implemented. More specifically, Urbis was asked to identify:

- success factors
- implementation barriers and/or enablers
- common themes in strategies used to implement the programme
- workforce implications
- potential KPIs for the programme to inform planning and reporting for the programme in 2014.

This document is the final descriptive analysis.

1.2 THE STRONG FATHERS STRONG FAMILIES (SFSF) PROGRAMME

The SFSF programme was launched in May 2010 and is a component of the Building Strengths of Australian Males measure. The programme commits $6.8 million (GST exclusive) from 2010-11 to 2013-14. The overarching aims of the programme are to:

- increase access by Aboriginal and Torre Strait Islander males to culturally appropriate health services and antenatal, parenting and other related programmes and health messages
- improve Aboriginal and Torres Strait Islander males' ability to contribute positively to the health and wellbeing of the mother’s pregnancy and a nurturing and supportive family environment for the infant
- support the developmental needs of children by encouraging fathers, uncles and grandfathers to be healthy role models and engage fully in the child’s life as early as possible, within the context of local community needs and cultural practices.

The SFSF programme is being implemented in 13 sites across the Northern Territory, Queensland, South Australia and New South Wales by organisations funded by the Department of Health. However, only 12 sites were included in this descriptive analysis because differences in the contract of the 13th site made it incomparable with other organisations.

The 12 sites and implementing organisations included in this analysis are outlined in Table 1.

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1 Australian Government (2013) Strong Father Strong Families program fact sheet
<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>LOCATION</th>
<th>ORGANISATION FUNDED TO IMPLEMENT SFSF PROGRAMME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Territory</td>
<td>Darwin</td>
<td>Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation</td>
</tr>
<tr>
<td></td>
<td>Yirrkala</td>
<td>Laynhapuy Homelands Health</td>
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<tr>
<td></td>
<td>Nhulunbuy</td>
<td>Miwatj Health Aboriginal Corporation</td>
</tr>
<tr>
<td>Queensland</td>
<td>Toowoomba</td>
<td>Darling Downs Shared Care Incorporated T/A Carbal Aboriginal and Torres Strait Islander Health Services</td>
</tr>
<tr>
<td>South Australia</td>
<td>North Adelaide</td>
<td>Northern Adelaide Local Health Network – Watto Purranna</td>
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<tr>
<td></td>
<td>Adelaide</td>
<td>Nunkuwarrin Yunti of South Australia</td>
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<td></td>
<td>Mount Gambier</td>
<td>Pangula Mannamurra Inc</td>
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<tr>
<td></td>
<td>Ceduna</td>
<td>Tullawon Health Service Inc</td>
</tr>
<tr>
<td>New South Wales</td>
<td>Nepean-Blue Mountains</td>
<td>Nepean-Blue Mountains Local Health Network</td>
</tr>
<tr>
<td></td>
<td>South Western Sydney</td>
<td>South Western Sydney Local Health Network</td>
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<tr>
<td></td>
<td>Tamworth</td>
<td>New England Medicare Local</td>
</tr>
<tr>
<td></td>
<td>Southern NSW</td>
<td>Southern NSW Medicare Local (Moruya)</td>
</tr>
</tbody>
</table>
2 Methodology

2.1 OVERVIEW

The methodology for this project comprised four key phases and a review of primary and secondary data. Each of the four key project phases is detailed below.

2.1.1 PHASE ONE: PRELIMINARY STAKEHOLDER INTERVIEWS

To better understand the background to the programme and the context within which the programme was operating, six preliminary stakeholder interviews were undertaken in the early stages of the project. This included interviews with Department of Health staff in NSW, South Australia, the Northern Territory and Queensland who were overseeing the implementation of SFSF in their state/territory.

This also included interviews with two experts with extensive experience in men’s health and family issues from the Family Action Centre at the University of Newcastle and the Northern Territory Department of Health. The purpose of these interviews was to better understand the evidence-base for interventions that encourage fathers and other males to actively participate in their children’s and families’ lives.

2.1.2 PHASE TWO: REVIEW OF PROGRAMME DOCUMENTATION

All organisations implementing the SFSF programme have an action plan and are required to report twice a year against their action plan. The second phase of this project involved reviewing 12 action plans and the most recent progress report from each of the 12 organisations implementing the programme. Urbis then prepared a documentation review which provided a thematic analysis of the aims of the programme across sites, the strategies used to implement the programme, SFSF activities/events, impacts of the programme and implementation issues. The documentation review was submitted to the Department of Health on 30 September 2013.

2.1.3 PHASE THREE: CONSULTATION WITH SITES

The bulk of the primary data for this project was collected in Phase Three. During this phase, Urbis consulted with each of the 12 organisations implementing the programme via site visits and/or telephone interviews.

In consultation with the Department, Urbis selected six sites for a one-day visit by a member of the project team. These sites were selected to represent a broad cross-section of SFSF sites in terms of jurisdiction and geographic location (metropolitan, rural, remote). In the first instance, a member of the project team telephoned the contact at each site to develop a preliminary understanding of how the programme was operating, and to discuss a potential schedule for the site visit.

SFSF sites selected for a visit prepared a schedule of meetings on Urbis’ behalf. The number of interviews carried out at each site visit varied depending on the number of stakeholders the organisations engaged with and the number of staff involved in the SFSF programme. Overall, between three and five interviews were carried out at each site with SFSF programme staff, other staff within the organisation and partner organisations. Some of the stakeholders were interviewed individually, while others were interviewed as a group.

The six sites visited by the project team are outlined in Table 2.
The project team conducted in-depth telephone interviews with the other six sites not selected for a site visit. All key staff at these sites were encouraged to participate in these interviews. The interviews generally involved between one and three key staff from each site.

All consultations were guided by a semi-structured interview guide, which was informed by the preliminary stakeholder interviews (Phase 1) and documentation review (Phase 2). All interview guides were approved by the Department in advance of all consultations. These interview guides are included in Appendix A.

### 2.1.4 PHASE FOUR: ANALYSIS AND REPORTING

The analysis phase of this project involved triangulating data collected in Phases 1-3, including data collected through the documentation review, telephone interviews and fieldwork. This document outlines the key research findings and also provides some options for consideration moving forward.

It is important to note that this document is not an evaluation of the SFSF programme but a descriptive analysis. It identifies how the programme has been implemented and outcomes as identified by stakeholders, but does not make an overall assessment about the implementation and impact of the programme.

Also, because this project is a descriptive analysis, this document largely reflects the views of those individuals involved in managing and implementing the programme. It does not reflect the full range of perspectives that would be included in an evaluation exercise.
3 Research Findings

3.1 AIMS OF THE PROGRAMME

The SFSF programme has overarching aims which have been identified in Section 1.2. Within this framework, SFSF organisations have developed site-specific aims which identify what the site seeks to achieve through the programme. These site-specific aims respond to differing community contexts. Notwithstanding this, broadly speaking, all SFSF organisations share similar aims which involve using:

- **education** initiatives or activities to educate men on the important role of fathers and grandfathers in their children’s lives and child development
- **health** services and promotion activities to increase men’s health and to promote healthy lifestyle choices so men can act as role models for their children and family
- **social/cultural** opportunities to support and empower men in their fathering/grandfathering role
- **community** engagement initiatives to promote the programme, men’s health and to strengthen community norms about the important role Aboriginal and Torres Strait Islander men play in the physical, social and cultural development of Aboriginal and Torres Strait Islander children.

Table 3 provides an overview of the aims identified by organisations implementing the SFSF programme by jurisdiction.

<table>
<thead>
<tr>
<th>AIMS</th>
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<tbody>
<tr>
<td><strong>Northern Territory</strong></td>
</tr>
<tr>
<td>- Increase access by Yolngu men to culturally appropriate antenatal early childhood development, parenting and other related programmes and information</td>
</tr>
<tr>
<td>- Review existing services internal and external for Aboriginal and Torres Strait Islander males and establish internal and external client journey and referral pathways</td>
</tr>
<tr>
<td>- Provide family support to fathers, grandfathers and other male carers and support male and child health orientated activities</td>
</tr>
<tr>
<td>- Provide health education/awareness opportunities by promoting healthy lifestyles and the value of developmental health checks for both parent and child</td>
</tr>
<tr>
<td>- Develop a core of knowledge in traditional strengths and ideal of fatherhood in Yolngu culture and develop a DVD to assist young men prepare for fatherhood.</td>
</tr>
<tr>
<td><strong>Queensland</strong></td>
</tr>
<tr>
<td>- Develop health promotion information that promotes new fatherhood and grandfatherhood as a motivating factor for self-care and care for children and families</td>
</tr>
<tr>
<td>- Provide support and refer Aboriginal and Torres Strait males to local parenting, health and related services (e.g. reproductive health, family wellbeing, counselling, peer support groups) as needed</td>
</tr>
<tr>
<td>- Assist Aboriginal and Torres Strait Islander males to contribute positively to the health and wellbeing of the mother’s pregnancy and a nurturing and supportive family environment for the infant</td>
</tr>
<tr>
<td>- Introduce male inclusive and/or separate men’s antenatal, child health and early childhood development programmes to support males in preparing for fatherhood</td>
</tr>
<tr>
<td>- Provide community and group activities and strategies that promote positive, healthy and active fatherhood and grand-fatherhood and the involvement of males in the early development of their children and grandchildren</td>
</tr>
</tbody>
</table>
### AIMS

#### South Australia
- Promote opportunities for Aboriginal and Torres Strait Islander males to learn more about and participate more positively in the physical, social and cultural development of Aboriginal and Torres Strait Islander children
- Strengthen the role of Aboriginal and Torres Strait Islander males in nurturing and being active in the parenting/rearing of children and in taking responsibility for their cultural obligations
- Strengthen community norms about the critical importance of Aboriginal and Torres Strait Islander males playing a central role in the physical, social and cultural development of Aboriginal children
- Enhance existing organisational efforts aimed at promoting the best start for Aboriginal and Torres Strait Islander children and improving health outcomes for Aboriginal and Torres Strait Islander males, including advocating/promoting male inclusive programmes
- Promote the clinical services relevant to Aboriginal and Torres Strait Islander men and develop/encourage pathways from men’s groups and activities to clinical services
- Conduct initiatives to engage fathers and grandfathers in early childhood discussions as well as their own health and wellbeing such as Aboriginal Dad’s play group, healthy cooking group, first aid training and mentoring opportunities
- Conduct community events, activities and strategies that promote positive healthy, active fatherhood and grand-fatherhood and involvement of males in the early development of their children and grandchildren

#### New South Wales
- Increase access to culturally appropriate services which promote the inclusion of Aboriginal and Torres Strait Islander men in appropriate antenatal care, parenting, early childhood development and other related programmes/services
- Provide a supported and appropriate Men’s Health Programme for Aboriginal and Torres Strait Islander people and improve engagement of men with health and community services to increase the number of male health checks
- Engage the community to mentor and role model culturally strong, healthy behaviour to younger generations and nurture younger men to become future elders
- Establish, strengthen and enhance relationships with other organisations and stakeholders to improve levels of community involvement and ownership of the programme
- Conduct Aboriginal and Torres Strait Islander men and boys camps to promote an intergenerational approach and culturally reinforce the role of Aboriginal and Torres Strait Islander men within children’s lives as role models and as family support
- Develop ongoing support groups for men to improve wellbeing and connectedness such as men’s sharing and circle conference – to promote positive, healthy, active fatherhood and grand-fatherhood, and the involvement of males in the early development of their children and grandchildren
- Provide health promotion information that promotes new fatherhood and grand-fatherhood as a motivating factor for self-care, and care for family and children.
3.2 IMPLEMENTATION OF THE PROGRAMME

3.2.1 OVERVIEW

The implementation of the SFSF programme across most sites was broadly similar. The majority of SFSF organisations reported implementing an effective programme that engaged the community and was delivering outcomes for Aboriginal and Torres Strait Islander men and communities. However, a few organisations had experienced or were experiencing difficulties in implementing the programme, mainly because they could not recruit staff and/or participants. Systemic issues within one organisation were having a significant impact on the delivery of SFSF.

Several organisations had adopted a phased approach to implementation. In the early stages of the programme, organisations engaged men through activities that were perceived as less threatening such as barbecues and fitness clinics. Over time, as relationships and trust developed, organisations slowly started dealing with more difficult issues (for example, drug and alcohol, dealing with grief, trauma and loss) that were preventing men from reaching their full potential and contributing to family life:

*We have adopted a phased approach to implementation – we started with the easy activities and men that were easier to target. Over the last couple of years we have got to the tough stuff.*

*The alcohol and drug abuse and domestic violence those really tough issues – not topics you can start with. It has taken a long time to build relationships so that we can start tackling those issues.*

Although a focus of the programme is on parenting, there was a view that many men could not help their children, nieces/nephews, and grandchildren until they had helped themselves first. For this reason, at some sites the initial focus was on creating better, stronger men who had a healthy lifestyle, self-confidence and a sense of purpose. This was then followed by a more specific focus on parenting and early childhood.

This Section provides a thematic analysis of how the programme has been implemented across SFSF sites. Specifically, it identifies activities implemented under the programme, strategies used to recruit participants, community engagement, and partnerships. It is a high-level descriptive analysis that provides an indication of the breadth and depth of the programme as reported by stakeholders. Although there are many similarities across sites, it should not be taken to indicate that all activities and all recruitment strategies are being used by all organisations.
3.2.2 ACTIVITIES IMPLEMENTED UNDER THE PROGRAMME

Overall, organisations are implementing similar activities and events under the SFSF programme. Table 4 below provides an overview of the activities implemented by each SFSF organisation since the SFSF programme began.

<table>
<thead>
<tr>
<th>TABLE 4 – ACTIVITIES AND EVENTS IMPLEMENTED UNDER THE SFSF PROGRAMME</th>
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</thead>
<tbody>
<tr>
<td><strong>NT</strong></td>
</tr>
<tr>
<td>Darwin</td>
</tr>
<tr>
<td>Education - parenting/early childhood courses</td>
</tr>
<tr>
<td>Health services – health assessments/checks/referrals</td>
</tr>
<tr>
<td>Health promotion – exercise classes, healthy eating</td>
</tr>
<tr>
<td>Social support – men’s groups, peer support</td>
</tr>
<tr>
<td>Cultural camps/activities</td>
</tr>
<tr>
<td>Community engagement/promotion activities</td>
</tr>
<tr>
<td>Case management/advocacy</td>
</tr>
</tbody>
</table>
3.2.2.1 EDUCATION COURSES/WORKSHOPS

Most organisations were providing men with education on a range of topics including parenting, early-childhood development, alcohol and drugs, violence and family relationships, although the way in which this education was delivered differed across organisations. Some organisations provided structured courses for a defined period, such as a six week course with a certificate and graduation ceremony at the end of the course. Other organisations provided parent and early childhood education on an intermittent basis through occasional or semi-regular workshops. Most organisations invited a range of guest speakers to SFSF camps and conferences to speak about health, early childhood and other wellbeing issues. Some organisations also provided structured first aid training to Aboriginal and Torres Strait Islander men.

The photos below were taken at a graduation ceremony following completion of a six-week course. Stakeholders report that the graduation ceremony provided a valuable opportunity for participants to celebrate their achievements and for their families to share in their success.

3.2.2.2 HEALTH SERVICES AND CHECKS

Many organisations provided health checks to participants during camps and/or men’s groups. Some organisations followed up these health checks with referrals to health services either within their own organisations or externally. Several organisations reported that health checks enabled them to identify health problems that might have gone neglected or unnoticed for a while. The STI (sexually transmitted infection) clinics were seen as particularly helpful in identifying and treating men’s undiagnosed health needs:

We organised a male health day check-up – played movies all day and provided lunch, had 18 appointments and 17 men turned up, which was really good as at the previous male health day before SFSF no one turned up.

3.2.2.3 HEALTH PROMOTION

Most organisations were promoting healthy lifestyles and healthy eating as part of the SFSF programme. The mechanisms though which organisations promoted healthy lifestyles varied and included:

- nutritional information sessions
- cooking classes
- physical activities such as gym sessions
- alcohol and drug awareness sessions
- tobacco cessation sessions
- gardening activities.

We have built two nutrition gardens so people can learn about healthy food and we use the produce in our cooking classes.
One of the organisations had adopted a unique approach to health promotion by working with fathers to refurbish their houses. This improved the living conditions of families and also empowered fathers by teaching them home maintenance skills.

3.2.2.4 SOCIAL SUPPORT - MEN’S GROUPS, PEER SUPPORT
Most organisations provided an opportunity for men to come together for a 'yarning session' through regular men’s groups. These tended to be held once or twice a week and often incorporated a fitness session and some education or health related activities.

3.2.2.5 CULTURAL CAMPS/ACTIVITIES
Most organisations offered camps or day excursions which provided participants with the opportunity to learn about and/or practice traditional Aboriginal and Torres Strait Islander culture. Activities at these camps included a mix of the following:

- bush tucker/fishing and hunting excursions including making traditional fishing spears and fish traps
- music and dance activities including didgeridoo playing
- boomerang making and throwing
- Aboriginal and Torres Strait Islander art activities – at one camp, successful Aboriginal artists were invited to teach participants more about Aboriginal art

Participants painted their totems on boomerangs – they never had that opportunity before and it was great to see their engagement and enthusiasm for the activity (see photo below).
As noted above, camps also provided organisations with a useful opportunity to deliver important health, parenting and wellbeing messages to participants in a non-threatening environment. Government and health representatives, Elders and other community stakeholders were frequently invited to attend and present at camps.

3.2.2.6 COMMUNITY-WIDE ACTIVITIES (EG FAMILY FUN DAYS)
Some organisations had organised community-wide events, such as community fun days or community BBQs. Others contributed to existing community events, for example by setting up a health tent through which community members could have pit stop health checks. These community-wide activities helped SFSF organisations engage with the community, promote the programme, recruit participants, and develop/strengthen relationships with other community organisations. Several organisations reported developing and distributing SFSF promotional material at these events, eg pamphlets, posters, tee-shirts etc.

3.2.2.7 CASE MANAGEMENT/ADVOCACY
Some SFSF Coordinators adopted a case-management/advocacy role by visiting participants in their homes and working with them one-on-one to overcome various issues. This role involved direct support and/or referral to other services/agencies such as health, employment and housing services.

As an example, the sorts of issues SFSF Coordinators helped men deal with include:

- alcohol and drug problems
- anger management problems
- family relationships issues, including access to children
- mental health problems such as depression
- unemployment
- unstable housing
- financial pressures (eg uncertainty around child support payments, Centrelink benefits etc).

3.2.3 COMMUNITY ENGAGEMENT IN THE DESIGN OF SFSF EVENTS/ACTIVITIES
Organisations involved the community to varying degrees in the design of programme events/activities. Some organisations were already actively involved in the Aboriginal and Torres Strait Islander community and had a good understanding of community needs, men’s needs and service gaps. Others were not as well connected and had to develop this understanding. In developing activities/events, organisations reported doing one or more of the following:

- consulting with stakeholders and community members, including Aboriginal and Torres Strait Islander Elders

  There were two health workers in the position at different stages before me. After going through their resources and ideas that were left behind, I allocated two months researching the internet for SFSF material. I held a consultation with the Community Elders and a client focus group to see what they wanted to see in the programme.

- undertaking service mapping/needs analysis

- approaching academic specialists in Men’s programmes

  We had a plan and got a consultant in as well to provide guidance – an expert in Men’s programmes who provided monthly supervision to the SFSF worker… his brief was to look at what we were doing and help to refine it. His suggestion was to set up a group on a
Monday because dads might have had access problems on the weekend and they might be more receptive to come to a group on Monday to discuss parenting problems.

- partnering with Aboriginal and Torres Strait Islander organisations.

Most organisations were satisfied that the community had been given sufficient opportunity to provide input into the design of SFSF events/activities:

They have been saying from the beginning what they want to do and we have listened to them.

Participants have a lot of input into the activities.

They are not backward in coming forward with suggestions – [they] tell me they are keen for a camp out – keen to learn to cook outdoors and hunt more.

3.2.4 RECRUITMENT OF PARTICIPANTS

Many organisations reported that recruiting participants was challenging, particularly in the early stages when the programme was establishing itself and developing a reputation. However, other organisations reported they had no difficulty recruiting participants and had waiting lists for events.

The main challenges to recruitment identified by stakeholders are outlined below.

- **The content of courses/programme did not engage men:** recruiting for some activities was easier than others. Overall, men tended to be less interested in antenatal courses or parenting courses, either because they felt this was ‘women’s business’ or because they felt that participation in such courses was disempowering:

  It is hard to get men to do parenting programmes generally let alone Aboriginal men

  Antenatal workshop is seen as women’s business …

  Mums laughed at the thought of their partners being educated on antenatal.

- **Cultural reasons** – some men did not want to be seen by a women (eg for health checks):

  Some men still feel uncomfortable going to the clinic because of the female staff.

- **Trust** – some community members reportedly did not trust government and were sceptical about government-run programmes:

  Trust – this comes back to mistrust of government – intergenerational trauma and having kids removed. There is no real trust in what people are doing, especially if they are connected to health or the government.

- **Pride, feeling ashamed and lack of confidence:**

  A lot of Aboriginal people don’t want to show that they are vulnerable or weak so it has been a hard task to get men to go to these programmes because of these factors.

  Some people feel shame sharing their problems in front of a group.

  A lot of people have low self-esteem – anxious in groups.

- **Financial and lack of transport:** although some organisations were providing transport to and from events, for other activities/events men had to make their own way which was difficult for those without a car and limited funds:

  Money and transport –Most of our clients are on benefits and money is scarce. You need money and transport to get to activities and events.
- **The timing of events/activities**: employed men were generally unable to participate in daytime events, and evening events often coincided with family commitments. Notwithstanding this, one organisation ran its programme in the evenings so that all men had the opportunity to participate.

A few organisations had developed relationships with other community organisations which helped them recruit participants. For example, one organisation delivered the SFSF programme to participants in a residential alcohol and drug facility, and commented that recruitment was not an issue as they had a ‘captive audience.’ Another organisation was recruiting men that were subject to a Work and Development Order issued by the NSW State Debt Recovery Office (see snapshot below).

Difficulties recruiting participants tended to lessen as time passed and the SFSF programme developed a profile in the community either through word of mouth or through its community networks. Some organisations commented that participants were good ambassadors for the programme:

> We also picked the right guys to go on the first camp – they then came back and spread the word, which encouraged more men to attend the next camp.

Most organisations accepted any Aboriginal and Torres Strait Islander man who was willing to participate, noting that grandfathers, uncles and brothers in addition to fathers played a role in the social and emotional wellbeing of children. A few sites had a more targeted or restricted approach to recruitment. For example, it was reported that one organisation was only recruiting men from a specific geographic area. This site was also focused on recruiting young men in school (13-18 years) because it found young men easier than older fathers to engage:

> We have been targeting young men 13-18 year olds because they are easier to connect with and engage. They are at schools and schools are welcoming and engaging. The boys are receptive to the programmes we have been doing. They have been receptive to the camps and to the conferences. They have been coming to the family fun days. Older men have been harder to engage – unless I’m walking down the street or going to the pub after work you are not going to get to them unless you have a group that can help you connect to them …

One organisation targeted two different groups of Aboriginal and Torres Strait Islander men, men with low-medium needs who were functioning well but needed some social support, and men with higher needs who needed extra support. This ensured the organisation accessed a broad section of the population:

> We run two programs inside the SFSF – Men’s Health and Wellbeing program - where we do an exercise program/fitness session and discuss nutrition, goal setting and conduct yarn up groups, and a higher needs section where we run workshops covering topics such as anger management, strengthening families, domestic violence, alcohol and drug abuse and budgeting. We provide the men with a brief overview of what the services/programmes (relating to these topics) do and if men need extra support we refer them to the service/programme.

Organisations used a range of different strategies to promote the programme and recruit participants. These are summarised in Table 5 below.

**SNAPSHOT: RECRUITMENT: WORK AND DEVELOPMENT ORDER**

One SFSF organisation is successfully recruiting men through the Work and Development Order (WDO) initiative of the NSW State Debt Recovery Office. WDOs allow individuals with outstanding fines to reduce their debt through unpaid work with approved providers or through certain courses of treatment.

This SFSF organisation is a WDO registered provider and men participate in SFSF events/activities as part of their WDO. Stakeholders report that the initiative has allowed them to engage with vulnerable or ‘hard to reach’ men who would never normally participate in a men’s programme.

According to stakeholders, the SFSF programme has delivered many positive outcomes for these men, some of whom had reportedly not had a health check for over 10 years. While being engaged by the SFSF programme and learning about health and wellbeing, men subject to a WDO are also decreasing the outstanding fines against them and regaining control of their lives. As an example, one man undertook 80-90 hours of programme activities, completed his WDO and obtained a vehicle so that he could access and start re-engaging with his children. Another underweight male gained 14kg and is reportedly now ‘a changed man’.
<table>
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<tr>
<th>STRATEGY</th>
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<td>Implementing activities/events that would interest men such as gym and</td>
<td>As noted in Section 3.2.1, many organisations adopted a phased approach to implementing the programme. This involved encouraging men to participate in the programme through a range of fun activities such as gym sessions, camps and cultural activities (eg Aboriginal and Torres Strait art and traditional music):</td>
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| fitness sessions, camps, excursions, and cultural activities             | *Men are extremely hard to engage with. We had to use cloak and dagger stuff and eventually they started yarning after the programme. We know that without having the fitness then it would have fallen flat on its face.*  
*Our community weren't ready for parenting lessons - they wanted to become strong men to start with. Once men realised camps were ongoing you had engagement [in the programme].*  
*It was a little bit difficult to get men along [we] got musical instruments (including didgeridoos) to encourage men to come along.* |
| Engaging men through their partners (girlfriend/wives)                  | Some organisations found it useful to promote the programme to women, who could then promote the programme to men and provide organisations with feedback on the level of interest among men in the community. Some organisations also thought that inviting women to certain activities might encourage men to participate. For example, one organisation planned to invite men and women to antenatal classes and promote these classes as ‘family events’ to try and increase attendance by men. |
| Working in partnership with other programmes, organisations and Elders   | SFSF programme staff worked with other programmes run by their organisation, partner organisations and elders to recruit participants. New Directions and the Mums and Bubs programme commonly worked in partnership with SFSF:                                                                                                                                  |
|                                                                        | *Collaboration between programmes strengthened the SFSF programme – the social worker sees a client that has some issues – and then refers [the client] to us. There is two-way referral - we refer clients to them too.* |
| Community activities (including family fun days)                        | Several organisations used community events to promote the programme and recruit participants in a non-threatening environment:                                                                                                                                                                                                                                                                         |
|                                                                        | *[We] Launched the programme at a fun day in November, there was around 2000 people who came on the day which was great, I raffled off Indigenous All-stars merchandise to all the fathers who registered for the SFSF programme – we had 20 people register.* |
| Distributing SFSF merchandise                                          | A few organisations developed their own merchandise to promote the programme and create a sense of belonging among participants (eg t-shirts, bags etc). Organisations said participants wore this merchandise with pride which raised the profile of the SFSF programme.                                                                                                                               |
| Case management (one-on-one support)                                   | In several organisations, the SFSF Coordinator’s efforts in providing one-on-one support to men played a key role in attracting and retaining men in the programme.                                                                                                                                                                                                 |
| Providing food and transport                                           | Some organisations offered free food and/or transport to encourage men to participate in events/activities.                                                                                                                                                                                                                                                                                                     |
3.2.5 RESPONSE OF PARTICIPANTS

Most organisations and stakeholders reported that despite some challenges in recruiting programme participants, when men did engage with the programme, they generally responded well to it. Some organisations said men often had low expectations of the programme and reported getting more out of it than they expected:

Testimonials from participants say things like I didn’t think it was going to be any use – [I’m] now going to tell my mates about it.

[Men are] Very engaged with the programme – with the SFSF worker too – [they have] a lot of respect for him and understand what he is trying to do.

They ask for more and more [they] never leave. They enjoy coming to SFSF. It gives them something to do and a sense of purpose. Some of the men are coming to the clinic to use the exercise equipment on other days not just when we have the men’s groups.

[We] had some men come back and do the programme again – [they] wanted a refresher because they had just had a new baby.

The one thing you notice about this programme is the input of the fellas, they really get involved strip themselves back to bare bones and you gain an insight into what they are dealing with underneath it all.

Participants’ engagement has been great – what we have found is that once their house has been refurbished [through activities under the SFSF programme] the men are encouraged to undertake other home improvements – such as making paths, building fences and establishing gardens.

SNAPSHOT: ENGAGING MEN THROUGH EXERCISE.

Two organisations ran fitness sessions with gym equipment and commented that men were competing with each other and bringing their children with them after school and during the school holidays. The children would encourage their fathers to do more push ups or more kilometres on the exercise bikes to compete with other men. One organisation had a competition to see who could ride the furthest on the exercise bikes, with the goal to do 50km or more. Some of the men cycled 80km or more and one cycled 165km. Taking part in these activity sessions encouraged some of the men to purchase a bike. Others were encouraged to join sporting teams.

Some organisations said while most men were engaged in the programme, attendance fluctuated and could be unpredictable. There were some days when more men would turn up than others. Some men wanted to participate but couldn’t quite ‘get there’ because they felt embarrassed or were too shy. Despite fluctuating attendance, most organisations said that the number of participants was growing and several organisations reported that retention rates were high:

We started with six participants and we now have 21.

First report there were two participants now [there are] roughly 50 people who have completed the programme.

[There are] close to 2000 participants at events and around 100 participants who have been through the programme.

No one has dropped out. Sometimes they might not turn up one week but they will be there the following week.
While the majority of men participating in the SFSF programme appeared to enjoy it and engaged positively in activities, there were some participants who did not engage, and some activities that were less attractive to men (eg antenatal workshops). One stakeholder commented on the challenges of engaging young people:

_How do you get socially disadvantaged young people to respect their Elders? [You are] Talking about bush tucker and they are playing with their phones._

Stakeholders report that overall communities have also responded well to the programme. Community stakeholders generally saw a need for the programme and men’s activities more broadly. Community politics and tension in at least one community appeared to be impeding the programme from reaching its full potential.

### 3.2.6 PARTNERSHIPS

The consultations suggest some SFSF organisations have extensive partnerships with health and other community organisations supported by strong relationships among staff working on the ground. Other organisations, however, had demonstrably fewer partnerships. SFSF organisations with well-connected and well-respected SFSF Coordinator generally had better and stronger partnerships.

Most partnerships were informal although a few organisations had formal service level agreements or Memoranda of Understanding (MoUs) with partner organisations. These formal MoUs tended to be organisation-wide rather than programme-specific:

_[We have] More informal partnerships – we have learnt over the time you can have as many MoUs as you like but if you don’t have good working relationships then the MoU doesn’t work. The services know there isn’t much support for men out in the community and so support what we are trying to do._

_Not really formal partnerships here. The Aboriginal community works so informally – it’s a phone call here._

Stakeholders in SFSF organisations and partner organisations both reported that partnerships delivered mutual benefits. One such benefit was two-way referrals which was beneficial for both organisations and the individual involved. As one partner organisation commented:

_We are linking in with the SFSF programme and sharing our client base and the SFSF worker is providing them with support to try and get them to stay in employment. We have a two-way referral– for the best outcomes for our clients._

Several stakeholders in SFSF organisations said strong and effective partnerships enabled them to provide more holistic care to SFSF participants, increase access to services and in doing so help address a range of problems facing Aboriginal and Torres Strait men. Some SFSF workers had strong partnerships with other staff within their organisation, such as the Aboriginal Health Worker who undertook health checks or the midwife or nurse who ran joint parenting programs with SFSF staff. Another organisation had a strong partnership with a Correctional Centre and was looking at offering group sessions to support fathers who had been incarcerated to reconnect with their community:

_The [SFSF] programme is well on its way to be linked in with the Correctional Centre. This will offer the group sessions and the one-on-one support to fathers that have been incarcerated to get back into community with socialising, Centrelink, housing and employment and to help the family to settle back into their life together._

_I have developed healthy linkages with [SFSF Coordinator] a very professional one – I really believe that [SFSF Coordinator] has gone about creating the programme in a way that I love – he is not creating dependence – he is increasing access by the Aboriginal and Torres Strait Islander males to services, including mainstream services, and improving Aboriginal well-being. I have worked with [SFSF worker] to run cardiovascular health programmes. Because of our linkages we are increasing access to these services to Aboriginal males._
An organisation runs this health screening bus which is funded by NSW Health. It checks blood glucose levels and cholesterol. This bus has come to our events and is an example of an informal partnership.

As noted in 3.2.2, most SFSF organisations invited partner organisations to run workshops or education sessions at camps and other events. Many SFSF staff commented that they were not trained counsellors and did not feel comfortable advising SFSF participants on sensitive issues such as suicide and mental health. Workshops or education sessions run by partner organisations provided SFSF participants with advice on where they could go for support and assistance, thereby relieving pressures on SFSF staff who are often seen as the first port of call.

Interestingly, some organisations had cultivated partnerships with the Police and government departments (eg Department of the Environment, National Parks and Wildlife). These partnerships were seen as particularly positive because they helped break down barriers between Aboriginal and Torres Strait Islander men and the Police, and in one case provided SFSF participants with employment opportunities:

The relationship with Department of Environment and SA Water has helped some men into employment.

I would go so far as to say that crime by Aboriginal youth in [location] is now extremely low because of young people’s involvement with the Police – the crime rate is minimised because of the SFSF programme. Students will go and have a yarn with the Police now.

While partner organisations regularly contributed to SFSF events, SFSF organisations also contributed to events hosted by partner organisations. For example, one SFSF organisation contributed to a community NAIDOC event by setting up a health tent and paying for the hire of a marquee.

In addition, several SFSF staff said they ran or attended community forums or meetings where they had an opportunity to promote the SFSF programme and develop relationships with key community organisations. One organisation noted tapping into an existing Aboriginal Coalition for guidance and advice on aspects of the programme:

The Aboriginal Coalition is a reference point to inform the decisions we make. The Coalition comprises a Medicare Local rep, a GP rep, Aboriginal elders, an Aboriginal project worker from City Council, and a representative from the Aboriginal Health Unit at the Hospital.

However, this same organisation had also participated in a working group comprised of key people working in the area of men’s health. This group fell apart reportedly because of community tensions and conflicts. Apart from the Aboriginal Coalition which provided high-level guidance and support, the site now has few partnerships, and is struggling to recruit the target audience (fathers) into the programme.

While most organisations found having partnerships with other community organisations invaluable, there was a view that the focus should be on engaging participants rather than developing partnerships. This, however, appears to be a circular argument because the consultations suggest that strong and effective partnerships can assist with engaging and recruiting participants.

3.2.7 REPORTING TO THE DEPARTMENT

Overall, most sites were satisfied with the action plans and progress reports prepared for the Department of Health, with many saying that action plans provided a useful framework to guide activities, and progress reports helped sites ensure they remained on track. In this sense, the documents were seen as more beneficial for planning as opposed to reporting:

I’m happy with the reporting process so far. For me it’s working and it has made us accountable and I think it is a good reflective exercise. I can see the goals and objectives and see we are still not targeting the younger fathers and so we need to change tack.

They keep us on task and are good for accountability.

I’m happy with reporting – can’t think of ways they could be improved.
A few organisations mentioned that the action plans for the SFSF programme were better than the reporting templates for other government programmes because the level of detail required was less onerous:

…Action Plans/Strategic Plans should be simple and straightforward – something that you can refer to that does not involve pages and pages of information. The SFSF Action Plans are good in that regard, better than other OATSIH programmes. For 100 grand you don’t want to put too many resources into reporting.

Some organisations found the action plans useful to inform new staff and other community organisations about what was happening through the SFSF programme:

We had a new manager at the centre and he didn’t really understand the programme, but we gave him the action plan and progress reports and he was able to get his head around it.

Although most organisations were relatively happy with the action plans and progress reports some acknowledged that the reports could not always capture the breadth and depth of what the organisations were doing:

I think they are a good way to report back to the funding body but a lot of things the SFSF Worker is not allowed to say as it is men’s business.

Progress reports [have] nowhere to put the information that we have discussed today – all of that client engagement stuff.

Some also thought that the action plans needed to identify practical actions as opposed to high-level strategic objectives, and also needed to identify key performance indicators so that performance could be formally tracked over time. It was acknowledged, however, that identifying targets could be challenging. This issue is discussed further in Section 3.7. One stakeholder suggested that given the limitations of action plans and progress reports, it would be helpful for departmental staff to visit sites to better understand how the programme is being implemented on the ground.

In terms of departmental input to plans and reports, some organisations said they received feedback from the Department of Health (STO staff) on their action plans and progress reports which helped them develop new strategies to recruit more participants. However, other organisations had a different experience, noting they had limited contact with STOs and received limited feedback on their action plans and reports.

Feedback from STOs regarding the reporting process for the SFSF programme was varied with some staff finding the reports useful, and others finding the level of information in the reports too limited to provide them with an adequate picture of how the organisation was implementing the programme:

Very useful – they are the only written reports that we get. The other reports are verbal – phone conversation every quarter (3 months). The reports allow for effective monitoring – always helpful for us to have something written down…They do the Action Plan then send it to us then we approve it (with some to-and fro).

Action Plans – doesn’t provide you [with] what they are getting for their money - does not give you any reasonable indicators…Need a better template.

3.3 STAFF RECRUITMENT AND WORKFORCE IMPLICATIONS

Recruitment of Aboriginal and Torres Strait Islander workers for the programme has been challenging for several organisations. At the time of consultations, two organisations did not have SFSF Coordinators although one of these organisations was waiting for a Coordinator who had been subcontracted from another Aboriginal organisation to commence in the role. We understand that this Coordinator has now commenced and the site is now operational.
Encouraging Aboriginal people to apply for the role in the first place was a challenge for several organisations, but encouraging suitably qualified people to apply was an even bigger challenge. Some of the reasons given by stakeholders for this include:

- **salary**: the relatively low pay for the role reportedly resulted in low quality applications
- **a transient workforce**: some locations had a highly transient population which made recruitment and retention difficult
- **lack of interest**: in some locations, there was a lack of interest in the role among Aboriginal and Torres Strait Islander men
- **stigma attached to working with Government**: one stakeholder commented that some communities were suspicious of Government and those working for Government.

One stakeholder said staff recruitment was further complicated by the requirement for a male SFSF Coordinator, because in some communities qualified men were harder to recruit than qualified women. While this may be the case, many organisations stressed the importance of recruiting a male SFSF Coordinator. Removing this requirement would probably not be seen as being in the best interests of the programme. To increase interest in the SFSF Coordinator position, a few organisations had relaxed requirements so that it was easier for the organisation to recruit individuals who had solid life experience and community linkages but who did not necessarily have formal educational qualifications.

The issue of staff recruitment, however, appears to be bigger than the SFSF programme, with several stakeholders commenting that it was difficult to get suitably-qualified Aboriginal and Torres Strait Islander men to apply for any position in the local community:

> It is not easy to recruit staff for any position. Sometimes we have to advertise twice…….one of the issues is the level of experience and formal education. It's important to get someone who the community is going to relate to.

> [It's a] very, very big problem in our area with recruiting especially recruiting male staff so we have been very lucky that our SFSF Worker has stuck around for three years.

Although many sites found recruitment of Aboriginal and Torres Strait Islander men challenging, there were some sites that had managed to easily recruit and retain effective staff. One organisation reported receiving requests for work "every other day", and wanted to see more jobs open up in the area of men’s health to give men employment and a sense of purpose.

A concern was defining the role of the SFSF Coordinator. As noted in Section 3.2.2, in some locations the SFSF Coordinator had become a ‘go to’ person in the community, and a pseudo-case manager for programme participants. There were concerns that SFSF Coordinators did not have the capacity to case manage multiple men and follow-up referrals. Some SFSF Coordinators were increasingly being asked to assist with a range of issues (eg Centrelink issues, parole staff) outside work hours which was unsustainable over the longer term. At the same time, some organisations felt this was an essential aspect of the SFSF role and that without this one-on-one support many participants would not have remained in the programme.

Several stakeholders stressed that it was important to provide administrative support to the SFSF Coordinator so the Coordinator could focus on engaging the community. There was a view that without such support, the SFSF Coordinator’s workload would be unsustainable.

The issue of funding was raised in the context of recruiting staff. At some sites, the SFSF programme was dependent on funding from other programmes. For example, the SFSF Coordinator might be paid 0.6 of his salary from the SFSF programme and 0.4 of his salary from elsewhere. While this had the benefit of breaking down silos and ensuring programmes were connecting, it presented risks because if funding from other sources were to cease this would have a negative impact on the implementation of SFSF.

Separately, it was suggested that greater clarity around future SFSF funding would help with retention of staff and implementation of the programme more broadly. One organisation reported having staff resign at the end of the year because of uncertainty around SFSF funding and their future employment.
Overall, most organisations reported that the SFSF programme delivered positive outcomes for participating men and the community more broadly. Only a few sites reported limited outcomes and this was primarily due to problems recruiting an appropriate SFSF Coordinator, or organisational issues and politics which had affected the recruitment of participants.

Many organisations felt they were meeting the aims of the programme but noted it was sometimes hard to quantify their achievements for the Department. As one stakeholder noted ‘it’s always hard to get solid outcome statistics.’ Some outcomes reported by stakeholders were tangible but others were anecdotal.

According to stakeholders, key outcomes for men participating in the programme included:

- **Improved self-esteem:** several stakeholders said men participating in the programme appeared to be growing in confidence. Some of them were ‘walking taller’ and taking on leadership roles in the community.

- **Improved health outcomes and health literacy:** for example improved knowledge of health prevention measures such as exercising, healthy eating and regular health checks:

  
  A 67 year old man gave up a lot of the medications he was on as a result of the weight he lost on the programme - blood pressure medication, cholesterol medication. The SFSF worker makes up an individual fitness plan … a plan where they can do walks, do training on other days from the training sessions.

  
  Fitness groups - we go to the gym and have the choice of weights or cardio session. Our clinical workers provide a quick health check. There are two personal trainers and they drill the guys. I have got great feedback from the participants many of whom are overweight and have diabetes. They keep coming back. Participants set goals re what they want to achieve over a 7 week programme. There is no slacking off and the guys really like it.

  
  Positive would be the health prevention–not waiting until someone falls down. Having a model like SFSF to work with the community – helps us to stave off some of the chronic disease stuff. Unless we invest money into preventative programmes we won’t be able to help address the gap…

- **Improved access to services:** as a result of the programme men knew what other services were out there and were more willing to access these services (eg alcohol and drug counselling and anger management programmes).

- **Education and training opportunities:** for some men the certificate they received on completing the programme or from doing the first aid course was the first time they had received a certificate for anything, and gave them a sense of pride and achievement.

- **Employment opportunities:** a few SFSF participants had been supported into employment and others were given the opportunity to participate in work experience.

- **Increased connection to community and willingness to share issues and concerns:** over time men increasingly felt comfortable acknowledging the issues they were facing and dealing with them. The camps and yarning sessions introduced men to a peer network and helped them to connect with and support other men:

  
  Interesting to see the bond - one fella passed away and another has a terminal illness. The support that they get from being part of the group, having a group of peers they can go through that with – the peer support men get from the programme is great.

- **Increased connection to culture:** many organisations reported that camps and excursions enabled participants to connect to culture and said this had noticeably changed them:
The teachers at the schools say that the boys have come back [from camps] noticeably changed and the parents and foster carers say this too. They seem to be more optimistic and have more respect for themselves and others.

The one-on-one case management also reportedly helped men get their lives back on track. SFSF staff shared stories about men who had used the communication skills they had developed through the SFSF programme to re-engage with their children and resolve family disputes. Finally, the programme also introduced men to new experiences, such as joining a gym and visiting Sydney.
According to stakeholders, the outcomes the SFSF programme has delivered to the broader community include:

- **Improved networks and partnerships among key community stakeholders:** many organisations spoke of effective partnerships that had been developed or strengthened through the SFSF programme. As an example, one organisation had worked with the Ministry of Fisheries to secure an exemption for Aboriginal and Torres Strait Islander men to do traditional spear fishing and dry netting. The organisation commented that the organisation would never have worked with the Ministry of Fisheries without the SFSF programme. Another organisation had invited the Police to present at SFSF workshops and attributed this partnership to more positive community relations with the Police.

- **Improved family and community relations:** through the programme men were being taught a range of skills, such as communication and conflict resolution skills and home maintenance skills. This increased capacity had a flow-on effect to the whole community in terms of improved relationships with their partners and children and more involvement by men in community activities and organisations:

  *Families have been helped to stay together.*

  *Women [are] commenting that their men do more around the house now.*

  *[We are] seeing fathers more involved with their children, some men are coming to playgroup now.*

  *The real beauty is that the participants will take this information back to their families and community and make a real difference there.*

- **Improved health outcomes for children:** many organisations said fathers are important role models for their children and having fathers improve their health and fitness was beneficial to the whole family. Other organisations commented that the relationships they developed with fathers led to more families accessing their health services and more children receiving health checks and being immunised:

  *Through this programme we have developed relationships with the community which is reflected in the community accessing the clinic more. In the last three years we have had 100% immunisation rate for children 0-4.*

- **Greater cultural awareness among organisational staff:** the SFSF programme has provided some organisations the opportunity to engage more closely with the Aboriginal community and in doing so increase the cultural awareness of organisational staff.
Although most of the organisations reported very positive outcomes from the SFSF programme, there was one SFSF worker who questioned whether the outcomes of events and activities justified the cost. In this case, the organisation paid $3,000 to set up a health tent at a community event that only 15 people visited.

### 3.5 KEY ENABLERS AND BARRIERS TO IMPLEMENTING THE PROGRAMME

The organisations and stakeholders identified a number of key enablers and barriers to implementing the programme. Many of these have already been highlighted in this report but are summarised in this section.

It is interesting to note that most of the reported barriers to implementation were inter-related, with those organisations facing disruption and changes in staffing, or difficulty recruiting an appropriate SFSF Coordinator, reporting the most difficulty conceiving and implementing activities to engage and recruit participants.

#### ENABLERS

- A SFSF Coordinator who is connected to and respected by the community. Several sites noted that it was essential for the SFSF worker to have solid interpersonal skills, be professional and rise above community conflict and tensions:
  
  *It’s critical that you select someone who can connect to the mob and be professional and not be affected by community conflict and tensions.*

- An implementing organisation that is respected by the community and supports delivery of the programme in a culturally appropriate way.

- A programme that responds to community need (for example, there is little value in running parenting courses if men are not ready for these and need to focus on bettering themselves first).

- Effective collaboration with other organisations, programmes, and key community members, including Aboriginal Health Workers and Elders.
A phased implementation, which starts with ‘fun’ activities to engage men and then progressively tackles more difficult and sensitive issues.

Someone to assist the SFSF Coordinator with what can be a heavy workload – ideally this person should undertake the administrative work and free up the SFSF Coordinator to engage with and recruit participants.

According to experts consulted, other key enablers included:

- Involving men in the development of programmes
- provision of a separate space for men to meet,
- being clear about the type of outcomes the programme is hoping to achieve, for example, is the programme aiming to improved health and wellbeing outcomes for children or is trying to influence men’s knowledge and behaviours?

**BARRIERS**

- Difficulty recruiting a suitably qualified SFSF worker. Some organisations also found it difficult to recruit workshop presenters because most local health workers were females but it was not appropriate for them to attend men’s camps to speak about men’s health issues.
- A Coordinator who struggles to engage with the community and therefore struggles to recruit participants.
- Limited capacity of some partner organisations to work with SFSF to help men better themselves; at one site the limited availability of alcohol and drug services was reportedly having a negative impact on the progress of SFSF programme participants.
- Organisation-wide staff changes and disruptions - for example, the organisation had been placed into receivership, had a new board and CEO appointed, or experienced personnel changes, which impacted on the continuity of the programme.
- Uncertainty around ongoing funding which made it difficult for a few sites to retain SFSF workers. Other organisations felt that the level of funding was not sufficient:
  
  …the limited funding that was provided…(one FTE at support worker level) was insufficient for him to undertake more than a few initial projects – particularly in light of the organisational difficulties [that occurred] during his time in the role.

- Lack of clear (prescriptive) programme guidelines – while some organisations welcomed this and the flexibility of the SFSF programme, others felt the programme implementation process would be improved with clearer guidance/direction from the Department of Health:
  
  The programme guidance is quite wide open – which is a good and bad thing, hard to get your head around what they are expecting.

- Men are often dealing with a range of personal issues which can make regular commitment to SFSF events/activities difficult. One organisation commented that its programme comes to a halt when sorry camps happen as these can last for weeks or even months:
  
  …it wasn’t getting them to come it was getting them to keep coming. Everyone has issues and other things come up. In the end, family comes first. …...some guys are easier than others. Some guys need a phone call three times before the programme starts but phones get disconnected, people move and get kicked out.

- When transport was not provided by organisations, encouraging men to attend was challenging because they often did not have a car and public transport was unreliable. Purchasing a vehicle was not an option for organisations because of the limits on capital expenditure under the SFSF programme.
Community politics and tensions could have a negative impact on recruitment and community engagement.

3.6 SUSTAINABILITY OF THE SFSF PROGRAMME

Stakeholders largely agreed that there was a definite need for the programme, noting that men’s programmes had been neglected for some time because parenting programmes traditionally focussed on mothers. Experts consulted said that the programme was particularly unique in that it engaged with Aboriginal men and emphasised the important role that Aboriginal and Torres Strait Islander men play in children’s lives. There was a view that women tended to be more engaged in the community than men, hence the need for more programmes specifically targeting men:

> I think it is extremely important – often it is the females in the community who are strong and involved in community organisations – men are quite broken in this community, but males tend to be the dominant figure in families. To me, if you want to see positive changes within the family this programme is really valuable.

There was a view in some organisations that the programme was unique because it provided holistic support. It did not just focus on parenting and early childhood, but also helped men address a range of other issues, including drug and alcohol abuse, poor self-confidence, and fractured family relationships:

> There are not a lot of programmes that are there to support the family, most programmes focus on one specific area – need to look at how these issues such as alcohol and drugs, and domestic violence etc affect the whole family unit.

Most stakeholders felt the programme was very beneficial to the community and should continue. Some expressed concerns about what would happen to participants if the programme ceased:

> I believe if funding is not made available to continue this wonderful service I raise the question are we going to go backwards?...Three years is not adequate to empower our men. We need more time to create that stronger platform.

> The SFSF programme is a very rewarding, successful, fulfilling programme that must continue.

Overall, most organisations felt that the programme was definitely sustainable provided funding continued. The programme was largely embedded in most communities and this was generating continued interest which would likely grow over time:

> As long as there is funding it will keep going. It’s massively sustainable through interest in the community. I can keep it running. I have only been here for 10 months and reckon it will take two years to get the numbers massive. I have had such positive feedback from people in the community and my organisations. Once we get this solidified we will be beating them off with sticks.

Several stakeholders said increased and/or recurrent funding would help make the programme more sustainable as would removing the limit on capital purchases. One organisation reported having to regularly hire buses to transport men to SFSF activities/events, and said that if the programme is implemented over the longer term it would be much more cost effective for the organisation to use SFSF funding to purchase a small bus.

Some organisations said if funding was increased, they would have the capacity to service other areas that had a need for a men’s programme that was currently not being met:

> The SFSF programme has the potential to expand into other regions if there was more funding; there is definitely the need and the demand for the programme.

> The interest in the programme is growing – we have only just scratched the surface. Would like to be able to target school kids, we haven’t really targeted them to date.
While most stakeholders were optimistic about the sustainability of the programme, this was not true for all sites. In one site, a couple of stakeholders reported a lack of enthusiasm among men in the target group (i.e. fathers) and lack of knowledge and understanding within the organisation about how to target them:

“I don’t think it will continue to operate. There is a lack of enthusiasm. I would rather see the money go elsewhere.”

The consultations suggest that if the programme will continue to be funded moving forward, it would be beneficial to facilitate networking opportunities for SFSF sites. Several stakeholders said it would be helpful to share lessons learned and ideas about what recruitment strategies and activities are most successful. Presently, there is little informal contact across SFSF sites and no formal opportunities for such contact.

3.7 MEASURING PROGRESS

As part of this research, the project team was asked to consider potential KPIs to inform planning and reporting for the programme in 2014. As explained in Section 3.2.7, SFSF organisations currently submit six-monthly progress reports to the Department which provide an update on implementation, but the reports do not identify or require organisations to report against KPIs.

Beyond six-monthly progress reports, most organisations are monitoring progress in implementing the SFSF programme in a basic and ad hoc way. However, one site is working with a University to develop an evaluation framework to monitor progress. Some sites are collecting data on the number and type of events/activities and the number of attendees. Some sites have feedback/evaluation sheets or informal discussions with community members to gauge the value of different activities to inform future programme delivery. A few stakeholders suggested it would be helpful to have KPIs against which they could measure progress. However, others stressed that some of the outcomes of the SFSF programme could be difficult to monitor and measure.

While there are broad similarities in how the programme is being implemented across most sites, there are also differences and these would need to be considered when developing KPIs for the programme. It might be helpful to develop some high-level KPIs that all sites could be expected to achieve, and then allow sites to develop site-specific KPIs that relate to specific activities taking place in each site.

Some possible KPIs identified by stakeholders include:

- Number of men participating in SFSF activities/events (e.g. camps, conferences, structured training courses)
- Number of referrals in and out of the programme (this could include internal referrals)
- Number of men receiving health checks
- Improved body mass index (BMI) of programme participants
- Number of men attending first antenatal visits
- Smoking cessation or reduced tobacco use among programme participants.

The above mentioned KPIs could be measured quantitatively. Given the nature of the programme, there may be value in having KPIs that are measured qualitatively (for example, through self-reports by programme participants). Such KPIs might include:

- Improved confidence and self-esteem of men
- Increased knowledge of healthy lifestyle habits
- Lifestyle changes to incorporate healthy lifestyle habits (e.g. healthy cooking)
- Increased accessing of services
- Increased knowledge of aspects relating to parenting (eg changing nappies, feeding etc).

There may also be value in including KPIs around SFSF staff education and training although, given men are the key focus of the programme, the bulk of KPIs should focus on progress and outcomes for men.

Once KPIs have been developed, a reporting template could be developed to capture data across sites regularly and consistently. The template could be something very simple (eg a Word document) and could ask organisations to report against programme-wide and site specific KPIs. A common template with regular reporting would allow progress across sites to be effectively monitored, and would also enable the Department to measure change in Aboriginal and Torres Strait Islander men and communities as a result of the SFSF programme.

3.8 CONCLUSION – KEY SUCCESS FACTORS

This project is not an evaluation so this report does not address the overall impact of the programme. However, the consultation identified a number of key success factors that, according to stakeholders, contribute to an effective SFSF programme. These key success factors are closely aligned to the enablers outlined in Section 3.5 and include:

- a respected and well-connected SFSF Coordinator
- an implementing organisation that can adequately support the SFSF Coordinator and is committed to delivering the programme in a culturally appropriate way
- involving men in the development of programmes
- strong partnerships with other community organisations and key community members including Elders
- a focus on holistic support for men
- a structured programme that is consistent and meets the needs of the local community
- an incremental approach to discussing and dealing with sensitive issues
- practical, hands-on activities (eg fitness, cooking lessons).
Disclaimer

This report is dated 4 December 2013 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis’ opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of Department of Health (Instructing Party) for the purpose of providing a descriptive analysis SFSF programme (Purpose) and not for any other purpose or use. Urbis expressly disclaims any liability to the Instructing Party who relies or purports to rely on this report for any purpose other than the Purpose and to any party other than the Instructing Party who relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

In preparing this report, Urbis was required to make judgements which may be affected by unforeseen future events including wars, civil unrest, economic disruption, financial market disruption, business cycles, industrial disputes, labour difficulties, political action and changes of government or law, the likelihood and effects of which are not capable of precise assessment.

All surveys, forecasts, projections and recommendations contained in or made in relation to or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

Urbis has made all reasonable inquiries that it believes is necessary in preparing this report but it cannot be certain that all information material to the preparation of this report has been provided to it as there may be information that is not publicly available at the time of its inquiry.

In preparing this report, Urbis may rely on or refer to documents in a language other than English which Urbis will procure the translation of into English. Urbis is not responsible for the accuracy or completeness of such translations and to the extent that the inaccurate or incomplete translation of any document results in any statement or opinion made in this report being inaccurate or incomplete, Urbis expressly disclaims any liability for that inaccuracy or incompleteness.

This report has been prepared with due care and diligence by Urbis and the statements and opinions given by Urbis in this report are given in good faith and in the belief on reasonable grounds that such statements and opinions are correct and not misleading bearing in mind the necessary limitations noted in the previous paragraphs. Further, no responsibility is accepted by Urbis or any of its officers or employees for any errors, including errors in data which is either supplied by the Instructing Party, supplied by a third party to Urbis, or which Urbis is required to estimate, or omissions howsoever arising in the preparation of this report, provided that this will not absolve Urbis from liability arising from an opinion expressed recklessly or in bad faith.
Appendix A  Interview guides
QUESTION GUIDE FOR DEPARTMENT OF HEALTH STAFF INVOLVED IN IMPLEMENTING THE STRONG FATHERS STRONG FAMILIES PROGRAM

Hi, my name is XXXX and I am from Urbis, a social research company that provides research and evaluation services to Government.

We have been commissioned by OATSIH to undertake a descriptive analysis of the Strong Fathers Strong Families (SFSF) program.

The aim of the project is to provide OATSIH with an understanding of how the SFSF program is operating across the 13 sites in which it is being implemented.

This project is not an evaluation, and Urbis will not be assessing the impact of the SFSF program on individuals, families and communities at any site.

As part of this project, we are conducting telephone interviews with OATSIH State and Territory program staff and key personnel in each organisation implementing the program. In addition, we are visiting six organisations implementing the program for consultations with program staff, partner organisations and key community stakeholders. We are also reviewing action plans and the most recent progress reports for each site.

Our interview today will last for approximately one hour. Nothing you say will be attributed to you in our final report to OATSIH.

Do you have any questions before we start?

INTRODUCTION

1. Can I start by asking you to explain your role and the role of your office in the SFSF program?

2. Broadly speaking, how has SFSF been implemented in [state/territory]? How, if at all, has implementation differed across sites in [state/territory]?

RECRUITMENT AND ENGAGEMENT

3. How many participants have been recruited at SFSF sites in [state/territory]? Who are they? (prompt: fathers, uncles, grandfathers)

4. How easy or hard has it been to recruit participants into the program? What strategies have been effective in promoting the program to the target cohort?

5. How have participants responded to the program? How, if at all, has the level of engagement changed over time?

6. How is the program perceived in the community?

7. To what extent have organisations implementing the program developed partnerships with other organisations? What is the purpose of these partnerships? Is there a need for organisations to foster more or deeper partnerships?

8. How easy or hard has it been for organisations to recruit staff to implement the program? Why is that?

9. Overall, what have been the key facilitators and barriers to implementing the program in [your state/territory]? How, if at all, do these differ across sites?
10. What, if anything, else do you think could be done to recruit or retain participants into the program?

MONITORING AND PROGRESS

11. How useful are action plans and progress reports? To what extent do they allow for effective monitoring of the SFSF program?

12. What outputs and outcomes has the program delivered to individuals, families and/or communities? How are these outputs outcomes measured?

13. What other ways could progress be monitored and outcomes measured? What KPIs could be introduced for the program to inform future monitoring and evaluation?

SUSTAINABILITY

14. Looking forward, how sustainable is the SFSF program in those locations in which it is being implemented in [state/territory]? What factors might influence this?
   a. Is the organisation(s) willing and able to continue implementing the program?
   b. Is there a sufficient pool of potential recruits?
   c. Is there sufficient support in the community, particularly among Indigenous males, for the program?

15. Are there any approaches to implementing the program that you think are particularly innovative that might be usefully applied elsewhere?

QUESTIONS RE SITE VISITS

16. We are planning to travel to [sites in relevant state/territory] for one day of consultations with program staff, partner organisations and key community stakeholders. Are there any sensitivities we should be aware before visiting this site? Who would be the key people/organisations to speak with at this site?
QUESTION GUIDE FOR EXPERTS IN MEN’S HEALTH AND FAMILY ISSUES

Hi, my name is XXXX and I am from Urbis, a social research company that provides research and evaluation services to Government.

We have been commissioned by OATSIH to undertake a descriptive analysis of the Strong Fathers Strong Families (SFSF) program. The aim of the project is to provide OATSIH with an understanding of how the SFSF program is operating across the 13 sites in which it is being implemented.

This project is not an evaluation, and Urbis will not be assessing the impact of the SFSF program on individuals, families and communities at any site.

OATSIH has suggested we speak with you prior to commencing this project given your experience in men’s health and family issues, and we thank you for making the time to speak with us. We are particularly interested in better understanding the evidence-base for programs that encourage males to participate in their children’s and families’ lives.

Our interview today will last for 20-25 minutes. Nothing you say will be attributed to you in our final report to OATSIH without your permission.

Do you have any questions before we start?

QUESTIONS

1. Can I start by asking you to explain your role and experience in the area of men’s health and family issues?

2. What is the value of programs that promote the importance of fathers, grandfathers and uncles, and encourage them to actively participate in their children’s and families’ lives? What contribution do they make?

3. What programs already exist to promote the importance of fathers, grandfathers and uncles and encourage them to participate in their children’s and families’ lives?

4. Where are these programs implemented in Australia?

5. Who do they target?

6. What are the key outcomes of these programs?

7. What, in your view, are common enablers and barriers to implementing these programs?

8. What evidence is there on the impact these programs have on males, families and communities?

9. What program characteristics are considered ‘best practice’? To what extent does the SFSF program align with what is considered ‘best practice’?

10. How does the SFSF program compare to other programs that encourage males to actively participate in their children’s and families’ lives? What, if anything, is unique about the SFSF program?

11. How, if at all, could the SFSF program be strengthened?

12. In your view, what is the best way to monitor the progress and outcomes of programs like the SFSF program? What would be some useful KPIs and how would you measure these?

13. Are there any other comments you would like to make?
QUESTION GUIDE FOR ORGANISATIONS IMPLEMENTING THE STRONG FATHERS STRONG FAMILIES PROGRAM

Hi, my name is XXXX and I am from Urbis, a social research company that provides research and evaluation services to Government.

We have been asked by the Department of Health to look into how the Strong Fathers Strong Families (SFSF) program works.

To do this, we will be reviewing actions plans and progress reports, speaking with Department of Health staff, and speaking with those organisations implementing the SFSF program across Australia.

Thank you for making the time to speak with me today. The interview will go for about one hour and the sorts of things we will talk about are how the program is working, community engagement in the program, any outcomes of the program, and the ways in which you measure success.

We are not assessing or making judgments on how your organisation is running the program. Our job is to let the Department know the different ways in which the program is working across the country.

Nothing you say will be attributed directly to you in our report without your permission.

Do you have any questions before we start?

INTRODUCTION

1. I would like to first learn more about you and your organisation. What does your organisation do? What is your role?

IMPLEMENTATION AND COMMUNITY ENGAGEMENT

2. Broadly speaking, how have you implemented the SFSF program?
   a. What activities/events have been held?
   b. How often are these activities/events held?
   c. Who have the events targeted? (prompt: fathers, grandfathers, uncles, young men, older men etc)
   d. On average, how many participants have attended these events?

3. How easy or hard has it been to recruit men into the program? What factors or strategies have helped you do this? What, if anything, could you do to recruit more men into the program?

4. How have men responded to the program (prompt: interest, attendance, attrition)? Has this changed over time?

5. How has the community more generally responded to the program?

6. How, if at all, has the community been engaged in the development of SFSF events/activities? (prompt: is there an opportunity for men to advise what activities/events would be most beneficial for them?)

7. Have you partnered with any other organisations to deliver the program? If so, how helpful have these partnerships been? To what extent is there a need to develop more partnerships?
8. How easy or hard has it been for organisations to recruit staff to implement the program? Why is that? What would make it easier to recruit staff?

9. What have been the key factors that have helped or been a barrier to implementing the program to date?

OUTCOMES AND MONITORING

10. What is it that you hope the SFSF program will achieve in your community? Do you think the SFSF program is achieving its aims? Why/Why not?

11. What would you identify as the key outputs or achievements to date?

12. What outcomes has the program delivered or do you expect the program will deliver to individuals, families and/or communities? Do you have any suggestions on how you might measure these outcomes?

13. How useful are action plans and progress reports? In your view, do they provide OATSIH with a good understanding of what you are doing on the ground? How might reporting to OATSIH be improved or made easier for you?

14. In what other ways could the outcomes of the SFSF program in your community be measured? What indicators could be developed to help monitor progress and measure outcomes?

SUSTAINABILITY

15. Looking forward, to what extent can the program continue to operate in the community? What, if anything, would the program need to continue to operate?
   
   e. What kind of interest is generated among the men in the community about the SFSF activities? How do the men in the community respond to the idea of SFSF?

   f. What level of support is there in the community for SFSF?

   g. What, if anything, would make the program work better?

16. Are there any other comments you would like to make?
QUESTION GUIDE FOR PARTNER ORGANISATIONS

Hi, my name is XXXX and I am from Urbis, a social research company that provides research and evaluation services to Government.

We have been asked by the Department of Health to look into how the Strong Fathers Strong Families (SFSF) program works.

To do this, we will be reviewing actions plans and progress reports, speaking with Department of Health staff, and speaking with those involved in implementing the SFSF program across Australia.

Thank you for making the time to speak with me today. The sorts of things we will talk about are how the program is working, community engagement in the program, and the outcomes of the program.

We are not assessing or making judgments on how [organisation] is running the program. Our job is to let the Department know the different ways in which the program is working across the country.

What you say to me today will remain confidential to our research team. Nothing you say will be publicly attributed directly to you in our report without your permission.

Do you have any questions before we start?

1. I would like to first learn more about you and your organisation. What does your organisation do? What is your role?

2. What involvement has your organisation had in the SFSF program and how did this involvement come about?

3. From your perspective, what sorts of things are happening under the SFSF program? (prompt: what events/activities are being held, who is being targeted etc)

4. How easy or hard do you think it is to recruit men into the program? What sort of things encourage men to participate in the program? In your view, what, if anything, could be done to encourage more men to participate in the program?

5. How have men responded to the program (prompt: interest, attendance, attrition)? What about the community – what does the community think about the program? Why do you say this?

6. How, if at all, has the community been engaged in the SFSF program (prompt: in developing/designing SFSF activities, implementing SFSF activities)? In what ways could this be done better?

7. How effective is your partnership with [organisation] and the SFSF program? In what ways could your partnership could be improved?

8. What would you identify as the key outputs or achievements to date?

9. What outcomes has the program delivered or do you expect the program will deliver to individuals, families and/or communities? What suggestions do you have on how you might measure these outcomes?

10. What have been the key factors that have helped or been a barrier to implementing the program?

11. Looking forward, to what extent can the program continue to operate in the community? What, if anything, would the program need to continue to operate?
a. What kind of interest is generated among the men in the community about the SFSF activities? How do the men in the community respond to the idea of SFSF?

b. What levels of support is there in the community for SFSF?

c. What, if anything, would make the program work better?

12. Are there any other comments you would like to make?
QUESTION GUIDE FOR KEY COMMUNITY STAKEHOLDERS

Hi, my name is XXXX and I am from Urbis, a social research company.

We have been asked by the Federal Government to look into how the Strong Fathers Strong Families (SFSF) program works.

To do this, we will be reading reports, talking to people in government and in local services, and also people working in the SFSF program across Australia.

Thank you for making the time to speak with me today. The sorts of things we will talk about are how the SFSF program is working, what people think of the SFSF, and what kind of things have happened because of the SFSF program.

We are not deciding how well the [organisation] is running the program. Our job is to let the government know the different ways in which the program is working across the country.

What you say to me today will be private. We won’t be naming you in our report unless we have your permission first.

Do you have any questions before we start?

1. Can you tell me a little bit about you and your involvement you have had with the SFSF program?

2. What are your general thoughts on the program? What do you think about the activities being held? How does the SFSF reach out to the men in the community?

3. How easy or hard do you think it is to get men to join the program? What sorts of things encourage men to participate in the program? What else could be done to encourage more men to participate in the program?

4. How have men responded to the program (prompt: interest, attendance, attrition)? What about the community – what does the community think about the program? Why do you say this?

5. How, if at all, has the community got involved in the SFSF program (prompt: in developing/designing SFSF activities, implementing SFSF activities)? How could this be done better?

6. How are you involved with [organisation] and the SFSF program? In what ways could your involvement as a community leader be better?

7. What barriers or challenges have there been to getting the SFSF program up and running in the community? If so, what are they?

8. What have been the key factors that have helped or been a barrier to implementing the program?

9. What difference has the SFSF program made (prompt: to fathers, other males, the community more generally)

SUSTAINABILITY

10. Looking forward, to what extent can the program continue to operate in the community?

   a. Are there enough men in the community who want to participate in SFSF activities/events?

   b. Is there sufficient support in the community for the program?
c. What, if anything, would make it operate better?

11. Are there any other comments you would like to make?

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