



The emotional health needs of males living in Surf Coast Shire: analysis and service model

ACKNOWLEDGEMENTS

This project could not have delivered without the willingness of local service providers to take time to discuss their concerns about working with local men and to share their knowledge and wisdom about the Surf Coast Shire. Their energy and commitment is greatly appreciated. It is hoped that these early discussions will form the basis of strong working partnerships with Bethany and the community over time.

A list of all people consulted is attached to this report.

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Executive Summary

OVERVIEW

Bethany Community Support provides a broad range of services to families and individuals. These include family counselling, services to support women and children where violence has been a concern, homeless services, including supported housing programs, disability services, family relationships programs, including specific support programs for men, a children's contact service to support contact between non-custodial parents and their children, gambling support services and crime victim services.

Bethany aims to work for change with families by:

- Strengthening individuals and families to create safe and supportive communities;
- Delivering innovative support services to the community;
- Cooperating and working in partnership with government and community organisations; and
- Raising public awareness of the extent and impact of social policies on families.

It has become evident through working with men in its specific programs, that there is a growing need for services in the Surf Coast Shire. Bethany plans to expand its services to meet this perceived growth of the needs of men living in this municipality. To support this, there is a need to understand the nature of the issues and concerns facing men living in the Surf Coast Shire, with a particular focus on those in the Torquay area, where the highest growth in the municipality is anticipated. The Torquay area includes Torquay, Jan Juc, Bellbrae and Bell's Beach.

This project was commissioned by Bethany to identify, and, where possible, quantify the emotional health needs of males living in the municipality and recommend how Bethany can best address these.

UNDERSTANDING THE EMOTIONAL HEALTH AND WELLBEING OF MEN

To understand the emotional health needs of men in the Torquay area, it is important to define "emotional health" and to understand the factors which determine health and wellbeing. The profile of men in the Torquay area is underpinned by a broad definition of health and wellbeing and the influencing factors (the "determinants of health"). Essentially, the factors which determine health and wellbeing fall into five main categories:

- Social and economic environment;
- Physical environment;
- Health services;
- Personal health practices; and
- Individual capacity and coping skills.

Each of the determinants of health impacts differently upon men and women, and is related to power relationships in society, the nature of employment and work and the roles which men and women typically undertake.

There is clear evidence to support the importance of focusing on men's mental and emotional health and wellbeing. Regardless of the socio-political framework which

underpins the research, there is compelling evidence that the physical and emotional health of men is poorer than it is for women. There are also important indicators that an emphasis on supporting men in their parenting role, particularly with respect to their relationships with their sons, and their relationships generally, are critical to enhancing and improving the health and wellbeing outcomes for men.

UNDERSTANDING MEN IN THE TORQUAY AREA

Population Profile

The populations in the Torquay, Bellbrae, Bells Beach and Jan Juc are growing rapidly with over 5,000 new houses expected over the next ten years and an estimated growth of approximately 15,000 people. The majority of this development will be in Torquay, with several new housing developments planned for the town. As a consequence of this development, an increasing number of families are moving to live in the area, with higher proportions of children living in Torquay than the whole of the Shire and the Melbourne Statistical Division.

Other aspects of the community include:

- In 2001, there were relatively high employment levels and service providers have reported that unemployment appears to be increasing;
- Income levels are relatively high compared to the whole of the Shire and the G21¹ area;
- Depression and suicide are significant contributors to the Burden of Disease for men in the Shire – greater than for the Barwon South West Region;
- There was strong agreement amongst people consulted that the town is comprised of several different sub-groups, each bringing different values to the area and operating quite independently from each other. These included:
 - ❖ Older established community which has lived in the area for many years. Many of these residents moved to the area for the surfing;
 - ❖ Older people who have moved to the area in the past ten to 15 years and are now becoming more frail;
 - ❖ New retirees who tend to be fit, healthy and have made a lifestyle decision to move to the area;
 - ❖ Residents of the new housing estates who have also moved to the area for the lifestyle, have young children, high mortgages and are relatively affluent;
 - ❖ A high number of holiday makers who have limited commitment to the ongoing sustainability of the local community;
 - ❖ Long-term residents who value the rural nature of the community; and
 - ❖ The surfing community which is essentially focussed on itself and has a reputation for being alternative.
- The community generally is changing rapidly with the new developments. The longer term residents can be resentful of the newer residents. At the same time, it is difficult for the newer residents, particularly men, who are often working long hours in Melbourne and commuting daily, to establish themselves in the community;
- Service providers reported high numbers of single parents – this was not evident in the 2001 ABS Census Data;

¹ G21 planning area covers the City of Greater Geelong, the Borough of Queenscliffe, Surf Coast Shire, Golden Plains Shire and Colac-Otways Shire.

- Despite the relative affluence, service providers reported that an increasing number of people are struggling financially, particularly with increasing interest rates; and
- The football club is a strong focus in the community, but is associated with high levels of alcohol use and abuse. The recent appointment of new coach was seen to be positive, signalling the possibility that a more family-friendly oriented and community-focused approach may emerge at the club.

Emotional Needs

Several key themes about the needs of males in the area, which were consistent with national and international research, emerged in the consultations. These included:

- *High levels of alcohol and other drug use:* the surf culture and the football club have a strong presence in the area and both are associated with high levels of alcohol and other drug use. Violence associated with alcohol use was identified as a problem;
- *High levels of family violence:* this is often associated with alcohol use;
- *Grief, loss associated with loss of relationships:* for older men, this loss is associated with the loss of a long-term partner. For other men, separation and relationship breakdown was the primary concern;
- *Fathering:* many men are reportedly struggling to maintain positive relationships with their children after separation. There was also a strong indicator that many men are having difficulty with parenting generally.
- *Stress associated with financial commitments:* Many families have very high mortgages due to the high cost of property in the area. There are high levels of poverty – families unable to manage the cost of daily living due to their mortgage repayments;
- *Family/work balance is hard to achieve for men:* many men commute to Melbourne for work, which involves long distances and time in travel. This means they often have little time at home, which in turn, places stress on mothers who are left alone with the children for long periods. This also means that couples have little time together;
- *Isolation:* new residents, who have moved to the area from Melbourne, often do not have the support of friends and family and find it difficult to establish new contacts in the area.

The nature of surfing, an individually-focused activity, contributes to the social isolation of many men.

CHALLENGES OF WORKING IN THE TORQUAY AREA

The challenges have been identified in the literature and through Bethany's own experience of working with men, as well as issues identified by service providers:

1. *Engaging with men:* feedback from service providers indicates that it difficult to engage with men in the area. This is, in part, a time factor – the pressures of commuting take men away from home for long periods - but it also the nature of the community, with men who are in well-paid, professional positions, not well linked to the community although linked to the surfing culture, which can be isolating. This requires flexibility in approach, innovation and creativity in engagement strategies. While strategies to engage with men in organisations and other environments where they already meet are critical, there appears to be a cohort of men in the area who are not engaged in the local area at all.
2. *Developing trust, credibility and a profile in a new environment:* working in Surf Coast is new for Bethany. As an organisation, it needs to develop a profile, credibility and trust, not only with community members and residents, but also with other service providers.

3. *Developing working partnerships with the community and other service providers:* Bethany is presented with new partnering opportunities. Service providers have indicated a willingness to work together. However, it will take time to develop working relationships with other providers.
4. *Lack of services:* there are few services in the area. This means that demand will inevitably be high and it will be an ongoing challenge not to be overwhelmed. Mechanisms to support staff will be particularly important.
5. *Balancing the need for individual work and community capacity building:* the need to build community capacity will be important, as there will never be sufficient resources to meet the intensity of the need in a growing community. Developing clear goals and anticipated outcomes will be important to remaining focussed.
6. *A developing community:* service providers have identified that, while some sub-groups in the area are strong, there are several communities in the area which are not well connected and need support to develop their strengths. Working with such communities to build resilience and capacity will be important.

DEVELOPING A MODEL FOR WORKING WITH MEN IN THE TORQUAY AREA

The model has been developed in response to the identified needs of men and examination of the research into the elements of the most successful approaches to working with men. The research indicates that the model for service delivery for working with men needs to include:

- Recruiting skilled workers with a diverse range of skills and experience;
- Developing clear goals and strategies – a clear focus for the program;
- Developing a range of approaches, with flexible models of delivery;
- Acknowledging and respecting diversity within the community and differences between men;
- Developing approaches for personal contact with men;
- Using existing services to build partnerships for service delivery;
- Using non-traditional ways of engaging with and providing services;
- Using men's interest and commitment to their families and interest in their own health to provide information and to engage with them;
- Build on the community strengths and existing networks; and
- Use activity-focussed strategies.

There was strong support from local service providers for Bethany to develop a flexible, community-building approach to working with men in the area. This would provide a strong base for establishing credibility as an organisation and engaging with the local community. This would involve:

- Developing strong partnerships with existing services. This includes the non-traditional community-based agencies, such as the CFA;
- Locating services in non-traditional places;
- Using the identified interests of men as a starting point. This includes fathering groups and health information;
- Developing and working with volunteers and using peer education as a strategy;
- Developing relationships with the local football club, a key focal point in the community;

- Beginning with a universal framework – fathering courses, health screening and information, engaging with men through schools and social activities; and
- Exploring information and education programs with schools.

The target group has been defined as men who have dependent children.

Consultation with service providers on the draft report indicated the following:

1. Employ a male worker(s), based in Torquay
2. Develop an agency-based Steering Group for the service
3. Develop a leadership group – Men’s Reference Committee, comprised of local men who are highly respected in the community and regarded as leaders, such as the CFA captain
4. Pursue option of locating the worker at Spring Creek Community House
5. Seek Equal Opportunity law exemption – employ a male
6. Develop a service which is able to take a community development approach as well as provide one-on-one counselling and group work skills. This may require employing more than one worker.

The outcomes of this workshop, conducted in February 2007 are attached as an appendix to the report.

RECOMMENDATIONS

Recommendation One

That Bethany builds on its own practice knowledge and experience and the evidence of successful programs in working with males to inform the model of service delivery.

Recommendation Two

That the service model developed by Bethany in the Torquay area targets men with dependent children and is comprised of the following components:

- Prevention and early intervention approach to strengthening relationships;
- Community development approach;
- Strong partnerships with local service providers;
- Strong partnerships with the local community;
- Use of universal services as points of engagement with men;
- A range of service responses, including fathering education, support for men in developing strong relationships with their children and opportunities for community engagement; and
- Consideration of specialist counselling services once the program has established and additional resources are available.

1 Background

1.1 Overview of Bethany Community Support

Bethany Community Support Inc. was established in 1868, initially as the Geelong Female Refuge, providing refuge and rehabilitation to the poor women of Geelong. As political, social and economic trends changed over the past 137 years, so too did the needs of the community. Over the years, Bethany has responded to those changes and has provided services that have included: a babies' home, an adoption agency, a mothercraft training centre, a kindergarten and day care services.

Today, Bethany Community Support is a dynamic and diverse human services organisation which services over 200,000 people living in Geelong and the surrounding districts. Bethany is an independent voluntary organisation with no political or religious affiliation.

Bethany provides a broad range of services to families and individuals. These include family counselling, services to support women and children where violence has been a concern, homeless services, including supported housing programs, disability services, family relationships programs, including specific support programs for men, a children's contact service to support contact between non-custodial parents and their children, gambling support services and crime victim services.

Bethany aims to work with families for change by:

- Strengthening individuals and families to create safe and supportive communities;
- Delivering innovative support services to the community;
- Cooperating and working in partnership with government and community organisations; and
- Raising public awareness of the extent and impact of social policies on families.

It has become evident through working with men in the *Men and Family Relationships* program, that there is a growing need for services in the Surf Coast Shire. This municipality, which includes Torquay, Anglesea, Lorne, Airey's Inlet, Winchelsea, Moriac and Deans Marsh, is one of the fastest growing regional municipalities in Victoria.

Bethany plans to expand its services to meet this perceived growth in the needs of men living in this municipality. To support this, there is a need to understand the nature of the issues and concerns facing men living in the Surf Coast Shire. This project will focus on identifying and, where possible, quantifying the emotional health needs of males living in the municipality and recommending how Bethany can best address these.

1.2 Aim of the Project

To identify the emotional health needs of males living in Surf Coast Shire.

1.3 Project Methodology

The project gathered and analysed a range of information and resources in relation to services for men, focusing on Surf Coast Shire. This included:

- Examining the current policy context for the delivery of services;

- Understanding the profile of males who live within Surf Coast Shire and the nature of the communities;
- Assessing the availability of services for males in the area;
- Consulting with service providers;
- Examining the literature regarding the most effective ways to engage and work with men;
- Exploring the potential partnerships for service delivery which Bethany could pursue within the Shire; and
- Presenting options for service delivery, based on the profile of the community, the identified service requirements and the most effective models of service delivery.

It was also intended to consult widely with men who live in the Shire. However, a decision was taken to not undertake such a consultation at this stage. It is difficult to engage with men – hence the intention of Bethany to establish services within the area. Given the short-term and exploratory nature of this project, it was decided that it was inappropriate to embark on this strategy at this stage.

Initially, the focus of the project was the whole of Surf Coast Shire. However, throughout the consultation and analysis of the data, it quickly became clear that this was too great an expectation for the resources available for the project. The high growth in the Torquay, Bellbrae-Bells Beach-Jan Juc areas and the differences between the towns in the Shire meant that a variety of approaches to service delivery would be required. Consequently, a decision was made, in consultation with Bethany, to limit the focus to Torquay and Bellbrae-Bells Beach-Jan Juc. Hence, the data and information, where available, presented in this report focuses on these towns.

1.4 Overview of the Funding Program

This project sets the parameters, goals, objectives and anticipated outcomes for the funding which Bethany has received from the Federal Government under the *Men and Family Relationships* program.

The *Men and Family Relationships* program aims to assist men deal with emotional issues around relationships, so that they can manage a range of relationship difficulties and enhance or re-establish positive relationships. This program, which has been operating since 1998, is part of the Australian Government's *Partnership Against Domestic Violence* strategy and was developed in recognition that men have particular needs when seeking help with relationship problems.

Many of services which have been established throughout the life of the program are generalist services, offering counselling, relationship education and parenting skills programs, but are also designed to take men's particular help-seeking and problem solving strategies into account. (Department of Families, Community Services and Indigenous Affairs, 2006).

Bethany has provided a range of services for men, funded through this program, from its premises in Geelong for the past five years. These include:

- Community involvement to raise awareness about issues impacting on men and family relationships;
- Education and support of men, using group work and the development of appropriate resource materials; and

- Counselling for individual men and, where appropriate, other family members.

It is intended that this additional funding will be integrated with the existing program.

2 Understanding Men's Emotional Health Needs

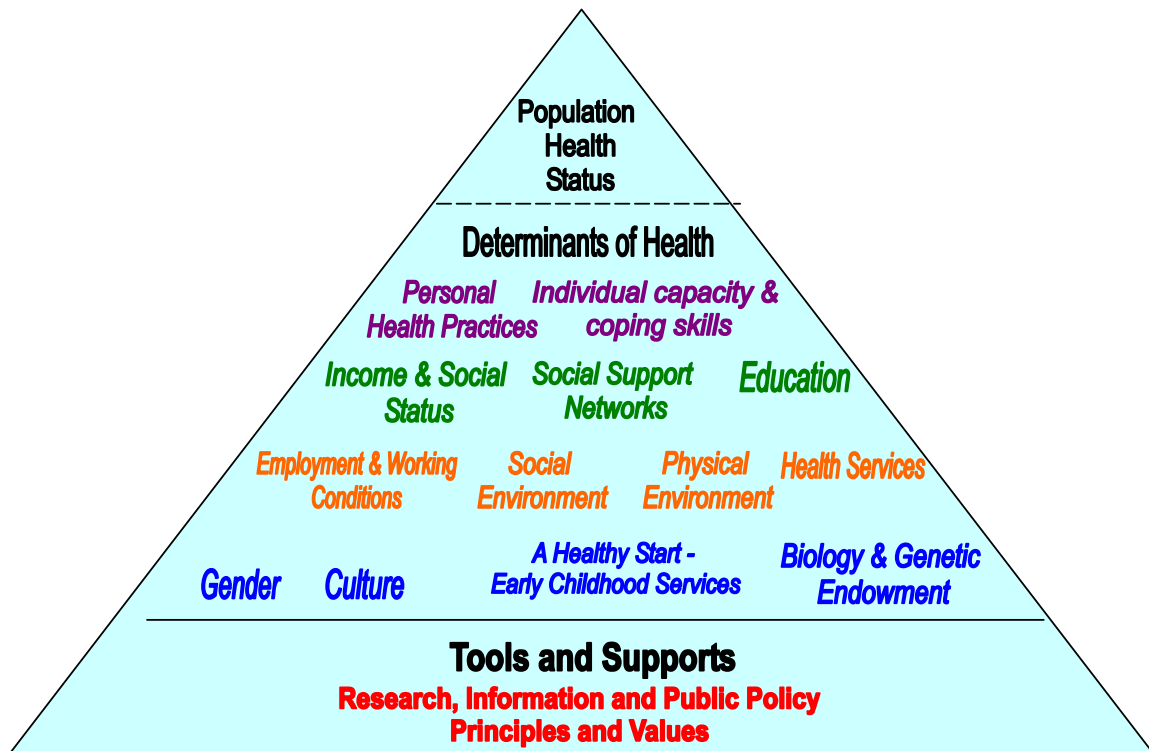
2.1 What makes communities and individuals healthy?

A number of factors influence the health of individuals and communities. These are the “determinants of health”. These factors are many and complex and the interaction of the factors is critical. These factors can be described as protective – those which have a positive affect on health and wellbeing - and risk factors - those which can have an adverse affect on health and wellbeing. Broadly, the determinants of health fall into five main categories:

- Social and economic environment;
- Physical environment;
- Health services;
- Personal health practices; and
- Individual capacity and coping skills.

This is illustrated simply in Figure 1.

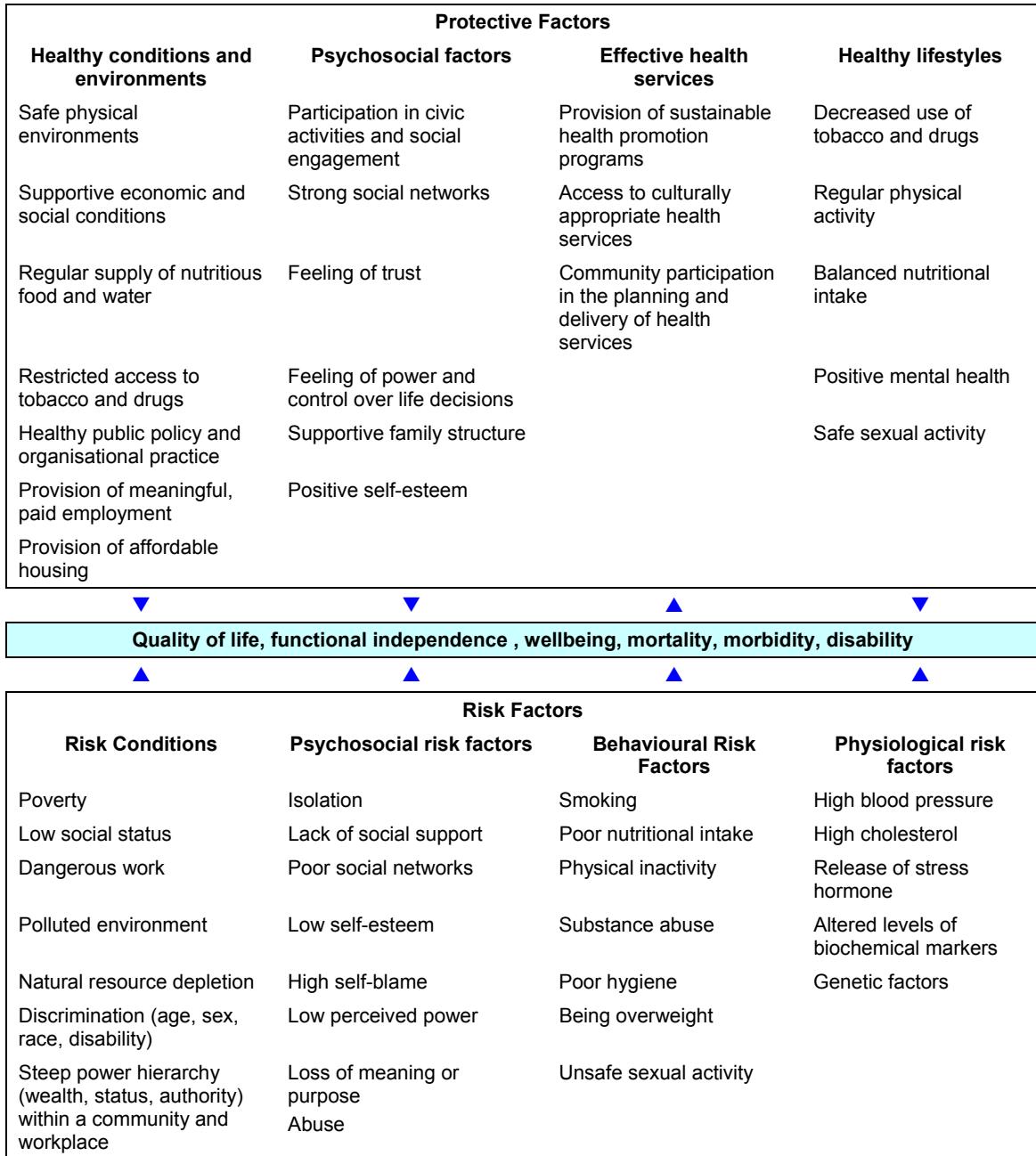
Figure 1: Determinants of Health



Source: Adapted from Federal/Provincial/Territorial Minister of Health, Canada, 1994:36

Figure 2 shows the relationship between the protective and risk factors and health and social outcomes – the factors which enhance or inhibit the health of individuals and communities.

Figure 2: Factors affecting health and wellbeing



Source: Department of Human Services, 2003

This story demonstrates the complex set of factors or conditions that determine the level of health of every person (Health Canada, 1996).

“Why is Jason in the hospital?
 Because he has a bad infection in his leg.
 But why does he have an infection?
 Because he has a cut on his leg and it got infected.
 But why does he have a cut on his leg?
 Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.
 But why was he playing in a junk yard?
 Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.
 But why does he live in that neighbourhood?
 Because his parents can’t afford a nicer place to live.
 But why can’t his parents afford a nicer place to live?
 Because his Dad is unemployed and his Mum is sick.
 But why is his Dad unemployed?
 Because he doesn’t have much education and he can’t find a job.
 But why ...?”

Source: Federal/Provincial/Territorial Minister of Health, Canada, 1994

2.2 Defining “Emotional Health”

So, how does this help us to understand “emotional health” of men? The World Health Organisation (WHO) Constitution defines health within the context of the range of factors which influence health - the Social Model of Health:

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1994).

Focussing on emotional health is an important aspect of enhancing overall wellbeing:

Mental health and emotional well-being are defined as successful mental activities that allow people to be productive, develop fulfilling relationships, adapt to change and cope with challenges.” (Northeast Health System, www.nhshealth.org)

NSW Health has drawn these elements of understanding health in a holistic sense, to define a men’s health issue as:

“... any issue, condition or determinant that affects the quality of life of men and/or for which different responses are required in order for men (and boys) to experience optimal social, emotional and physical health” (NSW Health 1999:1)

Gender has been accepted as a significant determinant of health for some time, particularly in relation to women. More recently, this has grown to include men and the impacts that masculinities and related factors have had on men’s health (NSW Health, 1999:1). Genetic, hormonal and metabolic influences play a part in shaping distinctive male and female health outcomes, together with social and environmental factors (Australian Medical Association [AMA], 2006).

Each of the determinants of health impacts differently upon men and women, and is related to power relationships in society, the nature of employment and work and the roles which men and women typically undertake. For many researchers, understanding men's responses to addressing health concerns, including emotional health issues, lies in understanding the social structure of masculinities – acknowledging that how men react and respond to themselves, their own health and their emotional needs, including their relationships, is a consequence of patriarchal structures within society (Pease, 1997, Meryn and Jadad, 2001, French, 2003, Connell, 2004). This, critically, is related to the changing position, roles and functions of women in our communities, a consequence of the women's movement in the 1970s.

The changing economic and cultural position of women has set up profound changes and disturbances in gender relations, which have gradually had more and more impact on the lives of men. (Connell, 2004:1)

These differences are reflected in the health status of men compared to women. Despite having most of the determinants of health in their favour, men have higher mortality rates and live for less time than women, although in Victoria, this gap is clearly decreasing (Meryn and Jadad, 2001, Department of Human Services Victoria, 2005). There is also clear evidence that psycho-social conditions have a greater debilitating effect on men than on women. This is reflected in the impact of alcohol abuse and the high suicide rates, with men accounting for four out of five suicides in Australia (Suicide Prevention Australia, Mensline Australia and Crisis Support Services, 2006).

TEN KEY MESSAGES ON THE SOCIAL DETERMINANTS OF HEALTH

1. Health policy (and activity) cannot be confined to the health system, but must run across the social and economic determinants of health.
2. Stress harms health, and as such should be minimised.
3. A good start in life lasts a lifetime, so young children and parents should be supported.
4. Social exclusion and poverty create misery and cost lives.
5. Stress in the workplace creates disease: this especially refers to the stress felt by those lower in the workplace hierarchy who feel a lack of workplace control.
6. Job security increases health, wellbeing and satisfaction.
7. Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.
8. Individuals turn to alcohol, drugs and tobacco and suffer from their use, which is itself influenced by the wider social setting.
9. Healthy food is a political issue.
10. Healthy transport means reducing driving and encouraging more walking and cycling, backed up by better public transport.

Source: Wilkinson and Marmot (eds), 1998, from NSW Health, 1999

2.3 Healthy Emotional Wellbeing

The National Men's Health Forum considered six aspects of life which are particularly significant in determining the mental and emotional wellbeing of men, identifying positive

aspects which can contribute to healthy emotional wellbeing. (Men’s Health Forum, 2006). Many of these aspects apply equally to men and women.

Table 1: Aspects of life which influence emotional wellbeing

	Risk factors	Factors which promote and protect positive mental wellbeing
Family	Socialisation of boys within the family is an important factor in creating “traditional” male attitudes.	A strong father/son relationship Stable, long term adult relationships
Financial circumstances	Function of a marker between comparative status in relation to other people.	Financial resources to adequately meet daily necessities.
Work	“Breadwinner” role a traditional male role” Lack of job satisfaction Work-related stress Pressure to work long hours Unemployment	Comfortable with a work-life balance Satisfaction at work
School	Bullying	Positive social relationships
Community and friends	Lack of sense of connectedness to the community	Connectedness to the community Engaged in social network and community activities
Health	Chronic illness	Healthy lifestyle Physical activity

2.4 Men and Relationships

The research supports the notion that men and women experience the same emotions, but what is different is typically their expression (Kennard, 2006). It is often a well-accepted fact in human service practice, now supported by research, that emotional and mental well being and development, and the gender differences that result, are complex and influenced by a multitude of inter-related factors. These include socialisation – the values and attitudes within families towards boys and girls, biology and personality as well as cultural and social factors (Men’s Health Forum, 2006).

The evidence also indicates that where fathers are more actively engaged in supporting and nurturing their sons, there is an increased likelihood that these boys will grow up to enjoy a happy and rewarding life. Furthermore, studies of adolescent boys who have a strong paternal bond are less likely to be involved in petty crime and have higher educational achievement, which in turn, is correlated with a greater likelihood of enjoying positive mental health (Men’s Health Forum, 2006:4).

Other research has demonstrated the positive impact and/or the importance of father’s involvement with their sons:

- A large scale study of fathers who suffered depression in the post-natal period found a clear link with adverse emotional outcomes in children of both sexes at age three and half, and noted a “striking” association with behavioural problems specifically in sons, an outcome that has not been consistently observed in studies of postnatal depression in mothers (Men’s Health Forum, 2006:5, quoting Ramchandani, 2005);

- Children tend to display less gender-stereotypical behaviour where fathers had greater involvement with their children; and
- Where separated fathers who do not live with their children maintain a strong commitment to the welfare of their children, the children tend to be more settled and better adjusted².

Research has also demonstrated that stable, long-term relationships for men are the most important factor for positive mental and physical health in men and that divorce and separation are powerful contributors to depression and ill health for men (Men's Health Forum, 2006).

Through discussions with men from a range of cultural and ethnic backgrounds in Melbourne, VicHealth and Hayes (2001) identified six key themes which influence men's physical and mental health and wellbeing. These were:

- Men are concerned about their health and are willing to talk with others about their health concerns in safe, facilitated environments;
- Positive mental health is the primary concern for most men;
- Work is a significant influence on men's health;
- Relationships and informal social support are significant for men's health;
- Personal attitudes toward health and self are important; and
- Men hold mixed attitudes to health promotion and health services.

At the same time, men seek assistance less often than women. This is linked to cultural patterns of behaviour and social pressures – men often get the message from early childhood that they must always appear to be strong and that asking for help is a sign of inadequacy. It is much more culturally and socially acceptable for women to seek support and assistance from friends with relationship and emotional difficulties than it is for men. Typically, while men may have friends at work or through sport, these are not necessarily the kinds of relationships in which men feel safe to confide (NSW Multicultural Health Communication Service, 1999).

However, the experience of service providers is not that men do not want to seek help. Mensline Australia received more than 400,000 calls in the first four years of its operation (Mensline Australia, 2006). It is often the approach and response of health and community organisations to men that impact upon whether men seek assistance in a timely manner. Organisations are more focussed on approaches that target women rather than men (AMA, 2006, Meryn and Steiner, 2002). This maybe a reflection of the fact that human services' organisations are dominated by female staff, together with models of practice and interventions that have developed through working with primarily with females.

2.5 Implications for Bethany

There is clear evidence to support the importance of focusing on men's mental and emotional health and wellbeing. Regardless of the socio-political framework which underpins the research, there is compelling evidence that the physical and emotional health of men is poorer than it is for women. There are also important indicators that an emphasis on supporting men in their parenting role, particularly with respect to their relationship with their sons, and their relationships generally, are critical to enhancing and improving the health and wellbeing outcomes for men.

² Research referred to in this section is cited from Men's Forum Health, 2006.

3 Responding to Men's Emotional Needs – Policy and Service Responses

3.1 Policy Overview

While a focus on men and gender differences have been articulated, primarily by women, since the women's movement of the 1960s and 1970s, the need for gender-specific approaches to men's health and wellbeing and related policy and practice has only recently received increased attention, a consequence of the epidemiological data which indicate that the health outcomes for men are clearly worse than for women. This is the case across the English-speaking world, including in Australia.

Australia has been a leader in the world in establishing policy and service responses to addressing the health and wellbeing of men, primarily in NSW and at a Federal level. In Victoria, there is also growing awareness of the need to develop specific service responses to address men's health, with the development of a Strategic Framework for planning within several regions and a growing network of services for men.

The Federal Government approach to policy development has focussed on men and family relationships, with resources allocated to community-based agencies for services for men, the *Men and Family Relationships* program, as part of the *Partnerships Against Domestic Violence* initiative (see Section 1.4 for a description). This has seen the development of a range of innovative services, in response to local community profiles and concerns, across Australia.

Review of these programs, evaluation of individual projects and programs and ongoing national forums on men's health are producing a growing evidence-base of effective models of engaging and working with men in the Australia context. This evidence is used to inform options for service development within Surf Coast Shire and is outlined in this section. As King (2005) indicated, over the life of *Men and Family Relationships* program, the question has changed from asking if men are interested in accessing family relationship and parenting services, to how organisation can best cater for men's needs.

It is now recognised that many men identify fathering as something which is active, challenging, irreplaceable, hard work and a central part of their life, regardless of their family situation.” (King, 2005:2)

3.2 Challenges of Working with Men

There are a number of key challenges in working with men, which emerge from understanding men's emotional needs and provide a framework for developing effective ways of engaging and working with them (King 2005). These include:

- Men often only ask for help only after a crisis has occurred, including once separation from family and relationships has occurred or a health problem has been identified;
- Promotion of men and family relationships requires a much more positive approach – the word “counselling” is frequently viewed by men as a punitive response for workplace misdemeanours;
- Engagement with men requires flexible and innovative approaches. While these approaches are developing and are supported through current funding models, secure, recurrent, ongoing funding is necessary to continue this work; and

- The structure of support programs, with business hours often being the usual times of operation of services, inhibits access to services for men. This is exacerbated by the inflexibility of the Australian workplace.

3.3 Successful Practice in Working with Men

3.3.1 Key elements

King (2005) reported that the West Australian review of Family and Parent Support Services conducted in 1999 identified that best practice for working with men involves:

- Local determination regarding the manner in which services are delivered;
- The inclusion of men in all aspects of service delivery;
- Flexible, solution-focused services which provide information;
- Effective local coordination;
- The development of local men's resource centres; and
- Encouragement and training of volunteers, particularly men.

These factors are evident in other research which relate to engaging with men, not only with respect to promoting positive relationships but also within education. Research into ways to engage men into adult learning programs in Victoria concluded that the following were critical to engaging with men:

- Personal contact;
- Building relationships with local groups, such as local football clubs in which men participate;
- Providing information in forums, such as breakfasts and barbeques, where food and informal contact were the focus;
- Providing services and disseminating information in ordinary community settings; and
- Developing partnerships with other providers (ACE Circle of Professional Research Practice, 2006).

These approaches apply equally to men as to women, and more precisely, to all groups in the community who are difficult to engage.

3.3.2 Approaches to engaging with men

The following approaches are supported by the evaluation of the *Men and Relationship* program. O'Brien and Rich (2002) concluded that the success of the services was associated with:

- Specialised services which were clearly identified as men's services – many perceived the "family services" offered by agencies as being primarily geared towards the needs of women and children;
- Using a variety of non-threatening venues;
- Going to where men are located, rather than expecting men to come to the service;
- Providing services outside of the standard business hours, such as at weekends; and
- Ensuring on-site premises are male-friendly, in terms of décor, reading material *etc.*

As Golding (2006) indicated:

..... it is important to meet men where they already are rather than trying to smoke them out.

O'Brien and Rich (2002) found that men's services, which operated through non-traditional entry points, outside of traditional counselling or group work models, and functioning in locations such as community and sporting clubs and recreational establishments, had strengths and provided options for men.

The evidence in relation to engaging positively and working with men is growing, with Bethany's own experience contributing to this. This includes:

- Recruiting skilled workers;
- Identifying goals and strategies with concrete solutions, using practical methods such as diagrams and written action plans and using male language in counselling services;
- Group work, using non-confrontive approaches and modelling assertive, non-aggressive behaviours to express emotions and develop solutions;
- Using a non-deficit approach, which does not condone inappropriate male behaviours, but supports and harnesses the positive motivations that can result in change;
- Men value learning from peers; and
- Men value relationships as a central feature of their life (O'Brien and Rich, 2002, Semmens, 2004 and King, 2005)

3.3.3 Key intervention points

As indicated in Section 2, men often only seek assistance at points of crisis. While this means that personal changes may not result in all desired outcomes, such as a long-term relationship being re-established, it is important to recognise that effective change can and does emerge at crisis points. O'Brien and Rich (2002) indicate that there appear to be quite specific stages in men's lives when they are most open to receiving information and skills development which will impact upon their family relationships. These include:

- Young school-aged men;
- New fathers;
- Men who have separated or are separating from their partners; and
- Men following their retirement.

3.3.4 Marketing

As with other programs and services, networking with other service providers was found to be a particularly successful way of marketing services for men. This includes linking and partnering with organisations and services which men are likely to use and participate in, e.g. sporting clubs, Business Associations, employment services (O'Brien and Rich, 2002, ACE Circle of Professional Research Practice, 2006).

Other successful strategies identified, include:

- Personal contact with men;
- Use of positive language in brochures, posters and other publicly available material;
- Endorsement of the service by well-known people or people holding key positions in the community;

- Using a variety of means to promote the services, including non-traditional methods, such as advertising on bar coasters;
- Using the internet, linking with established sites;
- Using male images and voices to promote the services; and
- Word-of-mouth in increasing awareness of the services.

3.4 Principles of Effective Practice

King (2005) identified eight principles for successful practice for working with men. These are:

1. *Importance of perceived equality:* promoting and developing openness and trust in the initial contact with the service and reducing the power differential between staff and users. Actively involving men in the development of the service and ongoing input into service development can assist.
2. *Existence of 'window periods' where men access support:* ensuring that intake systems and information forms are easy to use and that the service is able to respond quickly to a request/approach by men for services.
3. *The need for fathering services to be distinguished from general parenting services:* using the word *fathers* or *men* in the title is important to giving the message of the relevance and inclusion of men in the program. King (2002) also found that when invited to attend special events by their children, men attended in large numbers.
4. *The value of personal recommendation about services:* This was found to be one the most critical ways to increase the profile of the service and to engage with men.
5. *The importance of flexible service delivery:* choice of type of service, e.g. group or individual, and level of intensity of involvement is important to engaging with men and maintaining their involvement.
6. *Client involvement in program development:* establishing a reference group of local men, who can provide feedback about program direction, market the service and be ambassadors, including personally recommending the service.
7. *Solution-focussed approach:* many men prefer solution-focussed activities to counselling sessions.
8. *Local area coordination:* local networks and support of staff working with men is important to provide opportunities to share experience, knowledge and increase the evidence base.

King (2005:9) emphasised the importance of understanding men's intuition and using this as a base for developing effective services.

This intuition is shown through:

- *Being conscious of the need for safety for themselves and others;*
- *Focussing on the lifelong wellbeing and care for family members;*
- *Supporting the notion of equality and mateship;*
- *Valuing role models and mentoring of others; and*
- *Quickly assessing the comfort level of new environments and whether these places will meet their particular needs.*

3.5 Successful Service Models

A number of services have been found to be particularly successful, if developed within the context of principles outlined in Section 3.4 (O'Brien and Rich, 2002, King, 2005). These include:

- *Men's sheds*: places where men can come together to work on practical projects and gain support from one another. These have been particularly successful when operated by community health services, with the program being used for health promotion and education and social support;
- Afternoon and evening programs, that involve activities and a shared meal, for fathers and children held in primary schools;
- Support groups for separated fathers on Sunday evenings after contact visits with children;
- Individual counselling sessions and support groups held outside of normal business hours;
- Men's health check-up evenings provided through sporting clubs, particularly in regional areas;
- Telephone counselling; and
- Programs accessed by new fathers before they leave hospital with their new baby.

3.6 A Community Development Approach

3.6.1 Defining community development

The process of developing and empowering communities is well established and has evolved over the years. The key elements of community development identified in the literature are:

- Focussing on building on existing community strengths to address community need;
- Working with the community to identify strengths;
- Identifying community resources to assist in community development;
- Utilising an inclusive approach; and
- Aiming to develop self-sustaining community groups (Ollett, 2004:2).

Participating in social and civic activities, such as sporting clubs, community group meetings and neighbourhood activities, builds social capital, which is critical to the health, wealth and wellbeing of populations, which, in turn, leads to improved health outcomes. A focus on social capital supports a balance between strategies that address behaviour and those that focus on the settings in which people live, work and play. Community development is the process of developing social capital. It is a process that emphasises the importance of working with people as they define their own goals, mobilise resources and develop action plans for addressing problems that they have identified collectively (Department of Human Services, 2003:24, 25).

3.6.2 Using a community development in working with men

The *Men and Family Relationships* program has encouraged and supported community development approaches to working with men, within an innovations framework. This approach has been encouraged, particularly within communities where few services have previously existed (Ollett, 2005).

A community development approach, which is supported by the body of evidence, is consistent with the elements of effective practice in working with men. It encourages active participation of men in program development, promotes innovation and locally-based solutions, builds on the strengths and capacity of local communities and develops community networks and partnerships. Importantly, a community development approach is a means for people to take greater control over their lives and their environments, something which has been highlighted as critical for the delivery of effective men's programs.

3.7 Implications

The literature provides important evidence regarding the most effective ways of working with men. While much of this is "common sense", it is important to note that the approaches outlined here confirm Bethany's own extensive experience of working with men for over five years. It also provides a documented framework for moving forward.

Consideration of a community development model for working in Torquay may be the most effective means to engage with the community and with men in particular. This is explored in more detail in Section 6. The greatest challenge for Bethany is one which is not stated in this literature – it is developing a service and profile as an organisation in an area where Bethany has not previously worked.

4 Characteristics of Men in Surf Coast Shire – Quantitative Data

4.1 Population

Figure 3: Map of Surf Coast Shire



Source: Surf Coast Shire

Surf Coast Shire is located in south western Victoria, between 10 and 60 kilometres south-west of Geelong. In 2001, the total population of the municipality was estimated at 20,872. It is expected to increase by over 11,300 people to 32,209 by 2016, at an average annual growth rate of 2.93%. This is based on an increase of around 5,400 households during the period, with the average number of people per household falling from 2.58 to 2.38 (Shire of Surf Coast).

Table 2: Population Forecast, 2001 – 2016, Surf Coast Shire

	Forecast Year		Number Increased	Average Annual Change (%)
	2001	2016		
Anglesea	2,443	3,077	634	1.55
Jan Juc-Bellbrae-Bells Beach	4,186	4,566	380	0.58
Lorne-Aireys Inlet-Deans Marsh	2,993	3,941	948	1.85
Moriac- Rural East	2,402	3,139	737	1.80
Torquay	6,299	14,116	7,817	5.53
Winchelsea- Rural West	2,550	3,371	821	1.88
Total Surf Coast Shire	20,872	32,209	11,337	2.93

Source: Surf Coast Shire, ID Consulting

All areas of the Shire are expected to grow, with Torquay increasing the most, according to the anticipated residential development. The growth is based on building approvals, which has lagged by 12 months from 2001 to 2004. From 2004 onwards:

- Torquay had an additional 5,000 dwellings;
- Lorne-Aireys Inlet-Deans Marsh had an additional 900 dwellings;
- Winchelsea-Rural West had an additional 500 dwellings;
- Moriac-Rural East had an additional 400 dwellings;
- Anglesea had an additional 280 dwellings; and
- Jan Juc-Bellbrae-Bells Beach - additional 230 dwellings (ID Consulting, 2003)

In the Torquay and Jan Juc-Bellbrae-Bells Beach area, an additional 5,230 dwellings are anticipated to be constructed from 2004 to 2016.

Table 3 shows the gender and age mix of the population at the time of the 2001 census. Data from the 2006 census is likely to be available in June 2007; consideration of these new data will be necessary. The data are compared to Melbourne Statistical Division (MSD), the area covering metropolitan Melbourne and the G21 Region Alliance, the planning area which covers the City of Greater Geelong, the Borough of Queenscliffe, Surf Coast Shire, Golden Plains Shire and Colac-Otways Shire.

In 2001, there were proportionately more males than females residing in the Jan Juc-Bellbrae-Bells Beach area, most likely a consequence of the surfing focus, with slightly more females than males in Torquay.

There were proportionately higher numbers of people born in Australia than the MSD. There were also very low numbers of people who identified themselves as Indigenous (38).

The population of Torquay and Jan Juc-Bellbrae-Bells Beach is younger than Surf Coast Shire as a whole, the MSD and G21, with higher proportions of children and young people (0 – 4 and 5 – 17 years) and higher proportions of adults in child-bearing age group of 18 - 64 years. The proportion of mature adults and senior citizens was equivalent in Torquay but lower in Jan Juc-Bellbrae-Bells Beach.

Table 3 Selected Population Characteristics, Surf Coast Shire, 2001

	Jan Juc Bellbrae Bells Beach		Torquay		Surf Coast Shire		G21 Region	MSD
	number	%	number	%	number	%	%	%
POPULATION								
Total	3,956	100.0%	5,785	100.0%	19,461	100.0%	100.0%	100.0%
Males	2,018	51.0%	2,843	49.1%	9,734	50.0%	49.0%	49.0%
Females	1,938	49.0%	2,942	50.9%	9,727	50.0%	51.0%	51.0%
Indigenous population	22	0.6%	16	0.3%	64	0.3%	0.6%	0.4%
Australian born	3,172	80.2%	4,772	82.5%	16,184	83.2%	80.6%	67.3%
Overseas born	414	10.5%	664	11.5%	2,045	10.5%	14.6%	29.3%

AGE STRUCTURE (years)								
0 to 4	330	8.3%	407	7.1%	1,395	7.2%	6.5%	6.9%
5 to 17	837	21.0%	1,165	20.4%	3,947	20.3%	19.1%	17.5%
18 to 64	2,555	64.0%	3,452	60.4%	11,785	60.6%	59.9%	64.0%
65 to 84	254	6.4%	606	10.6%	2,072	10.7%	12.8%	10.4%
85 years +	15	0.4%	89	1.6%	261	1.3%	1.7%	1.2%

Source: Surf Coast Shire, ID Consulting

4.2 Socio-economic Indicators

The following data provide a profile of Jan Juc-Bellbrae-Bells Beach (Jan Juc area) and Torquay compared with Surf Coast Shire at the time of the 2001 Census.

Table 3: Socio-economic indicators, Jan Juc-Bellbrae-Bells Beach and Torquay compared with Surf Coast Shire, 2001

Indicator	Characteristics of Surf Coast Shire
Born in non-English speaking country	Comparatively low ethnic diversity: <ul style="list-style-type: none"> Jan Juc-Bellbrae-Bells Beach: 3.3% Torquay: 4.3% Surf Coast: 4.1%
Only English spoken at home	<ul style="list-style-type: none"> Jan Juc-Bellbrae-Bells Beach: 88.0% Torquay: 90.6% Surf Coast: 91%
Recent arrivals (1996 and after)	Relatively low proportion of new arrivals: <ul style="list-style-type: none"> Jan Juc-Bellbrae-Bells Beach: 8.4% Torquay: 10.4% Surf Coast: 8.7%
Highest Qualification completed	<ul style="list-style-type: none"> Jan Juc-Bellbrae-Bells Beach had a higher proportion of people with a bachelor degree or higher and an advance diploma or diploma; Torquay had a similar profile to the Shire
Weekly Household Income	<ul style="list-style-type: none"> There was a higher proportion of households with incomes in the highest quartile in Jan Juc-Bellbrae-Bells Beach and Torquay than for Surf Coast Shire³. The proportion of households in the highest income quartile increased markedly for both Jan Juc-Bellbrae-Bells Beach and Torquay from 1996 to 2001
Employment (people 15+ years)	High levels of employment:

³ 1st quartile (lowest) - nil to \$19,656 2nd quartile (medium lowest) - \$19,657 to \$35,776
 3rd quartile (medium highest) - \$35,777 to \$61,308 4th quartile (highest) - \$61,308 and over

Indicator	Characteristics of Surf Coast Shire
	<ul style="list-style-type: none"> • Jan Juc-Bellbrae-Bells Beach: 94.8% • Torquay: 93.9% • Surf Coast: 94.3%
Place of Employment	<ul style="list-style-type: none"> • 43.1% of residents worked in Surf Coast Shire; • 69.7% of those working in the Shire lived in the Shire
Occupations	<p>Compared with Surf Coast Shire:</p> <ul style="list-style-type: none"> • Jan Juc - Bellbrae - Bells Beach had: <ul style="list-style-type: none"> ○ a higher share of professionals (+4.7%); ○ a lower share of associate professionals (-1.8%); ○ a lower share of labourers (-1.5%); • Torquay had: <ul style="list-style-type: none"> ○ a higher share of professionals (+2.3%); ○ a higher share of clerical, sales and service workers (+2.2%); ○ a lower share of tradespersons (-1.3%).
Disadvantage Index (SEIFA)	<ul style="list-style-type: none"> • Least disadvantaged of the five G21 municipalities • Significantly less disadvantaged than City of Greater Geelong

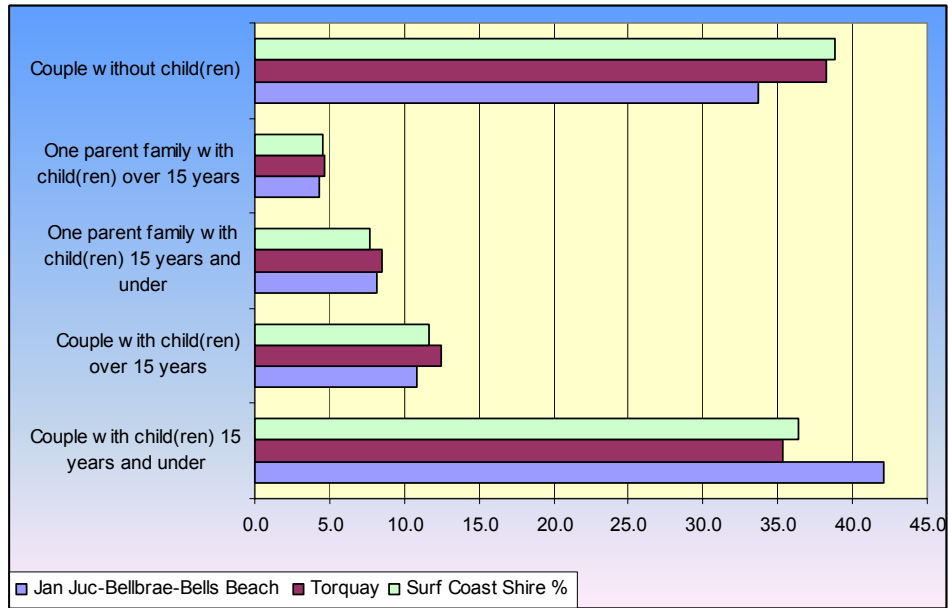
Source: Surf Coast Shire, ID Consulting

4.3 Household Composition

Figure 4 compares the composition of households and type of families of Jan Juc-Bellbrae-Bells Beach and Torquay with Surf Coast Shire (percentage - Census 2001). These data indicate:

- There was an equivalent proportion of family households in Jan Juc-Bellbrae-Bells Beach and Torquay compared with the Shire;
- There was a higher proportion of two-parent families with children under the age of 15 years living in Jan Juc-Bellbrae-Bells Beach than Torquay and the Shire;
- There was a higher proportion of two-parent families with children over the age of 15 years living in Torquay than in Jan Juc-Bellbrae-Bells Beach and the Shire;
- There was a higher proportion of single parent families in Torquay than in Jan Juc-Bellbrae-Bells Beach and the Shire;
- There was higher proportion of lone person households in Torquay than in Jan Juc-Bellbrae-Bells Beach and the Shire; and
- There was a higher proportion of group households in Jan Juc-Bellbrae-Bells Beach than Torquay and the Shire.

Figure 4: Household and Family Composition, Jan Juc-Bellbrae-Bells Beach and Torquay compared to Surf Coast Shire, 2001



Source: Surf Coast Shire, ID Consulting

4.4 Health Status

4.4.1 Definition

The *Victorian Burden of Disease Study, 2001* provides a comprehensive assessment of the health status of the Victorian population. It quantifies the contribution to the ‘burden of disease’ of mortality, disability, impairment, illness and injury arising from 176 diseases, injuries and risk factors in a single indicator, the Disability-Adjusted Life Year or DALY.

Basically, one DALY can be thought of as one year lost of ‘healthy’ life and is calculated as a combination of years of life lost (YLL) due to premature mortality and equivalent ‘healthy’ years of life lost due to disability (YLD). The burden of disease, therefore, is a measurement of the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. As such, it is an indication of the ‘unfinished’ health agenda identifying areas in which additional health gains can be made. (*Department of Human Services, 1999a*).

It is important to note that the study is only an estimate of the health status of people in a given region, such as Surf Coast Shire. It has been extrapolated through the use of mortality statistics, disease registers, as well as health surveys and hospital statistics. These portray the causes of ill health as a basis for the study of the burden of disease.

The profile aims to highlight characteristics and determinants of health, particularly the risk factors, diseases, disabilities, injuries and mortality rates that need to be considered when identifying the health priorities for Surf Coast Shire. These data are based on 2001 population census data.

4.4.2 Conditions contributing to Burden of Disease

For young men aged between 15 and 24 years and young men aged 25-34 years, the top three conditions which contributed to the burden of disease were the same for Surf Coast Shire, Barwon South West Region and Victoria as a whole. These were, in order:

- Mental disorders (depression);
- Unintentional injuries (road traffic accidents); and
- Intentional injuries (suicide).

For 35–44 year old men, depression and malignant cancers were the top two conditions for all three comparison areas. However, within Surf Coast and Barwon South West Region, suicide was the third top condition (for Victoria it was road traffic accidents).

Depression remained a significant contributor, being the third top condition for men aged 45–54 years.

After this age, diseases which are a consequence of lifestyle begin to have a significant impact, with cancer, cardiovascular disease and diabetes being the top three contributors to the Burden of Disease for men aged 55-64 years. This is also the case for older men – 65–74 years, with dementia becoming significant at this stage.

Table 5 compares depression and suicide within Surf Coast Shire for men as a proportion of all non-communicable diseases. These data show that suicide had an apparently significantly greater impact for men aged 15–34 years in the Shire when compared with Barwon South West and Victoria. Depression was also higher.

Table 4: DALY Comparison of Depression and Suicide as a proportion of Total Group II DALYs (non-communicable diseases)

AGE	DEPRESSION			SUICIDE		
	Surf Coast	Barwon	Victoria	Surf Coast	Barwon	Victoria
15-24	11.8	11.0	11.2	13.4	10.9	9.8
25-34	15.8	14.8	11.1	19.0	15.6	13.9
35-44	15.1	14.8	15.1	13.3	11.6	10.4
45-54	8.5	8.2	8.4	4.6	4.0	3.6

Source: Department of Human Services, 2006

The data are consistent with Australia-wide statistics, which indicate that suicide and depression are significant health issues for men.

4.5 Summary

- The populations in the Torquay, Bellbrae, Bells Beach and Jan Juc are growing rapidly with over 5,000 new houses expected over the next ten years. The majority of this development will be in Torquay;
- As a consequence of the new housing development, there is an increasing number of families moving to live in the area, with higher proportions of children living in Torquay than the whole of the Shire and the MSD;

- There are low proportions of people from diverse cultural and linguistic backgrounds living in the area;
- There were relatively high employment levels at the time of the 2001 Census, although anecdotal information from service providers indicates that unemployment is growing (see Section 6);
- Income levels are relatively high compared to the whole of the Shire and the G21 area;
- Depression and suicide are significant contributors to the Burden of Disease for men in the Shire – greater than for the Barwon South West Region.

5 Qualitative Assessment – Service Providers’ Perceptions

5.1 Overview

Consultation occurred with almost thirty people, primarily service providers. As indicated in Section 1, it was decided that consultation with men who are potential users of any services was premature at this stage, although the timing of the project was also a significant, influencing factor.

Feedback from service providers is a significant component of this study. Perceptions of the characteristics of the communities within Surf Coast Shire and male residents are included in this section. Ideas regarding service development are included in the discussion about service options.

The information presented in this section is qualitative and is based on the practice wisdom and knowledge of the service providers, developed from working in the local area.

5.2 Surf Coast Communities

The Surf Coast Shire has a number of different communities, each with their own distinct culture and profile. The needs of each community are defined by the socio-demographic profile of the population, the availability of services and access to other services. Given this diversity and the high growth in Torquay (5% to 2021), people consulted considered that this township and the adjacent townships of Jan Juc, Bells Beach and Bellbrae needed to be the focus of the additional resources targeting men. Consequently, the information provided here relates to these communities.

Consultation also occurred with the Anglesea Community House. This community is relatively small (approximately 2,600 people) with limited growth to 2021 (500 people). The community is primarily elderly, although there are growing numbers of children. Feedback indicated that many people living in the town prefer to use services in other areas, given the size of the population and the consequent privacy implications. Anglesea is also accessible to Torquay by private vehicle. Any services developed in the Torquay area would be able to service the Anglesea community.

5.3 Nature of Torquay, Bells Beach, Bellbrae and Jan Juc

Service providers consulted indicated that the communities of Jan Juc, Bells Beach and Bellbrae and Torquay are quite different from each other. They are separated by the highway and have developed different cultures and identities. At the same time, the area shares the surfing culture, which in itself, has shaped the communities.

5.3.1 Torquay

- Torquay is a highly urbanised and growing community. It has a strong industry base with major employers such as Rip Curl and Quicksilver;
- Surf culture is strong;
- There was strong agreement amongst people consulted that the town is comprised of several different sub-groups:

- Older established community which has lived in the area for many years. Many of these residents moved to the area for the surfing;
- Older people who have moved to the area in the past ten to fifteen years and are now becoming more frail;
- New retirees who tend to be fit, healthy and have made a lifestyle decision to move to the area; and
- Residents of the new housing estates who have also moved to the area for the lifestyle, have young children, high mortgages;
- The community has low numbers of people from diverse cultural and ethnic backgrounds, although there is diversity across the community in relation to social values. For example, the area has:
 - A high number of holiday makers who have limited commitment to the ongoing sustainability of the local community;
 - Long-term residents who value the rural nature of the community;
 - Many new residents, including retirees, who have a strong commitment to the environment;
 - New residents, who are significantly wealthier than the longer term ones, in the housing estates who have moved to the area for its proximity to the sea;
 - The surfing community which is essentially focussed on itself and has a reputation for being alternative.
- The community generally is rapidly changing with the new developments. The longer term residents can be resentful of the newer residents. At the same time, it is difficult for the newer residents, particularly men, who are often working long hours in Melbourne and commuting daily, to establish themselves in the community;
- Compared to the whole of Surf Coast Shire, the area is significantly more affluent;
- There are high numbers of single parents;
- The football club is a strong focus in the community, but is associated with high levels of alcohol use and abuse. The recent appointment of new coach was seen to be positive, signalling the possibility that a more family-friendly oriented and community-focussed approach may emerge at the club;
- The Surf Life Saving Club is primarily non-residents;
- The hotel is the main social centre for the community, with the RSL, golf club and service clubs also being important for older men;
- The high numbers of holiday-makers influence the community socially, economically and culturally; and
- Churches reported high numbers of older residents attending but also high numbers of families with children, a reflection of the community.

5.3.2 Jan Juc, Bells Beach, Bellbrae

- This area is less affluent area than Torquay, without the high cost new developments;
- There is a high number of holiday houses, with people now coming to live permanently in the area; and
- Surfing is stronger in the area – this is reflected in the higher proportion of young adult men living there.

5.3.3 Surfing Culture

The culture of surfing was seen to have an impact on the nature of the community and pose challenges for working with men. While women are becoming more involved in the sport, it is dominated by men. It is also associated with being young, fit, active and attractive. These factors have an impact on men as they become older, but also influence attitudes towards women. The sport is also an individual one and, by its nature, can be isolating. It is also associated with high levels of alcohol and drug use.

5.4 Identified emotional needs of men

The experiences of service providers of working with men in the Torquay, Bells Beach, Bellbrae and Jan Juc area have identified a range of needs which are similar to those identified by Bethany in working in Geelong as well as other service providers who are working with men through the *Men and Relationships* program. Several key themes emerged in the consultation:

- *High levels of alcohol and other drug use:* the surf culture and the football club have a strong presence in the area and both are associated with high levels of alcohol and other drug use. Violence associated with alcohol use was identified as a problem.
High levels of marijuana use in the surfing community and its acceptance as a recreational drug was viewed as concerning, particularly for young men, with research indicating that high levels of cannabis use is associated with mental illness;
- *High levels of family violence:* this is often associated with alcohol use. A counsellor reported that family violence was a concern in most of her work;
- *Grief, loss associated with loss of relationships:* for older men, this loss is associated with the loss of a long-term partner. For other men, separation and relationship breakdown was the primary concern. Several service providers indicated that they frequently work with men who have high levels of depression and thoughts of suicide, a consequence of unresolved grief due to relationship breakdown;
- *Fathering:* the majority of people consulted indicated that many men are struggling to maintain positive relationships with their children after separation. There was also a strong indicator that many men are having difficulty with parenting generally. However, service providers indicated that many men with whom they work were keen to talk about their children, wanted to be involved and were enthusiastic about any opportunities to discuss fathering.
- *Stress associated with financial commitments:* many families have very high mortgages due to the high cost of property in the area. There are high levels of poverty – families unable to manage the cost of daily living due to their mortgage repayments. The poverty is often hidden with families finding it difficult to manage the increase in the interest rates. The Salvation Army reported that there are 100 to 120 people using the Opportunity Shop each day;
- *Family/work balance is hard to achieve for men:* many men commute to Melbourne for work, which involves long distances and time in travel. This means they often have little time at home, which in turn, places stress on mothers who are left alone with the children for long periods. This also means that couples have little time together. This has a flow-on effect for community involvement. On weekends, men have little time to commit to community activities, frequently preferring to spend time with their families;
- *Isolation:* new residents, who have moved to the area from Melbourne, often do not have the support of friends and family and find it difficult to establish new contacts in the area. Together with the commuting, women (or stay-at-home fathers) are often isolated.

This causes stress in families and concern for men, who are often unable to provide support in caring for the children.

Older men were also identified as an isolated group in the community and often find it difficult to engage in the community. The golf club, service clubs and the RSL were identified as important places for social links within the community for this cohort.

The nature of surfing – an individually-focussed activity - has resulted in higher numbers of single men living in the community, with few family connections and poor links to the community. As these men are becoming older, they are becoming increasingly more isolated. However, service providers indicated that it was difficult to know how to engage with this cohort;

- *Sense of community:* service providers also indicated that there is a lack of social cohesion and a sense of community – it is difficult for new residents to link with the community, resulting in low levels of social capital;
- *Adjusting to change:* while many people have moved to the area for a lifestyle change, service providers indicated that many people found it difficult to adjust. This is a concern for men who have recently retired and are adjusting to life without work and the implications of the change in identity for them. This also affects working men who often have little time to take advantage of the reasons for moving to the area; and
- *Unemployment:* there is a perception that unemployment is high in the area⁴. Several service providers indicated that they are seeing more unemployed people recently. This involves not only adjustment to change but also grief and loss;
- *Managing difference:* several service providers indicated that the mono-culture of the community can be difficult for people who are different. This includes gay people and people from CALD communities. While the numbers are not high, there are several families and individuals from different cultural backgrounds. Becoming engaged in the community can be difficult for these families.

Comments of service providers:

- Men like to talk about their babies
- The community is new with lots of potential
- Men are often defined by their work. When they are no longer working, they don't know who they are.

⁴ It is difficult to confirm this with data, as small area quarterly data does not adequately measure unemployment. People who are employed for as little as one hour per week are now defined as “employed” and thus the validity of these data for use in planning is limited. The Census 2001 data is now quite old and thus is unlikely to portray a reliable view.

6 Services for Men in Surf Coast Shire

6.1 Current services

There is a range of services available within the Torquay area, although they are limited and unable to meet the growing demand for services. These organisations are outlined in Table 6. All these services are located within Torquay. Few of these services are targeted specifically to meet the needs of men in the community. The exceptions are the maternal and child health service, which provides information sessions for fathers on a limited basis and the Country Fire Authority (CFA), which provides a range of services for its volunteers, taking into account the specialised needs of men.

Table 5: Human Services in the Torquay, Jan Juc, Bells Beach and Bellbrae

Agency	Service Provided
Bethany Community Support	“Steeping Stones”: Targets families who have a child with a disability and/or development delay Commenced in November 2006 Provides parenting groups for families who do not traditionally engage with maternal and child health services Currently establishing and will expand its services over time
Barwon Health Torquay Community Health	Allied health services General practice Planned Activity Groups for older, frail people Counselling services Mental health services for people with psychiatric illness Drug and alcohol services
Springcreek Community House	Range of adult community education programs Conduit for development of social support services
Surf Coast Shire	Maternal and child health services: Children’s services, including a range of activities from the recently constructed children’s hub
Private Health Service Providers	Psychologist

6.1.1 Country Fire Authority (CFA)

The CFA is an important organisation within the Torquay area and across the Surf Coast Shire. The CFA endeavours to create safer communities by working closely with volunteers and their communities. To achieve this, the CFA has stated that it is committed to building resilient and sustainable communities and working with other Government and non-government agencies. It has indicated that it is committed to community engagement and empowerment at the local level. The CFA sees community development as integral to its core business and has committed resources to working with residents and other agencies to build strong and resilient communities (CFA, 2006). It believes that emergencies are managed well within safe, confident communities.

It relies on volunteers, many of whom are men. The growth and urbanisation of the Torquay area has had an impact on the CFA's capacity to recruit volunteers, with many of the new residents having urban expectations regarding service delivery and access.

The CFA provides a range of services to support their members, including access to health and support services.

6.1.2 Service and sporting clubs

A number of community services, sporting clubs and other services are also located in the area. These include the:

- Bowling Club;
- Football and Cricket clubs;
- Netball club;
- Surf Lifesaving Club; and
- Returned Services League (RSL).

In addition, there is a small business network which is supported by the Springcreek Community House, Rotary Club, Lions Club, three Probus clubs, Lions Club and traders association.

6.2 Gaps in services for men

Service providers identified a number of gaps in services in the area, which has grown from their experience of needing additional input of resources to support men. These include:

- De-tox facility for alcohol and other drugs;
- Specialist counselling services and group work capacity for men:
 - Support for men dealing with separation and loss;
 - Supporting partners who have post-natal depression;
 - Managing anger and developing acceptable ways of dealing with frustration.
- Fathering programs;
- Relationship support – prevention and early intervention in relation to family relationships;
- Specialist health screening and promotion for men; and
- Family counselling.

6.3 Summary

There are almost no men-specific services in the Torquay, Bells Beach, Bellbrae, Jan Juc area. However, several service providers have developed men-specific approaches to their work, including parenting information sessions.

The demand on human services generally has a huge impact - there are simply insufficient services to meet the demand of the growing communities.

7 Service Model Options

7.1 Challenges of Providing Services for Men in Surf Coast Shire

Bethany faces a number of challenges in establishing services for men in the Torquay, Bellbrae, Bells Beach, Jan Juc area and these need to be taken into account when developing the service model. The challenges have been identified in the literature and through Bethany's own experience of working with men, as well as issues identified by service providers.

1. *Engaging with men:* feedback from service providers indicates that it difficult to engage with men in the area. This is, in part, a time factor – the pressures of commuting take men away from home for long periods - but it also the nature of the community, with men who are in well-paid, professional positions, not well linked to the community although linked to the surfing culture, which can be isolating. This requires flexibility in approach and innovation and creative in engagement strategies. While strategies to engage with men in organisations and other environments where they already meet are critical, there appears to be a cohort of men within the area who are not engaged in the local area at all.
2. *Developing trust, credibility and a profile in a new environment:* working in Surf Coast is new for Bethany. As an organisation, it needs to develop a profile, credibility and trust, not only with community members and residents, but also with other service providers.
3. *Developing working partnerships with the community and other service providers:* Bethany is presented with new partnering opportunities. service providers have indicated a willingness to work together. However, it will take time to develop working relationships with other providers.
4. *Lack of services:* there are few services in the area. This means that demand will inevitably be high and it will be an ongoing challenge not to be overwhelmed. Mechanisms to support staff will be particularly important.
5. *Balancing the need for individual work and community capacity building:* the need to build community capacity will be important, as there will never be sufficient resources to meet the intensity of the need in a growing community. Developing clear goals and anticipated outcomes will be important to remain focussed.
6. *A developing community:* service providers have identified that, while some sub-groups within the area are strong, there are several communities within the area which are not well connected and need support to develop their strengths. Working with such communities to build resilience and capacity will be important.

7.2 Bethany's Current Programs

Bethany provides a range of specific programs for men (outlined in Section 1). It also provides services targeted at strengthening family relationships, increasing parenting skills and working in partnership with schools. These programs include:

- *Parents and Kids (PAKS):* two schools in East and North Geelong are partners in this program. The program focuses on fathers and their relationships with children, providing support and activities to build resilient and healthy relationships between fathers and their children, using the school setting as a base for engagement;
- *Parenting programs:* these programs are being developed and delivered in partnership with Lifeworks Australia. A worker with specialist skills in parenting education has been

employed to run a number of programs. An opportunity exists to use some of these resources in Surf Coast Shire; and

- *Feeling Safe, Being Strong*: this violence prevention and early intervention program targets children, families and schools. It is a specific program, incorporated into the school curriculum which teaches children effective ways to deal with anger and frustration.

The experience of implementing these programs in the Geelong area has indicated that the approach is successful in engaging with men. However, it is important not to simply duplicate and/or extend the services. The community within the Torquay area is very different from the East and North Geelong areas, where these programs are currently operating. Opportunities exist to build on the existing services and the practice wisdom and experience which has emerged from this service delivery to develop responsive services in the Torquay area.

7.3 Using the Evidence of Successful Programs

Bethany's own experience, the evidence of successful programs and the practice knowledge and wisdom of service providers provides an important framework for moving forward and developing and model of service. The framework needs to include:

- Recruiting skilled workers with diverse range of skills and experience;
- Developing clear goals and strategies – a clear focus for the program;
- Developing a range of approaches, with flexible models of delivery;
- Acknowledging and respecting diversity within the community and differences between men;
- Developing approaches for personal contact with men;
- Using existing services to build partnerships for service delivery;
- Using non-traditional ways of engaging and providing services to men;
- Using men's interest and commitment to their families and interest in their own health to provide information and engage with men;
- Build on the community strengths and existing networks; and
- Use activity-focussed strategies.

Recommendation One

That Bethany builds on its own practice knowledge and experience and the evidence of successful programs in working with males to inform the model of service delivery.

7.4 Service Model

7.4.1 A Community Development Approach

Taking into account the framework and the nature of the community, a community development approach to working in the area is recommended. This approach was strongly supported by the majority of service providers consulted. This would involve:

- Developing strong partnerships with existing services. This includes the non-traditional community-based agencies, such as the CFA;
- Locating services in non-traditional places;

- Using the identified interests of men as a starting point. This includes fathering groups and health information;
- Developing and working with volunteers and using peer education as a strategy;
- Developing relationships with the local football club – this is an important focus for males in the community and the indicators are that the club is interested in transforming its image and developing a more “family-friendly” environment;
- Beginning with a universal framework – fathering courses, health screening and information, engaging with men through schools and social activities; and
- Exploring information and education programs with schools.

7.4.2 Target Group

It is important to be very specific about the target group for services, as the current demand is beyond the capacity of the available resources. This is difficult, because men are not a homogenous group. Given Bethany’s experience and practice experience, a focus on men who have dependent children is a logical starting point. The quantitative and qualitative data also indicate that this cohort is not well serviced in the Torquay area.

7.4.3 Counselling Services

A number of service providers consulted indicated that there is a high need for counselling services for men. This is undoubtedly the case – there is only one generalist counsellor located in the area, although many people would travel to Geelong for services.

Consideration could be given to developing a counselling/group work program similar to that which operates in Geelong. However, several dilemmas exist in establishing this approach in the first instance:

- It is likely to lead to the staff being overwhelmed by the demand and capacity to be involved in community development activities may be restricted;
- There is currently only one full-time position available. This will be not sufficient to meet demand;
- Different skills are also required for a counselling position to a community development position. It would be difficult to recruit an individual with both skills sets; and
- Bethany has indicated a desire to develop an early intervention and preventative approach to service delivery. Establishing a counselling service without strong links to a community capacity model does not fit with this.

7.4.4 Men’s Shed

The development of Men’s Sheds has been a key focal point in the delivery of male-focussed services. As indicated in Section 3, this service model has been successful in engaging with men who are socially isolated and have a strong interest in craft/handyman activities. This model works well when linked to community health and health promotion strategies and with older men, who have time during the day to engage in such activities.

This approach would be appropriate for the Torquay area, to reach the high number of older retired men. However, this would require a target group focus of primarily older, retired men, which is not recommended at this stage.

7.4.5 Entry Points

Engaging with men within the context of the universal service system is critical. The entry points include maternal and child health, schools, sporting clubs and the CFA. Using strategies such as activities and health information sessions would be useful starting points.

7.4.6 Using Local Knowledge

Establishing a local reference group for the project is important. This could include:

- Surf Coast Shire;
- CFA;
- Springcreek Community House;
- Leisure Network;
- Primary schools;
- Church network representative;
- Barwon Health; and
- Local men – local identities and people who are aware of the issues in the community.

Linking with the local Primary Care Partnership is also important. Initial contact has been established with this group and ongoing communication would be useful. This group is comprised of all agencies and services in the area.

Recommendation Two

That the service model developed by Bethany in the Torquay area targets men with dependent children and is comprised of the following components:

- Prevention and early intervention approach to strengthening relationships;
- Community development approach;
- Strong partnerships with local service providers;
- Strong partnerships with the local community;
- Use of universal services as points of engagement with men;
- A range of service responses, including fathering education, support for men in developing strong relationships with their children and opportunities for community engagement; and
- Consideration of specialist counselling services once the program has established and additional resources are available.

7.5 Potential Partners

The majority of the service providers consulted throughout this project have indicated their willingness to enter into partnerships with Bethany to work with men in the area. Table 7 outlines the potential partnership arrangements that could be pursued.

Table 6: Potential partnering arrangements

Agency	Opportunities
Surf Coast Shire	Link with current community engagement processes Planning and development role Establishing links and local knowledge Fathering courses in partnership with Maternal and Child Health Activities, links with kindergarten and other children's services
CFA	Possible co-location Link with community engagement activities, including volunteer recruitment Joint community capacity building activities
Springcreek Community House	Develop working relationship with coordinator on her return Joint activities, focusing on older men
Churches	Playgroups for fathers Joint activities
Primary Schools	School-based programs to engage with boys, including focussing on non-violent responses and anger-management Developing networks with fathers Working in partnership to support fathers to build and maintain positive relationships with their children, particularly after separation
Barwon Health	Possible co-location Joint health education, awareness and health promotion information
Leisure Network	Developing relationships with local football club Joint engagement and capacity building focus
Service Clubs, including RSL	Establishing local relationships and credibility

7.6 Competencies of Staff

The following competencies for project staff have been identified:

- High level communication skills – ability to communicate with a wide range of people in the community;
- Knowledge of, and capacity to work within, a community development model;
- Knowledge and awareness of the issues and concerns of men;
- Ability to engage with men;
- Experience in developing and implementing innovative models of service; and
- Experience in developing partnerships.

7.7 Other Options

In the course of the consultation, discussions were held with the Barwon Youth Accommodation Service (BYAS), an agency that works with young people at risk, up to the age of 25 years. The service operates emergency and supported housing. The service owns a property approximately 2 kms from Torquay, near the Mt Duneed Rd. The service is interested in developing an innovative model of service, possibly enterprise-based. It is also considering a retreat, mentoring programs and/or a shed program.

This maybe an option for Bethany, although there several constraints exist, such as:

- The target group of BAYSA is restricted to young people. The needs identified in the target catchment are essentially outside of this group;
- The property is not easily accessible to the catchment;
- Locating away from Torquay would restrict the development of a profile for Bethany in the local community. This would also restrict capacity to engage with local community groups and residents; and
- Evidence indicates that service approaches and engagement with men needs to occur where men are located – this is not the case within the BAYSA property.

Table 7: Summary Table

Need/concern	Evidence	Existing Service in Torquay Area	Opportunity for development	Potential partnerships
Social isolation	Burden of Disease – health outcomes Perceptions of service providers Single parent families	No male specific Services for elderly people	Male specific activities Community development approaches	CFA Surf Coast Shire Leisure Network Barwon Health Springcreek Community Centre Primary schools
Family violence	Perceptions of service providers	No male specific	Counselling Groupwork	Barwon Health Churches
Drug and alcohol use	Perceptions of service providers	None	Counselling Groupwork	CFA Surf Coast Shire Leisure Network Barwon Health
Relationship issues: Grief/loss	Perceptions of service providers Single parents	No male specific Private psychologist Barwon Health counselling services	Counselling Groupwork Community development	CFA Surf Coast Shire Barwon Health
Health issues	Burden of Disease – health outcomes	No male specific	Information sessions Health promotion	CFA Surf Coast Shire Leisure Network Barwon Health
Fathering programs	Perceptions of service providers	None		

Appendix One List of People Consulted

NAME	ORGANISATION
Julie Flynn	Anglesea Community House
Carole Mioduchowski	Barwon Health
David Mayer	Barwon Health Mental Health Services
Debra Ridley	Barwon Health Surf Coast Community Health
Tony Blackwell	Barwon Primary Care Alliance
John Blomfield	Barwon Youth Accommodation Services
Mel Douglas	BAYSA
Stephen Mc Donald	Bellbrae Primary School
Bob Semmens	Bethany Community Support
Jenny Duffield	Bethany Community Support
Helen Bolton	Bethany Community Support
Paul Stracchino	Country Fire Authority
John Mealia	Country Fire Authority
Bob Pease	Deakin University
Nola Ganly	Department of Human Services
John Davis	Department of Human Services
Wendy Allen	Department for Victorian Communities
Jill Evans	Leisure Network
Mark Randall	Men's Counsellor, Barwon Mental Health Services
Laura Connor	Spring Creek Community House
Nicole Gardner	Spring Creek Neighbourhood House
Duby Wilson	Spring Creek Neighbourhood House
Debbie Street	Surf Coast Shire
Sharon Rawlings	Surf Coast Shire
Jean McGowan	Surf Coast Shire
Chris Rowney	Torquay Christian Fellowship
Janeen McCulloch	Torquay Primary School

NAME	ORGANISATION
Inspector Bill Mathers	Victoria Police, Surf Coast Shire
David Tournier	Wathaurong Aboriginal Cooperative

Appendix Two: Outcomes of Service Provider Forum

BETHANY COMMUNITY SUPPORT MEN'S EMOTIONAL HEALTH PROJECT SERVICE PROVIDERS WORKSHOP 5 FEBRUARY 2007

PRESENT

Carole Mioduchowski	Primary Care Manager	Barwon Health
Sharon Rawlings	Social Planner	Surf Coast Shire
John Mealia	Community Safety Manager	CFA
Brooke, representing Jill Evans	Chief Executive Officer	Leisure Network
David	Men's Health Worker	Wathaurong Aboriginal Cooperative
David Tournier	Executive Officer	Wathaurong Aboriginal Cooperative
John Davis	Program Manager, Family Services	Department of Human Services, Barwon Region
Laura Connor	Coordinator	Spring Creek Community House
Jean McGowan	Maternal & Child Health Nurse & Coordinator	Surf Coast Shire
Janeen McCullogh	Welfare Coordinator and Deputy Principal	Torquay Primary School
Debra Ridley	Social Worker	Barwon Health Surf Coast Community Health
Helen Bolton	Executive Manager – Community Support	Bethany Community Support
Jenny Duffield	Manager Quality Assurance	Bethany Community Support
Bob Semmens	Manager Men & Family Relationships	Bethany Community Support

PURPOSE

1. To present outcomes of project
2. To engage service providers in discussion re the findings.
3. To seek input into the future direction of the project.

MEETING THE NEEDS OF MEN IN TORQUAY – OUTCOMES OF DISCUSSION

1. Locally-based services:
 - Men do want to access services locally

- Services need capacity to meet access needs of men, e.g. weekends (Saturday and Sunday), after hours
 - Need a locally-based worker
 - Is it a barrier to call the service a men's service? May need response from local men re this
 - Need to employ a male
2. Types of services:
- Spectrum of services can be provided
 - Need services/approach for one-on-one individual work as well as a broad community approach. Some individuals preferred a service which is able to offer one-on-one counselling, while others believed that a community development approach is required. It was agreed that Bethany could look at both, through splitting the position
 - Need a flexible approach
 - Need immediate access to support and services: if men raise a concern, need opportunity to deal with this immediately, not wait several weeks for an appointment - Walk-in service/quick access
 - Use Bethany's existing men's programs as a model for Torquay
3. Establish a Community Leadership Group to guide the service:
- provide advice and support to the worker
 - give credibility to the service
 - Range of community leaders necessary - membership could comprise CFA Captain, footy club coach/captain, other local men who are strong role models and have credibility in the community
4. Establishing the service:
- Once worker is appointed, look at innovative ways of engaging men
 - Credibility is important.
 - Need to establish a Steering Committee comprised of local service providers to work with individual worker to:
 - ❖ Support his understanding of the community
 - ❖ Establish credibility within the community and with service providers
 - ❖ Guide the service, to ensure local responsiveness
 - ❖ Provide advice re engaging with men locally
 - Provide a mix of services – community development, groups, individual work
 - First step – spend time with the community
5. Networking:
- Networking with service providers and places where men are involved is important
 - Link with existing men's programs – Bethany, Wathaurong
 - Need information about men's programs that are available
 - Provide information about men-specific services across agencies

- Link with other services/networks
6. Approach:
- Community – Agency Focus → Bethany in the background
 - Build on existing services
 - Long-term commitment
 - Active community involvement – informed by the engagement with men over time
 - Work in partnership with other services
 - Be culturally relevant for ATSI community
7. Advertising:
- School newsletters
 - School assemblies
 - Regular, monthly updates
 - Spring Creek Community House Newsletter
 - Wathaurong newsletter
 - Radio station (Wathaurong)
 - Link with existing groups
8. Individual organisation commitment:
- *CFA* can be a vehicle to engage with the community, e.g. fire-fighters are seen as heroes – provides opportunity to engage with boys
 - *Leisure Networks* is keen to work in Surf Coast:
 - ❖ Establish opportunities/flexible
 - ❖ Bridge gaps, e.g. volunteering etc
 - *Maternal and Child Health Service*:
 - ❖ can link with male worker
 - ❖ Important point of engagement
 - ❖ Can work with the worker to provide fathering information
 - *Wathaurong* provides men's health services, with a dedicated worker. Opportunities exist to link to existing services such as cultural camps, father/daughter forum, Juvenile Justice programs
 - *Torquay Primary School*:
 - ❖ encourages parent involvement in the school
 - ❖ can be important link for engaging with fathers
 - *Spring Creek Community House*:
 - ❖ Keen to develop male-specific programs, have had considerable interest expressed by men
 - ❖ Want to change the perception in the community that the house is primarily for women

- *Barwon Health:*
 - ❖ Medical practice provides an important non-stigmatising entry point to support service for men
 - ❖ Counselling services deals with high proportion of family violence and works with men – links important

9. Location of the worker: there is space available at Spring Creek community House

Action

1. Agency-based Steering Group
2. Development of leadership group – Men's Reference Committee
3. Pursue option of Spring Creek Community House location
4. Seek Equal Opportunity exemption – employ a male
5. Dual skills – community development and one on one counselling and group work skills

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