



## **FINAL REPORT**

**2011 – 2013**

### **Community Connections Program Phase 3**



**Australian Government**

**Department of Health and Ageing**

## Acknowledgements

We wish to express our sincere thanks to the many people who, on their own or as a representative of organisations, provided assistance in the development and implementation of the Community Connections Project Phase 3. We would particularly like to recognise and thank TOMNET members, volunteers, clients and staff for their loyalty and commitment over the life of the project. The following individuals and organisations provided valuable help in conducting this project:

### Rural Men's Groups

Crows Nest Men's Group  
Goondiwindi Men's Group (Gundy Grey's)  
Oakey Branch of TOMNET  
Roma Men's Group (ROMNET)  
Tara Men's Group  
Dalby Men's Group  
Inglewood Men's Group (The Mates Shed)  
Mitchell Mens Group (Booringa Blokes)  
Highfields Men's Shed  
Nubeena Aged Care Facility  
Westhaven Aged Care Facility  
Freedom Aged Care Facility  
Lourdes Aged Care Facility  
Yukana Aged Care Facility

### Major Community Project Stakeholders

Lifeline Darling Downs & South West QLD  
Care Goondiwindi  
Millmerran Multipurpose Centre  
University of Southern QLD (USQ)  
Griffiths University  
Centenary Heights State High School Flexi-School  
Toowoomba Regional Council  
Toowoomba Base Hospital Mental Health Unit  
East Creel Neighbourhood Centre  
Meals on Wheels

### Consulting Team

Bill Hodgkinson – External Evaluator  
Inzpire – Irene Baker  
JAG Financial Services – Jennifer Grummitt  
Professor Glen Postle – TOMNET Patron

We would also like to acknowledge the support of the Federal Government's Department of Health and Ageing, National Suicide Prevention Program to assist us to improve the quality of life and services for older men. Their support allows us to continue reaching out to many isolated older men in communities across Southern Queensland.

<b>FINAL REPORT</b>			
<b>Reporting period from</b>	<b>1 July 2011</b>	<b>to</b>	<b>30 April 2013</b>

<b>Name of Organisation:</b>	<b>THE OLDER MEN'S NETWORK INC, TOOWOOMBA</b>
<b>Name of Project:</b>	<b>COMMUNITY CONNECTIONS PROGRAM PHASE 3</b>

<p><b>Project Description:</b></p> <p><i>a short overview (less than half a page) of the nature and scope of the project.</i></p>	<p>Since 2001 TOMNET has aimed to develop, implement and expand effective responses to reduce suicide amongst older men in regional, rural and remote locations throughout Toowoomba and South West Queensland. The Community Connections Project Phase 3 has continued to develop and tailor services against three key organisation principles:</p> <ul style="list-style-type: none"> <li>• Older men are the most effective at supporting one another.</li> <li>• The element of mateship is integral to the relationships that older men have with each other.</li> <li>• Suicide prevention and awareness in older men must address the social determinates of health and wellbeing whilst promoting a culture of connectedness.</li> </ul> <p>The purpose of the Community Connections Phase 3 Project was to continue to respond to and address the needs of older men who are one of the key groups vulnerable to high levels of suicide. The reason for this vulnerability includes the risk of social isolation as one grows older, particularly when compounding factors such as mental and physical illness and the death of a spouse may contribute to feelings of depression, loss and a sense of worthlessness.</p> <p>Older age can also place restrictions on men and their connections to groups and networks that once provided support. Retirement, loss of a licence, mobility issues and moving from home to an aged care facility can result in stress and anxiety by reducing access to and participation in, known supportive environments.</p> <p>Phase 3 therefore expanded on the development and provision of social and emotional support networks for older men in regional, rural and remote communities by supporting new and existing older men's groups and by providing individual peer support and mutual self-help to high risk older men. In addition TOMNET pioneered strategies to address suicide risk in isolated older men residing in aged care facilities, retirement villages and over '50's accommodation.</p>
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<p><b>Executive Summary:</b></p> <p><i>a three to five page summary of the project's purpose, major findings or outcomes, and any recommendations.</i></p>	<p><b>Background</b></p> <p>Since 2001, The Older Mens Network Inc (TOMNET) has focused directly on the physical, mental, emotional and social wellbeing of the most at-risk-of suicide group in our community – older men. TOMNET has worked tirelessly to promote a life enhancement approach, which embraces all older men without exception. Using the slogan 'Older men supporting older men', TOMNET has enhanced the social networks of older men and addressed risk factors for suicide including social and physical isolation, mental health concerns, grief and loss, poor health and a sudden change of lifestyle such as retirement or selling the family farm.</p> <p>For the past twelve years, TOMNET has been recognised for its innovative approach to establishing support for older men in regional, rural and remote communities. Three year funding was received in 2008 from the Queensland Department of Communities to further the business operations and outreach services and in 2011 State funding was received for a part time counsellor. Seven years of project funding from the Department of Health &amp; Ageing under the National Suicide Prevention Strategy has enabled the level of support provided at a local level to older men to expand significantly. All Phases of the project have been based on the material in the Living Is For Everyone (LIFE) Framework 2007: A Framework for Prevention of Suicide and Self-Harm in Australia (Action Areas).</p> <p>The TOMNET membership in June 2013 currently sits at 285. We have 13 affiliated groups in the network which reach to nearly 500 older men across South West Queensland and 50 men involved in the Residential Aged Care Facilities men's group. Membership numbers alone suggest that older men are urgently seeking to be involved in groups that provide companionship and the opportunity to benefit from peer support, social activities, to share and care for one another where times and life experiences are somewhat common or understood by their own generation, and the opportunity to gain/regain a genuine sense of belonging in community.</p> <p>TOMNET also fosters and promotes mentoring, volunteer and exchange programs that provide opportunities for professional development, individual empowerment, confidence building, increased participation and improved well-being. A dominant feature of TOMNET's existing services is their recognition of this target group's value in terms of building social capacity and developing positive health and well-being strategies that are grounded in valuing older men.</p> <p>The review of the third phase of the Community Connections program has highlighted that TOMNET continues to increase opportunities for older men in rural and remote areas of South West Queensland to meet, connect and build meaningful friendships and relationships with other older men. In a time of great change for rural South West Queensland with the expansion of mining in what were once farming communities, this support is needed more than ever.</p>
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The expansion of older men's groups in residential aged care facilities has demonstrated the significant interest from facilities and men alike for this volunteer-led monthly activity. With the expected increases in the aged care community over the coming decades, these groups will increasingly be called upon to deliver the benefits of social interaction and companionship between older men that they once knew in their own families and communities. Those older men who provide the service do so knowing that the benefits of self-determined social interaction encourages mutual self-help and peer support, which complements the nurturing approach provided by the facility.

### **Project Purpose**

The purpose behind Phase 3 was to continue to respond and address the needs of older men as one of the key groups vulnerable to high levels of suicide. The Australian Bureau of Statistics report 'Causes of Death 3303.3', 2007 noted that suicide rates for older men aged 75+ in 2005 were 21.6 per 100,000. In comparison, the rates for older women aged 75+ were 6 per 100,000. Suicide rates for older men steadily increase from the age of 65 onwards.

The reasons for this vulnerability include the risk of social isolation as one grows older, particularly when compounding factors such as mental illness, physical illness and the death of a spouse may have contributed to feelings of depression, loss and a sense of worthlessness. For many men, older age places restrictions on their ability to connect with their community. Retirement, loss of a driver's licence, ill health, mobility issues and a disconnect with friends and family who move away can place many men in a high-risk situation for loneliness, anxiety and suicide.

### **Project Goal**

The goal of the Community Connections Program – Phase 3, was to build upon the demonstrated TOMNET service model and expertise gained in working with older men to maintain a range of suicide prevention and awareness initiatives that address the social determinates of health and wellbeing. A culture of connectedness and help-seeking will be promoted in an environment that is grounded in valuing older men and their contributions to the community.

### **Major Findings or Outcomes**

#### **1. Applying the TOMNET model in aged care, rural communities and Men's Sheds**

As TOMNET expands, its reach into other communities has grown and with this growth has come further opportunities to promote the value of older men supporting older men. A core strategy using the model of 'older men supporting older men' has been the establishment of thirteen older men's groups in rural areas and five in aged care facilities. The latter has seen significant growth in Phase 3 of the project with interest in having a men's group coming from a number of additional aged care facilities with two more currently under consideration.

The TOMNET model has proven to be adaptable and flexible enough to fit into established aged care facilities as well as be responsive to the smallest rural community where a handful of older men are committed to meeting regularly and helping out their mates who are doing it tough. The model has been discussed in detail in two Manuals put together by TOMNET under previous funding: 'Forming Older Men's Groups' and 'Forming Older Men's Groups in Residential Care Facilities'.

An unexpected and exciting outcome of Phase 3 of the project is that the TOMNET model will also be trialled in conjunction with the Men's Shed model, due to an opportunity proposed by the Warwick Men's Shed organisation. This opportunity is a result of TOMNET men doing regular promotion at rural health expo's, including Warwick, where the Men's Shed sought TOMNET's expertise and support to establish a TOMNET model within their Men's Shed.

The Warwick Men's Shed has recognised that it has attracted members who do not want to work with tools or interact in a competitive environment. Some members are seeking more depth and meaning from the group and to build more meaningful relationships with others. TOMNET'S expertise around older men's issues and the model of developing men's groups within aged care facilities, are of interest to the Warwick Men's Shed group who would like to create ways to support each other and others in the community.

TOMNET will now see how the model can be used with the Men's Shed concept at a local level and expand on those findings for wider use should other Men's Shed's want to collaborate in a similar manner. It is expected that this approach will lead to additional major findings as to how the two models can learn from each other and compliment the work of the other, whilst maintaining their unique individual focus and cultural integrity. Should the concept work well, it may pose some interesting challenges for the Older Men's Network in the future in relation to the potential inclusion of these 'hybrid' groups into the existing model.

In addition, Toowoomba Men's Shed have requested the support of our professional support team for those men attending the shed who are suffering from mental health issues – TOMNET will be support their members with our professional support team.

## **2. Reluctance by older men to accept professional referrals**

A major finding throughout this year has been the difficulty that TOMNET faces in encouraging and supporting older men to accept referrals outside of TOMNET to health and community organisations. During the past seven years as TOMNET'S membership and client numbers have increased, it has become more obvious that many of the volunteers, members and clients have significant mental health, substance abuse and anxiety issues which can lead to depression and a higher risk of suicide. Initially TOMNET handled as many of these clients as possible through a key staff member who was a trained Social Worker, referring on when necessary. However as this person has now retired, there exists a gap for many older men in having a known and trusted face to talk to.

Whilst referral linkages have been strengthened and older men supported by making phone calls to an agency, getting transport if required with a staff member and using a support person to attend the appointment if desired, the referral uptake is still less than would be recommended, given the often very needy circumstances of the older man at this point.

Phase 3 has been building referral networks and addressing this problem through the recommendations made at the end of Phase 2. However the recommendations are clearly about improving the system and processes to make referral more seamless and less daunting to an older person. They are not about being able to change an older person's value system which is founded in remaining independent, relying on no one but your family and not asking for help from strangers, including medical practitioners.

One outcome of this challenge is that TOMNET has continued to creatively explore ways to get older men together to share issues and concerns and gain the support from mates to attend professional appointments where necessary. An example is the 'Men at Work' groups which have progressed to being a regular program available for TOMNET members with the community also invited. This small group counselling program is a facilitated group where older men can come together to discuss issues relevant to their personal circumstances. The monthly gatherings focus on topics of depression, isolation, relationships etc. TOMNET aims to expand this model in every forum of TOMNET including during the weekly activities and provide expertise to groups such as Warwick's Men's shed to run monthly discussion groups.

### **3. Supporting older men in rural mining communities**

The expansion of mining in the South West and Far South West of Queensland has had a profound impact on many small farming communities. Many older men are coming off the land because they have sold their property to a mining company. Some have found that their farm is no longer viable because mining is on their doorstep and pollution and contamination of water is a very real threat. Others have watched their community empty out as entire streets have been sold and the family home became a rental for a Fly In Fly Out (FIFO) or Drive In Drive Out (DIDO) worker to occupy.

Many older men find the loss of the family farm a traumatic experience, particularly when debt has led them to this difficult choice. Compounding this loss however is the new reality that some communities are no longer viable either. Houses cannot be bought due to the astronomical prices being asked; rent is unaffordable too. The Conversation, a leading source of news and reviews sourced from leading academic institutions and the research community, stated in an article on January 17, 2013 entitled '*Mining, Fly In Fly Out Workers and the Risk of Suicide*' that:

*"Access to services – such as health care – is a well-recognised problem for people living in rural and remote areas. Sudden population growth due to an influx of workers can place strains on local infrastructure and service capacity, making access to services even more difficult than it would usually be. Again, these are all risk factors associated with suicide."*

The reference to suicide is not specifically to rural men on farms, although this can be an outcome of the factors mentioned in the article. The suicide rates of FIFO/DIDO workers in rural areas are also suspected to be high although there are no officially collected figures. Some of these workers are in TOMNET's age group of 55 and over who may also be vulnerable to suicide given the nature of their mining work. In particular shift work and disrupted sleep patterns can be destructive to family life and marriages; depression can lead to substance abuse which is often a widely accepted practice in mining towns with little else to do; and the loneliness of workers who are away from family and friends can lead to anxiety and withdrawal from other activities.

Previous phases of this project have established the case for continued intervention through TOMNET's rural older men's group in both the local community and the aged care facility where one exists. The case for increasing the level of support to rural areas, in particular those where mining has an established presence such as Roma, Tara, Chinchilla and Miles, is clear. Not only would a local TOMNET office provide coordination and support of the existing men's groups, it would be ideally placed to liaise with the mines and identify other strategies to address the needs of older men in the mines who often choose to retire and remain in a rural area.

## **Recommendations**

### **Objective One:**

#### Recommendations for supporting rural and remote men's groups and the individuals within them:

1. That further funding is provided to establish a TOMNET outreach office in Roma to provide the most accessible service to highly vulnerable older men in rural and remote South West Queensland. This office would support Roma (ROMNET), Mitchell men's group, Tara men's group, Surat men's group, and additional groups in St George, Longreach and Cunnamulla should they become established. This role of this office would be to provide a counselling service to at-risk older men, promote community development strategies for the sustainability of the existing groups and to support new groups and address the issues particular to rural and remote older men in relation to transitioning from a farm or rural community to aged care. This position would also investigate opportunities to establish a men's group in existing residential aged care facilities.
2. That a remote professional service for rural and remote groups be formally established to support those individuals at high risk in these groups. This strategy will address the challenges of seeking help in small communities which many men find too difficult to admit to the community they live within.



3. A community response education session be offered to each rural and remote group/or community to educate their group members on how to intervene when they encounter someone they believe to be at risk. An opportunity exists to integrate it into an education training session with local community agencies.
4. To use the 'Forming Older Men's Groups' manual with the rural groups as a basis for discussion on building the Network.

Recommendations for improving access to older men's groups in aged care:

5. Continue to promote the 'Forming Older Men's Groups' and 'Forming Older Men's Groups in Aged Care Residential Facilities' Manuals using internet based technology to promote the issue of suicide prevention more broadly.
6. Develop the 'Forming Older Men's Groups in Aged Care Residential Facilities' Manual into a training program in 2013/2014 to create greater support networks between older men in rural communities.
7. Assist local groups to establish aged care, home visiting and hospital visiting programs or find way to contribute meaningfully to their local communities.

Recommendations to increase partnerships with the Men's Shed model

8. That TOMNET work with the Warwick and Toowoomba Men's Shed to develop a model which will identify how the funded Men's Sheds program and the TOMNET model can work in a complementary partnership to provide meaningful support to, and build relationships with, older men. This model will provide strategic advice to the Department of Health and Ageing on how to identify and expand the nexus between these two models of support and consider how this could be expanded to the Men's Shed concept more broadly if they so desire it.

**Objective Two:**

Recommendations for supporting at risk older men in the community through a volunteer program

9. To develop a community strategic plan using TOMNET as a lead agent to strengthen professional partnerships with local service providers including a formalised suicide prevention network and a streamlined external/internal referral process which addresses the issues of barriers that older men face in following up referrals and ensures a coordinate approach to support for older men.
10. Volunteer training will be reviewed to provide more tailored and specific training for volunteers – e.g. specific training for those in the aged care sector, home visiting, hospital or organisational support. This training is to address evolving trends and developments associated with suicidality to ensure volunteers are receiving the most current information.

**Objective Three:**

11. To address the challenge of limited training opportunities for facility staff, TOMNET will adapt the existing Older Men's Issues Training packages for wider use through web based technology. These packages form the basis for the rural men's group training and have been delivered to community groups and health providers. As TOMNET holds unique in-depth knowledge and expertise in older men's issues, transferring that knowledge more broadly is critical to assisting older men.
12. To develop further innovative training resources to broaden the understanding of older men's issues by staff in residential care facilities.
13. To refine and document the model of a member-led volunteer team which will develop and capture a simple, clear and consistent service that is repeatable in each facility. In addition, this member led volunteer team will implement the men's groups in each established facility, with the support of the Programs Manager. It is envisaged that team leaders will meet regularly to share ideas, find solutions for problems. An overarching coordinator will be integral to ensuring a consistent service is provided by TOMNET members.
14. That volunteer training and inductions be specifically tailored for 'aged care residential' volunteering. Topics must include understanding the grief and loss of change, understanding the emotion of transitioning to higher care, loss of independence, being in primarily female orientated environments and 'legalities' of working with the residents. In addition, volunteers need training to identify where support is needed or a risk identified and when to contact the TOMNET coordinator who then links the resident/family to professional support services.
15. That work continues on breaking down the barriers between the Residential facilities and the Hostel facilities where these co-exist in an aged care setting. The aim is to create support networks of men in each individual facility and between each facility, as it is a more sustainable support model in the longer term for each group.
16. That a staff and resident 'champion' be identified in each residential facility to create enthusiasm and support within the ranks of both staff and residents, and who will encourage members to meet to share their skills and knowledge. A Resident Champion may be the one that encourages their fellow male residents to come along, coach them out of their rooms. A Staff Champion could be the one that the TOMNET member team leaders liaise with on the ground and be the one 'champion' to increase the personal interaction.
17. To build better linkages to professional support by consistently training all volunteers with specific aged care training in order to identify at risk residents and link them to a counsellor to provide support. This service was previously provided by the TOMNET Social Worker as he attended & ran the meetings, however as the model now moves towards being member led- a clear pathway of support must be identified for the volunteer and resident.

18. That additional funding is provided by the Department of Health and Ageing to support the expansion of the older men's groups in residential care model. There are 42 aged care/retirement/high care facilities in Toowoomba alone and with an increasing ageing population; the development of this low-cost support network achieves the aim of reducing the risk of suicide in a very high risk target group.

19. That lobbying continues on the need to incorporate the previously developed TOMNET Older Men's Issues Training Package material into the Certificate II and III in Aged Care. This information is vital to the community sector and needs to be made more broadly available. TOMNET will be placing the information online in the near future, but a more consistent approach to reach staff in aged care facilities would be to include the information into the Nationally Accredited Certificate II and III in Aged Care.

**Objective Four:**

20. To expand on the Training Manual 'Older Men's Issues' by including additional topics, for example adapting the 'Doing it Tough' brochure into a program on things that worry older men.

21. To research how advocacy channels can consider and address the barriers to increase the uptake of referral services, or provide greater services to agencies such as TOMNET.

22. To provide education/community suicide awareness to rural groups/towns as a confidential service once relationships have been built and established.

23. To expand the Men at Work group therapy method where men, either from the local men's group or from within the community, could gather and discuss matters of their own choosing.

In summary, TOMNET has successfully completed Phase 3 of the Community Connections program and has established ground breaking strategies in the fight to reduce the suicide of older men in the community.

<b>Objective 1: To expand the capacities of existing rural older men's groups in order to ensure they remain functional and sustainable in high-risk rural communities.</b>				
<b><i>Key Activities</i></b>	<b><i>Timescale /Frequency</i></b>	<b><i>Method of Measurement</i></b>	<b><i>Key Performance Indicator</i></b>	<b><i>Demonstrated achievement of outcome</i></b>
To further consolidate and strengthen a regional network that can continue to lend professional support to established rural men's groups to ensure their sustainability and capacity to respond to men at risk in their communities.	August-11  Monthly & Ongoing	<ul style="list-style-type: none"> <li>Attendance by rural groups at annual Men's Muster.</li> <li>Newsletter and promotional activities undertaken by TOMNET to support rural groups.</li> </ul>	<ul style="list-style-type: none"> <li>Over 80% of rural groups invited attend the annual Men's Muster</li> <li>Newsletter distribution to rural groups</li> <li>Number of promotional activities undertaken by TOMNET to support rural groups.</li> </ul>	To support within available resources, a sustainable and coordinated network of older men's groups.
To provide peer support to already established groups through regular visits, shared activities and contact	Commence August-11  Ongoing	<ul style="list-style-type: none"> <li>Two (2) professional support visits provided annually to nine (9) established rural groups in Inglewood, Roma, Mitchell, Crows Nest, Dalby, Pittsworth, Oakey, Tara and Goondiwindi.</li> <li>Shared activities between rural groups and TOMNET Centre.</li> </ul>	<ul style="list-style-type: none"> <li>Number of professional support visits provided to all 9 rural groups over the life of the project.</li> <li>Feedback gathered from rural groups on usefulness of professional support visits.</li> </ul>	The development and provision of social and emotional support network for older men in regional, rural and remote communities who represent a high risk target group.

Task(s) / Activities	Outcomes – including Expected versus Actual Achievements / Evidence supporting success or non-achievement / Resulting recommendations	Achieved Y/N
<p>To further consolidate and strengthen a regional network that can continue to lend professional support to established rural men's groups to ensure their sustainability and capacity to respond to men at risk in their communities.</p>	<p>The deliverable for Task 1 was to strengthen and consolidate the Older Men's Groups regional network to ensure their sustainability and capacity to respond. To achieve this deliverable the following key performance indicators were identified.</p> <ol style="list-style-type: none"> <li>1. Over 80% of rural groups invited attend the annual Men's Muster.</li> <li>2. Newsletter distribution to rural groups.</li> <li>3. Number of promotional activities undertaken by TOMNET to support rural groups.</li> </ol> <p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>The Annual Men's Muster continues to attract ever increasing numbers of men from across the rural and remote South West Region and has exceeded the expected level of achievement in Phase Three. The Men's Muster is the official gathering of the Network and has been an event since 2005. The Men's Muster provides an invaluable opportunity to create a broader support network between older men, with the success of the event lying in the social connections that enable older men to share their knowledge, ideas and ways that each rural group operates.</p> <p>As each rural group operates independently using different formats and with their own unique focus, the rural groups can discuss these differences and share the challenges, joys and successes of their groups while underpinning the values of the TOMNET philosophy of men supporting older men.</p> <p>The Men's Muster would not be such a success if not for the annual support provided by TOMNET Toowoomba to the rural groups. Learning from past projects identified that the rural groups need to feel supported and informed on the activities of the Toowoomba group. Using the TOMNET Newsletter to do this has proven useful as information sharing and has been enhanced with a dedicated rural group page.</p> <p>Sustainability of the groups and increasing their capacity to respond to the needs of at-risk older men presents individual challenges for TOMNET Toowoomba based on the individual functioning and needs of each rural group. Promotional activities undertaken by TOMNET to support all rural groups have delivered targeted professional support where it is most needed.</p> <p><b>Evidence supporting success or non-achievement</b></p> <ul style="list-style-type: none"> <li>• In 2011 The Men's Muster was held in Tara with 130 men from all rural groups and TOMNET attending and in 2012 in Goondiwindi with 143 men from all rural groups and TOMNET attending. This is an increase from the 2010 Muster which involved 110 men.</li> </ul>	<p>Yes</p>

	<ul style="list-style-type: none"> <li>• The regular TOMNET newsletter is distributed to all rural groups with a dedicated page for the rural groups to add their information. This strategy was designed to bring the rural groups into the network, and to share information – to create a true network, rather than an ‘us and them’. The page is used to share ideas on running groups, promote what the good news stories are and ‘get to know’ the groups on a more personal level.</li> <li>• A newsletter ‘tabloid’ is produced by the Men’s Muster for each event that includes an annual report of activities from each group to help disseminate the ideas and create inspiration for other groups (see Appendices).</li> <li>• Additional promotional activities which occur between Toowoomba and the rural groups included: <ul style="list-style-type: none"> <li>◦ Monthly articles for the Darling Downs Public Health Unit by the staff Social Worker – the target is health and welfare workers within the rural communities.</li> <li>◦ An informal speaker’s bureau (currently being developed into a formal Speaker’s Bureau) where volunteer men are trained to go out into the community and promote TOMNET. Currently 4 presentations have occurred to Murdoch Lawyers, the Catholic Church in Highfields, the Diabetic Group and on radio.</li> <li>◦ TOMNET men have attended the Millmerran Health Expo Pittsworth Health Expo and the Warwick Health Expo which led to the Warwick Men’s Shed expressing an interest in establishing a complementary partnership between the Shed and TOMNET.</li> <li>◦ Promotional information sessions during visits by TOMNET volunteers and staff to rural men’s groups.</li> </ul> </li> <li>• Further evidence supporting the success of the development and expansion of the rural men’s groups is that during the funding period interest for forming a TOMNET group has been expressed from the following areas: Logan, Margate, Ballarat, Bundaberg, Kingaroy, Warwick, Stanthorpe, and Tamworth. A Tamworth representative attended the muster in Goondiwindi to see what it involved and connections were made, however the others were not followed up due to lack of resources. Each group was sent a copy of the manual ‘Forming Older Men’s Groups’ and should funding continue, the manual will be digitalised along with the ‘Forming Men’s Groups in Residential Care Facilities’ to allow more community access to TOMNET’s learning.</li> </ul>	
	<p>The deliverable for Task 2 was the provision of two professional support visits annually to nine established rural groups in Inglewood, Roma, Mitchell, Crows Nest, Dalby, Pittsworth, Oakey, Tara and Goondiwindi.</p>	Yes

<p>To provide peer support to already established groups through regular visits, shared activities and contact</p>	<p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>With the funding provided in the third phase, TOMNET was able to significantly exceed this deliverable, understanding that many of the challenges inherent in setting up rural groups is providing sufficient professional support to the group as a whole in addition to individual members of the groups, particularly in its early stages.</p> <p>Based on the learning from Phase 1 and 2, TOMNET has developed a model that is encompassed in the manual "Forming Older Men's Groups" and recognises that to create a sustainable group, the intervention supplied by TOMNET is not a 'quick fix'. It is not useful to encourage a group in its early stages of forming only to drop out shortly after when they most need the assistance. Ironically for a rural group to achieve long-term sustainability in its own right, it needs a sustainable level of intervention for a significant amount of time, and preferably from within the local community. Without it, the group is at risk of momentum dying off once the 'honeymoon' phase is over.</p> <p>Where groups do struggle to survive points to a key issue in the evidence supplied by the Dalby and Pittsworth groups, which is further identified in other deliverables in this Report. Men who transition to aged care and nursing facilities lose their connections to established social and emotional support networks. The demise of the men's group because their members were no longer able to access it due to their transition to aged care highlights the reality that isolated older men are at increased risk when they cannot maintain the very network that was established to support them. This issue lends weight to the recommendation that older men's groups need to be established in age care facilities.</p> <p>The evidence supplied below provides an insight into the realities of establishing a rural men's group and acknowledges the challenges relating to expanding outreach support in rural and remote areas.</p> <p><b>Evidence support success or non-achievement</b></p> <p>Target: 18 professional support visits to rural &amp; remote groups          Achieved: 44 professional support visits to rural &amp; remote groups          Additional: 4 visits from rural &amp; remote groups to TOMNET centre in Toowoomba</p> <ul style="list-style-type: none"> <li>o Millmerran received 10 visits</li> <li>o Highfields and Crows Nest received 5 visits each</li> <li>o Oakey, Tara, Dalby and Inglewood received 4 visits each</li> <li>o Warwick received 3 visits(requested alliance from Warwick's men shed – a formal group will be established under the extension funding)</li> <li>o Pittsworth and Roma received 2 visits each</li> <li>o Mitchell, Surat and Goondiwindi received 1 visit each, largely due to their more rural and remote</li> </ul>	
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locations.

- An outreach plan was developed to ensure all groups met their 2 visits; however time was a challenge with the distance of the most remote groups. Most of the existing rural groups had the number of support visits exceeded with most groups receiving support visits from professional social workers and peer support during the funding period. Visits focused on addressing older men's issues, engaging in information exchange and updates on TOMNET goals and objectives, consolidating relationships and networks and seeking input into training and other needs of rural communities.
  - The more remote groups of Goondiwindi, Roma and Mitchell only received 1 -2 visits due to their distance from the TOMNET centre, although the annual Men's muster was held in Goondiwindi which was attended by members of all groups. To address this issue in future, the member driven model will be reinstated with the support of a qualified support person linked to these groups. The model will use a counsellor to provide telephone support once the relationship has been established, where this person will be an external source of support. Training to rural groups will be supplied to identify members who may benefit from receiving support. The learning certainly is that it is difficult to support groups of some distance, and this need supports a push to fund a local office, or coordinator. It also highlights the need to have an on-ground coordinator in each rural group and the support of a local agency to support the coordinator.
  - The Dalby and Pittsworth groups have been struggling to survive due to a number of members transitioning to nursing homes thus the initial momentum of local community organisations and members decreased. TOMNET has been consulting with the local aged care facilities and local community groups to reignite interest, however due to limited resources, resources have been diverted to other groups. Continual contact will be maintained – when enough community interest occurs, the groups can be readily re-established.
  - The establishment of the Highfields & Millmerran groups have progressed and are building strong local interest. The Highfields group is considered a Men's Shed within the TOMNET network but there are strong links to TOMNET through assistance provided in establishing the Highfields' Shed with incorporation and insurance. Men's Shed members are dual TOMNET members too for insurance. There has been some cross visiting from the groups which has gained 50 members within 12 months. The Millmerran group required additional support during the time that a key position in a community agency, which was coordinating the group, was removed. Links were established between members in Cecil Plains (50kms away) who are supported by a local community organisation and Millmerran, and with Toowoomba members. The satellite group of Cecil plains have also attended some Toowoomba events.
1. The Inglewood group has been instrumental in assisting Texas to establish a TOMNET group in their own community. The Texas group has had strong support from local community leaders – including the school principal. A similar process occurred in the Surat/Roma region where satellite groups were established. This is a very positive outcome of the rural groups where a pyramid model develops as one group helps another to 'help themselves'. Formalisation of this model may



	<p>be possible in coming years as this model is further tested and researched.</p> <p>2. Warwick Men's Shed, which has been independently established as a 'shed' entity for two years, sought TOMNET's expertise and support to establish a TOMNET model. They identified that some of their members were seeking more depth and meaning from the group with a less competitive and practical 'tools' focus. Warwick Men's Shed are seeking opportunities to help their group members build more meaningful relationships, explore older men's issues and create ways to provide support to each other and others in the community. They are keen to implement the aged care visiting program model in their own community, with the assistance of TOMNET's 'Forming Older Men's Groups' and 'Forming Men's groups in Residential Care Facilities' resources developed by TOMNET. In addition they are seeking to establish relationships with local support agencies. These strategies will be the focus of the 2013/2014 year.</p> <p>The Stanthorpe Men's Shed has also expressed a similar interest. The aim is to establish a complementary partnership that reflects the different outcomes of each organisation.</p>	
	<p><b>Challenges and learning</b></p> <p>The challenges in maintaining a strong regional and rural network of older men's support groups includes:</p> <ul style="list-style-type: none"> <li>• The need for sustainable intervention and the resources to support these groups past their initial start up phase and into a consolidation phase. This need has to be balanced with the desire in TOMNET to ultimately establish self-managed groups as the preferred model. Where members are less willing to be self-managed, resources should be directed to more willing groups.</li> <li>• The demise of groups when members move out of the 'honeymoon' forming stage and into the more challenging 'storming' phase.</li> <li>• The demise of groups when members transition into aged care and lose their connection with a support network which is not replaced within an aged care facility.</li> <li>• Insufficient resources for professional staff to manage the travel from Toowoomba to remote areas of South West Queensland on a semi-regular basis to support rural groups.</li> <li>• Rural groups need more effective strategies to recognise where to find community support and how to harness that support to develop relationships. Community development strategies are at the heart of establishing a rural men's group but many older men have not cultivated these skills. Approaching community members for assistance can be difficult for this generation but establishing and maintaining a long term relationship with them is vital to gaining traction in the group.</li> </ul>	

- A complementary partnership between TOMNET and the Warwick Men's Shed is likely to form a new model for TOMNET to progress with future Shed groups who are seeking more than a practical tools focus. These opportunities will maximise the value that TOMNET plays in the community without duplicating the goals of either group.
- A key learning arose from the high number of visits to the Millmerran group. The model of self-sustainability is threatened when the group request or receive more visits than what the TOMNET model normally promotes. This 'over-servicing' leads the group to form a dependency on TOMNET which puts the model of local coordination and internally-motivated drive to keep the group alive, at risk. The groups need to develop the internal passion to work at development to ensure the group's longevity. Putting this reliance on any other organisation or staff person, threatens the group's future once this focused attention is removed or reduced.

### Resulting Recommendations

#### Recommendations for supporting rural and remote men's groups and the individuals within them:

1. That further funding is provided to establish a TOMNET outreach office in Roma to provide the most accessible service to highly vulnerable older men in rural and remote South West Queensland. This office would support Roma (ROMNET), Mitchell men's group, Tara men's group, Surat men's group, and additional groups in St George, Longreach and Cunnamulla should they become established. This role of this office would be to provide a counselling service to at-risk older men, promote community development strategies for the sustainability of the existing groups and to support new groups and address the issues particular to rural and remote older men in relation to transitioning from a farm or rural community to aged care. This position would also investigate opportunities to establish a men's group in existing residential aged care facilities.
2. That a remote professional service for rural and remote groups be formally established to support those individuals at high risk in these groups. This strategy will address the challenges of seeking help in small communities which many men find too difficult to admit to the community they live within.
3. A community response education session be offered to each rural and remote group/or community to educate their group members on how to intervene when they encounter someone they believe to be at risk. An opportunity exists to integrate it into an education training session with local community agencies.
4. To use the 'Forming Older Men's Groups' manual with the rural groups as a basis for discussion on building the Network.

	<p><u>Recommendations for improving access to older men's groups in aged care:</u></p> <ol style="list-style-type: none"> <li>Continue to promote the 'Forming Older Men's Groups' and 'Forming Older Men's Groups in Aged Care Residential Facilities' Manuals using internet based technology to promote the issue of suicide prevention more broadly.</li> <li>Develop the 'Forming Older Men's Groups in Aged Care Residential Facilities' Manual into a training program in 2013/2014 to create greater support networks between older men in rural communities.</li> <li>Assist local groups to establish aged care, home visiting and hospital visiting programs or find way to contribute meaningfully to their local communities.</li> </ol> <p><u>Recommendations to increase partnerships with the Men's Shed model</u></p> <ol style="list-style-type: none"> <li>That TOMNET work with the Warwick Men's Shed to develop a model which will identify how the funded Men's Sheds program and the TOMNET model can work in a complementary partnership to provide meaningful support to, and build relationships with, older men. This model will provide strategic advice to the Department of Health and Ageing on how to identify and expand the nexus between these two models of support and consider how this could be expanded to the Men's Shed concept more broadly if they so desire it.</li> </ol>	
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**Objective 2: Continue to positively support the role of older men supporting older men in the community, focusing on enhancing the status and value of this work in the Toowoomba and regional community.**

<b>Key activities</b>	<b>Timescale / Frequency</b>	<b>Method of Measurement</b>	<b>Key Performance Indicator</b>	<b>Demonstrated achievement of outcome</b>
Maintain a volunteer program that is able to facilitate individual peer support and mutual self-help to isolated older men with access to support services, focusing on promotion and prevention efforts within the settings where men live.	Commence August-11  Ongoing	<ul style="list-style-type: none"> <li>Twenty (20) older men recruited as volunteers to provide individual peer support and mutual self-help to at risk older men.</li> </ul>	<ul style="list-style-type: none"> <li>Number of volunteers identified, inducted and trained.</li> <li>Internal training, induction and mentoring processes implemented.</li> <li>Number and type of training workshops attended by volunteers over the life of the project.</li> </ul>	The delivery of both suicide prevention and intervention services including crisis intervention.
To assess and identify the needs of at-risk older men in the community and implement appropriate outreach services and support.	Commence August-11  Ongoing	<ul style="list-style-type: none"> <li>Reassess past clients and assess potential clients to determine eligibility.</li> <li>Twenty (20) at-risk older men provided with individual peer support within the settings in which they live.</li> </ul>	<ul style="list-style-type: none"> <li>Number of referrals made for at-risk older men over the life of the project.</li> <li>Number of referrals unable to be met within existing funding constraints over the life of the project.</li> <li>External service providers identified and engaged with to provide specialist support.</li> </ul>	
To train and develop volunteers who will play a critical role in suicide prevention, through their ability to identify and respond effectively to men at risk.	Commence August-11  Monthly	<ul style="list-style-type: none"> <li>Ten (10) older men recruited as volunteers to undertake outreach activities and shared contact to established rural groups and residential men's groups</li> </ul>	<ul style="list-style-type: none"> <li>Number of volunteers identified, inducted and trained over the life of the project.</li> <li>Internal training, induction and mentoring processes developed and implemented.</li> <li>Number and type of training workshops attended by volunteers over the life of the project.</li> </ul>	

<b>Task(s) / Activities</b>	<b>Outcomes – including Expected versus Actual Achievements / Evidence supporting success or non-achievement / Resulting recommendations</b>	<b>Achieved Y/N</b>
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<p>Maintain a volunteer program that is able to facilitate individual peer support and mutual self-help to isolated older men with access to support services, focusing on promotion and prevention efforts within the settings where men live.</p>	<p>The deliverable for Task 1 was to recruit ten older men as volunteers to provide individual peer support and mutual self-help to at risk older men.</p> <p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>The achievement of this deliverable was dependent on attracting, recruiting, inducting and training sufficient numbers of volunteers to enable this program to continue and develop. It is also vital that volunteers maintained their skills and update knowledge by attending relevant training programs provided by TOMNET or other agencies. These were provided by local providers who are experts in the area of suicide prevention and have supported TOMNET with specific training since the inception of the Community Connections Program.</p> <p>The majority of volunteers were recruited based on direct approaches by TOMNET staff whilst several responded to advertisements and hearing other men discuss their experiences. This enabled sufficient volunteers to be recruited over the two year period and allow the program to exceed its expected achievement of recruiting 20 older men. For more information on the experiences of volunteers in the program, please refer to the TOMNET Evaluation Report 2013 by Bill Hodgkinson.</p> <p><b>Evidence supporting success or non-achievement</b></p> <p>Target – 20 older men recruited as volunteers. Actual – 28 older men recruited as volunteers 2011-2013.</p> <ul style="list-style-type: none"> <li>• The internal training, induction and mentoring processes included monthly volunteer training sessions and the induction of volunteers.</li> <li>• Preliminary scheduling of training workshops attended by volunteers outside the organisation included Lifeline’s “Assist” (Suicide Prevention course) and “The Accidental Counsellor” program. This training course is focused on people who are not qualified counsellors but who deal with people who are feeling traumatised or at risk. The course covers what to say to someone in distress, what are the signs of distress and how to console someone.</li> <li>• A training gap analysis was undertaken to identify strengths, weaknesses and needs for internal training programs to ensure relevance and value to the volunteer’s capacity to contribute to TOMNET’s suicide prevention activities.</li> </ul>	<p>Yes</p>
	<p>The deliverable for Task 2 was to provide 20 at risk older men with individual peer support within the settings in which they live.</p>	

<p>To assess and identify the needs of at-risk older men in the community and implement appropriate outreach services and support.</p>	<p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>This task exceeded its expected achievement of supporting 20 at risk older men with peer support in the settings in which they lived. A total of 32 clients received services over the past two years.</p> <p>The Independent Evaluation of the Program conducted by B. Hodgkinson (2013) noted that Phase 3 of the Community Connections Project focused on a group of twenty-two (22) subjects selected as most in need of support to address precursors to suicide. Over a period of two years, half of this number were no longer active in the program as they had died (7) or had serious medical issues leaving them unable to self harm (2) or removed themselves from the program or the area (2). Other individuals have emerged from among the members of TOMNET and as a result the visiting program has been extended to other clients.</p> <p>The average time spent as a client of the Community Connections Program was 2.9 years indicating that 55.6% of the clients had continued into Phase Three of the program from earlier phases. The mean age of the client sample undertaken by the Independent Evaluator was 79.7 years with 55.6% of the 9 respondents being above this age.</p> <p>The Evaluation Report also notes that the data collected from the Individual Psychological Assessment Instrument (see Appendices) indicated that while many clients have made improvements as a result of exposure to the program, the majority of subjects still fall within rating levels that are indicative of possible suicide. Half of the sample had not improved their overall rating with one having reached a more worrying level.</p> <p><b>Evidence supporting success or non-achievement</b></p> <p>Target:</p> <ul style="list-style-type: none"> <li>• Although a benchmark of 20 clients was set by the project, in total 32 clients received services.</li> <li>• Each of these clients had been assessed and deemed high risk through the formal assessment process conducted by professional staff or volunteer counsellors.</li> <li>• Fifty men received professional counselling support from a qualified support worker/counsellor</li> <li>• Issues addressed during professional counselling support include: stress/anxiety/depression, loneliness and isolation, health, grief and loss, life skills and relationships.</li> </ul> <p>Referrals In: 33 from the following organisations: HAAC, Transcare, The Advocacy &amp; Support Centre Incorporated (TASC), Local General Practitioners, Diabetic Support Group, Oakey TOMNET, Personnel West Employment Services.</p>	<p>Yes</p>
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	<p>Referrals Out: 15 to the following organisations: Toowoomba Police, Salvation Army, Local General Practitioner's, Internal Counsellors, QATB, Local Hospitals, The Advocacy &amp; Support Centre Incorporated (TASC), Blue Care, Glenvale Villa's, East Creek Community Centre.</p> <ul style="list-style-type: none"> <li>50% of the rural outreach visits included the attendance of a qualified support worker to provide informal counselling sessions.</li> </ul>	
<p>To train and develop volunteers who will play a critical role in suicide prevention through their ability to identify and respond effectively to men at risk.</p>	<p>The deliverable for Task 3 was to recruit ten older men as volunteers to undertake outreach activities and shared contact to established rural groups and residential men's groups.</p> <p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>The target was to recruit 10 older men as volunteers to undertake outreach and shared contact to the rural groups and aged care residential men's groups, however 73 older men in total participated in one or more services in a volunteer capacity.</p> <p>This far exceeded the expected achievement of 10 men and highlights the worthiness of the TOMNET Community Connections project to the wider community of older men. It also confirms for a seventh year of this funding that older men who volunteer contribute to their own health and well being at the same time as they lend their skills, knowledge and intelligence to addressing the needs of their peers in the organisation.</p> <p>Training remains a vital component of successful volunteering for the individual. When men are supporting other vulnerable men, the issues that arise can trigger suppressed memories and emotions in the volunteer. Many volunteers also express concern that they might miss an indicator of suicide and they do not want to feel that they could be letting their client down by not addressing this. Both of these issues rely on regular and supportive training to help the individual deal with their fears and provide strategies for managing the situation. TOMNET provides a 'debrief' service to all volunteers for each of the outreach programs and the mentoring programs with disadvantaged teenagers.</p> <p>The Evaluation Report by B. Hodgkinson (2013) indicates that all surveyed volunteers supported the training program as it currently exists and would not remove any of the current material within it. Comments that the material could benefit from further small group discussion and more material on identifying problems in a client are reflective of the issues mentioned earlier. Volunteers want and need an opportunity to think and talk through the challenges of supporting at-risk older men and look for practical and grounded strategies in training that they can use to meet this need.</p>	<p>Yes</p>

	<p><b>Evidence supporting success or non-achievement</b></p> <p>73 older men in total elected to undertake:</p> <ul style="list-style-type: none"> <li>○ Outreach activities, for example by assisting established rural groups in Crows Nest, Oakey and Tara</li> <li>○ By establishing new outreach groups at Millmerran and Highfields</li> <li>○ Volunteering with the aged care residential programs at Westhaven, Nubeena, Yukana and Lourdes and Freedom Aged Care</li> <li>○ Hospital visiting older men</li> <li>○ Providing organisational support and transport for older men</li> </ul> <ul style="list-style-type: none"> <li>• Oakey was designated as a high risk rural area for suicide and as a result TOMNET provided the services of a qualified support worker to assist in establishing an Oakey Suicide Prevention Group, where local communities came together to form a support network to address the issue.</li> <li>• 'Men at Work' groups have progressed to being a regular program available for TOMNET members with the community also invited. This small group counselling program is a facilitated group where older men can come together to discuss issues relevant to their personal circumstances. The monthly gatherings focus on topics of depression, isolation, relationships etc. TOMNET aims to expand this model in every forum of TOMNET including during the weekly activities and provide expertise to groups such as Warwick's Men's shed to run monthly discussion groups.</li> </ul>	
	<p><b>Challenges and learning</b></p> <p>The challenges and learning in addressing the needs of high risk older men through a home-visiting volunteer program have not dramatically altered since the last project phase.</p> <ul style="list-style-type: none"> <li>• The issue of older men being reluctant to accept referrals to other professionals within the health and community sector continues to impact on the men in the home visiting program and the volunteers who support them. Rural men in particular are more removed from health services and information due to their location and often the nature of their work. Social isolation is a critical factor for many older rural men, especially those without partners, and this contributes to a relatively high rate of depression and suicide. Rural men are less likely to visit a doctor than their urban counterparts and when they do, they are less likely to discuss issues such as depression, loneliness, sadness or stress factors. Specialist clinics and counsellors also tend to be less available to men in rural and remote locations.</li> </ul>	



- A further issue that compounds the challenge in encouraging men towards community health services is the 'feminised' atmosphere which is a significant barrier to older men. The ability for TOMNET to provide in-home visiting support at least encourages an older man to allow a trusted outsider into his private world, where he may be more open to suggestions of professional referral. However it is acknowledged that encouraging and supporting men into professional services and providing health information in a range of settings used by and familiar to men is important to addressing many issues.
- The precursors to suicide exist in older men within the wider membership of TOMNET and not only inside the home visiting program. Identifying other ways to address these precursors for the wider membership includes establishing a member support program to provide more regular contact with isolated older members. A team of ten trained volunteers will follow a structured process with support from the professional counsellor if required. Each volunteer will call members regularly to reduce their social isolation and this contact may be followed up with home visits. Volunteers will also have a hospital list to keep in better contact with members who are ill.
- The social aspects of health are often overlooked by professional organisations in favour of centering on illness and male specific conditions. The important role of social networks and participation should be considered in addressing older men's health. Key to this is having appropriate spaces for older men to meet and support each other; something which becomes more limited as men age and their health deteriorates. This explains why the older men's groups are so widely accepted in rural regions and why the volunteer home visiting program meets a primary social need in isolated older men.

### Resulting Recommendations

#### Recommendations for supporting at risk older men in the community through a volunteer program

9. To develop a community strategic plan using TOMNET as a lead agent to strengthen professional partnerships with local service providers including a formalised suicide prevention network and a streamlined external/internal referral process which addresses the issues of barriers that older men face in following up referrals and ensures a coordinate approach to support for older men.
10. Volunteer training will be reviewed to provide more tailored and specific training for volunteers – eg. specific training for those in the aged care sector, home visiting, hospital or organisational support. This training is to address evolving trends and developments

	associated with suicidality to ensure volunteers are receiving the most current information.	
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**Objective 3: To increase social and emotional support for at-risk older men in selected aged care facilities, retirement villages and over '50's accommodation through the extension of outreach older men's groups.**

<b>Key Activities</b>	<i>Timescale / Frequency</i>	<i>Method of Measurement</i>	<i>Key Performance Indicator</i>	<i>Demonstrated Achievement of Outcome</i>
Continue to provide professional support to existing groups to ensure their long-term sustainability and capacity to meet the ongoing and transitional needs of older men within their facilities.	Commence August-11  Monthly	<ul style="list-style-type: none"> <li>Regular support to two (2) existing groups.</li> </ul>	<ul style="list-style-type: none"> <li>Number of requests by aged care facilities unable to be met under existing funding constraints, over the life of the project.</li> <li>Client feedback on usefulness of men's group to address social isolation, grief, loss, loneliness, depression and transitional issues.</li> </ul>	To build resilience and promote help-seeking behaviours in an appropriate environment to create the capacity of older men to cope with significant transition points in later life.
To establish new men's groups to address social isolation, grief and loss, loneliness, depression and transitions experienced by older men.	Commence November-11  Monthly	<ul style="list-style-type: none"> <li>Two (2) local men's groups established within aged care facilities or over '50's accommodation</li> </ul>	<ul style="list-style-type: none"> <li>Partnership Agreements developed and signed by all parties.</li> <li>Evaluation of the success of Partnership Agreement by all parties at end of project.</li> <li>Client feedback on usefulness of men's group to address social isolation, grief, loss, loneliness, depression and transitional issues.</li> </ul>	
To provide training and awareness on older men's issues to staff working in local aged care accommodation to build their capacity to play a more active role in meeting the needs of older men in their care.	Commence November-11  Commence February-12	<ul style="list-style-type: none"> <li>One (1) internal training workshop provided annually to two (2) newly established local aged care facilities or retirement villages.</li> <li>One (1) internal training workshop provided annually to two (2) established local aged care facilities or retirement villages.</li> </ul>	<ul style="list-style-type: none"> <li>Training needs identified and training schedule developed and implemented.</li> <li>Number and types of training workshops delivered.</li> <li>Training evaluation and feedback processes developed and implemented.</li> </ul>	

Task(s) / Activities	Outcomes – including Expected versus Actual Achievements / Evidence supporting success or non-achievement / Resulting recommendations	Achieved Y/N
Continue to provide professional support to existing groups to ensure their long term sustainability and capacity to meet the ongoing and transitional needs of older men within their facilities.	<p>The deliverable for Task 1 was to provide regular support to two existing men’s groups in aged care facilities.</p> <p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>This deliverable was achieved with the existing two aged care facilities, Westhaven RSL Care and Nubeena Residential Care continuing with their older men’s groups.</p> <p>The actual achievement was exceeded as two other facilities had signed Partnership Agreements soon after Phase Three commenced and professional support was provided to these groups for the length of the project. The additional groups included Yukana, Lourdes Nursing Home and Freedom Aged Care.</p> <p><b>Evidence supporting success or non-achievement</b></p> <p>Target – Whilst only two aged care facilities’ groups were to be provided with support, four groups were established for the life of the project and all were provided with support from TOMNET throughout the life of the project. This increase was due to expanding interest from local residential care facilities within Toowoomba to be part of the project, which many had heard about from staff within the original two facilities.</p> <ul style="list-style-type: none"> <li>• The support provided includes each residential facility having a TOMNET team who are responsible for visiting, conversation and peer support. TOMNET members take an active role in coordinating these gatherings and the team are also building the capacity of one member of each residential facility to take an active role in coordinating the residents to attend and participate – which is working exceptionally well.</li> <li>• Monthly meetings are key to the success of the groups and over 40 residents across five facilities participated in the program over ten months per year, leading to approximately 400 contact hours. The program focuses on fellowship, support and building relationships between the volunteers and those isolated in aged care facilities. A variety of programs include guest speakers on interesting topics, sharing backgrounds and experiences, skills and expertise and focusing on emotional well-being issues.</li> <li>• Demonstrating the commitment that TOMNET volunteers have to this program, the average team of volunteers per facility has built from four to ten. There is greater opportunity for members to get involved, but the commitment to the facility has been reduced to twelve months to increase incentive for volunteers to get involved. The increased volunteer numbers also enable more relationships to be build within the group, increasing sustainability, with the overall effect being that volunteer numbers have been consistently building since the program has been established.</li> </ul>	Yes

	<ul style="list-style-type: none"> <li>• A formal structure has been developed for volunteers participating in the Westhaven model – including job descriptions, time involved, commitment required, maps, procedures etc. It is intended to formalise other aged care facilities in place. The aim is to increase ownership of members by older men supporting older men through taking leadership roles – allowing TOMNET staff resources to focus on creating new opportunities in other facilities when the member managed team is in place.</li> <li>• The member-led model has resulted in more consistent communication with facilities staff about members. The previous model was heavily reliant on TOMNET staff communicating with facility staff; however time commitments on both sides and changes of facility staff saw the relationship disintegrate over time. Creating a relationship between the volunteer team leader and staff at the residences means more contact and 'care' about those who are being visiting in the residences. TOMNET will aim to train the volunteer team to identify those residents doing it really tough and link them to the TOMNET professional support team when required.</li> <li>• If resources were available, this program has the program to be expanded significantly as there are 42 retirement villages, aged care or hostel for the aged in Toowoomba alone.</li> </ul>	
<p>To establish new men's groups to address social isolation, grief and loss, loneliness, depression and transitions experienced by older men.</p>	<p>The deliverable for Task 2 was for two local men's groups to be established within aged care facilities or over '50's accommodation</p> <p><b>Expected vs Actual Achievement 2011-2013</b>  In total, three new men's groups were established with the two mentioned above (Yukana and Lourdes Nursing Home) establishing early and existing for the life of the project.</p> <p>The third new group to be established was Freedom Aged Care which has recently formally requested to expand to an additional two facilities. A second Freedom facility has opened already which identifies that there is a need for this type of support. However the TOMNET model of monthly visits needs formalising to ensure that the 'product' is kept simple and relevant to the residents, primarily through the monthly meeting format. A model of member led volunteer teams (coordinated by office staff) will allow TOMNET to grow the services appropriately.</p> <p>At this stage only the one Freedom facility has been formalised into a Partnership Agreement. Currently a transport agreement is in place with Freedom, to allow their residents to attend weekly meetings which will be reviewed. It was established as a trial to assist aged care residents to 'escape' the walls and provide a weekly outing to look forward to. This has come with some resourcing issues as transporting logistics are time consuming. However it highlights 'transport' and it's link to social isolation as one of the key issues that both TOMNET and the aged care facilities must address to gain</p>	

	<p>traction on the issue.</p> <p>Formal MOU's are in place with all facilities which are reviewed annually.</p> <p><b>Evidence supporting success or non-achievement</b></p> <p>Target – two new groups Achieved – three new groups with a further two in the pipeline.</p> <p>Freedom Aged Care requested a group to be established in the first half of Phase 3 and this occurred on a trial basis initially followed by an evaluation in November 2012. A formal partnership agreement has since been developed and the residents now get involved in other TOMNET activities including sharing of their skills and hobbies.</p> <p>Freedom Aged Care is also positively promoting TOMNET in their local arenas and residents attend the TOMNET Wednesday meetings to increase their network and social interaction. Overwhelmingly positive responses are still being received through the evaluation process on the usefulness of men's groups to address issues.</p> <p>As a result a new group counselling program 'Men at Work' has been established with success to date. This small facilitated group where older men can come together to discuss issues relevant to their personal circumstances, supports the social and counselling service TOMNET offers and is valued highly by members.</p> <p>The 'Forming Men's Groups in Residential Care Facilities' Manual which has been developed to provide residential facilities with the necessary tools and processes to support the establishment of groups in their facilities, will be actively promoted to aged care facilities in the local region, and within the TOMNET rural localities. Two rural groups, Warwick and Crow's Nest have been provided with a copy to commence the conversation of starting such groups in their local communities.</p>	
<p>To provide training and awareness on older men's issues to staff working in local aged care accommodation to build their capacity to play a more active role in meeting the needs of older men in their care.</p>	<p>The deliverable for Task 3 was:</p> <ul style="list-style-type: none"> <li>• One internal training workshop annually to two newly established local aged care facilities or retirement villages.</li> <li>• One internal training workshop provided annually to two established local aged care facilities or retirement villages.</li> </ul> <p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>This expected deliverable could not be achieved despite ongoing attempts by TOMNET staff to engage with facility staff around making this happen. The aged care staff themselves are very interested in having training on older men's issues and acknowledge the importance of this training to their residents. However there were many difficulties in securing opportunities to run these workshops due to limited staff time availability, as many facilities are short staffed and cannot spare the staff to attend</p>	<p>No</p>

	<p>training.</p> <p>In addition, the facilities will not support or pay for their staff to attend TOMNET provided training. Therefore achieving even minimal numbers for the training to go ahead was not possible.</p> <p><b>Evidence supporting success or non-achievement</b></p> <p>Target – 1 training workshop x 2 established facilities and 1 training workshop x 2 new facilities. Actual – no training workshops were provided to any of the facilities.</p> <p>The evidence supporting the partial achievement of steps towards this training is below. However ultimately this deliverable was not fully achieved.</p> <ul style="list-style-type: none"> <li>• Preliminary discussions were undertaken regarding information sought by aged care staff in regards to older men.</li> <li>• A training schedule was developed for the two years of the project.</li> <li>• Training evaluation and feedback processes were developed for staff when the training went ahead.</li> <li>• Training material had been developed and adapted to suit the nature of aged care residential facilities.</li> <li>• Discussions were held regarding logistics of providing internal training workshops to staff at local aged care facilities or retirement villages either in situ or at a mutually agreed-upon venue.</li> </ul> <p>Despite this ground work occurring, no training sessions were able to be delivered, primary due to the facility management's lack of support in allowing the staff to attend by paying them for the time spent at additional, non-compulsory training. Many staff were already overworked and therefore not available to attend training and the facilities were generally understaffed and could not allow staff time away to attend the training.</p> <p>These issues were similarly raised in Phase Two which also achieved only a partial completion of this deliverable.</p>	
	<p><b>Challenges and learning</b></p> <p>There are numerous challenges to forming older men's groups within the aged care system and where possible, TOMNET is developing creative ways to address these.</p> <ul style="list-style-type: none"> <li>• The challenges with establishing older men's groups in residential aged care included difficulties with organising levels of management to get approval for the group and allaying management fears that staff will be required to supply additional support when they are already overworked and stretched for time. The internal training workshops for residential aged care staff did not eventuate due to the logistics in enabling overworked staff to attend when they are not paid to do so. This</li> </ul>	

means that providing training workshops cannot be the only suitable method of providing information to this target group.

- It is an ongoing challenge to maintain regular contact with aged care staff as they are significantly under resourced and time-pressed. Suggested strategies to partly address this included holding TOMNET meetings in the aged care facility where staff can see what occurs and get an understanding of the types of issues facing older men. A PowerPoint presentation could be developed to run in their staff room as currently occurs with Meals on Wheels as a training tool for staff who come and go frequently. A six or twelve month visit from TOMNET staff is another way to ensure that all is going well and encourage broader communication between the two organisations.
- Legal issues are restricting some activities such as men taking residents back to their rooms, which was an important part of fellowship. These legalities are also limiting the opportunities to bring hostel and residents together in one group as facilities do not have enough staff to assist patients to bring them together.
- Staff and hostel patients in the hostel facility at Westhaven have requested a regular monthly visiting program in addition to the monthly residential program. This would effectively add a 6<sup>th</sup> aged care facility to TOMNET's existing visiting program. TOMNET has tried to create links within the facility between the Residential and the Hostel but significant confusion occurred. TOMNET has learnt that it is vital to keep the model simple for both parties and therefore when the more formal structure of member led teams is fully established the intention is to resource this.
- In some facilities there is a residential area and a separate hostel (high care) area and the aim has been to integrate residents from both into the one meeting. The intention being to create support between residents and patients in-between monthly TOMNET visits, for example by helping them to get to know one another and encourage active residents to visit the hostel patient weekly, thereby reducing the social isolation of the patients.

However in practice this has not occurred as the residents have actively resisted visiting the hostel as it represents their next level of care. It is very challenging for them to see patients in this situation, knowing that one day it might be them. TOMNET can provide support to break down these fears so that the cycle of support would exist when residents move to the hostel, but at this stage the barrier is too great for the residents to be interested in doing this. Legal implications have restricted moving hostel patients, therefore two separate meetings will be held as long as there are sufficient volunteers to support them.

- A key learning from the past two Phases was that the aged care facility's philosophy and approach to the men's group was critical to the establishment and ongoing success of the group. The degree to which staff were encouraged and supported to provide assistance to enable older men to attend determined in part the number of men who ultimately benefited.



- The success of the groups has also relied on the support of the men from the facility who have handed out brochures and promoted it to other men in the facility and with residential staff who have assisted with transport. In addition, the TOMNET volunteers have been the drivers behind making this group happen and have gone out of their way to ensure that older men can be part of it by providing transport and support.
- Opportunities exist to provide one-on-one support to residents, in-between monthly gatherings, which will be the team leader's responsibility to coordinate or organise a monthly outing between a volunteer and a resident.

### Resulting Recommendations

11. To address the challenge of limited training opportunities for facility staff, TOMNET will adapt the existing Older Men's Issues Training packages for wider use through web based technology. These packages form the basis for the rural men's group training and have been delivered to community groups and health providers. As TOMNET hold unique in-depth knowledge and expertise in older men's issues, transferring that knowledge more broadly is critical to assisting older men.
12. To develop further innovative training resources to broaden the understanding of older men's issues by staff in residential care facilities.
13. To refine and document the model of a member-led volunteer team which will develop and capture a simple, clear and consistent service that is repeatable in each facility. In addition, this member led volunteer team will implement the men's groups in each established facility, with the support of the Programs Manager. It is envisaged that team leaders will meet regularly to share ideas, find solutions for problems. An overarching coordinator will be integral to ensuring a consistent service is provided by TOMNET members.
14. That volunteer training and inductions be specifically tailored for 'aged care residential' volunteering. Topics must include understanding the grief and loss of change, understanding the emotion of transitioning to higher care, loss of independence, being in primarily female orientated environments and 'legalities' of working with the residents. In addition, volunteers need training to identify where support is needed or a risk identified and when to contact the TOMNET coordinator who then links the resident/family to professional support services.
15. That work continues on breaking down the barriers between the Residential facilities and the Hostel facilities where these co-exist in an aged care setting. The aim is to create support networks of men in each individual facility and between each facility, as it is a more sustainable support model



	<p>in the longer term for each group.</p> <p>16. That a staff and resident 'champion' be identified in each residential facility to create enthusiasm and support within the ranks of both staff and residents, and who will encourage members to meet to share their skills and knowledge. A Resident Champion may be the one that encourages their fellow male residents to come along, coach them out of their rooms. A Staff Champion could be the one that the TOMNET member team leaders liaise with on the ground and be the one 'champion' to increase the personal interaction.</p> <p>17. To build better linkages to professional support by consistently training all volunteers with specific aged care training in order to identify at risk residents and link them to a counsellor to provide support. This service was previously provided by the TOMNET Social Worker as he attended &amp; ran the meetings, however as the model now moves towards being member led– a clear pathway of support must be identified for the volunteer and resident.</p> <p>18. That additional funding is provided by the Department of Health and Ageing to support the expansion of the older men's groups in residential care model. There are 42 aged care/retirement/high care facilities in Toowoomba alone and with an increasing ageing population, the development of this low-cost support network achieves the aim of reducing the risk of suicide in a very high risk target group.</p> <p>19. That lobbying continues on the need to incorporate the previously developed TOMNET Older Men's Issues Training Package material into the Certificate II and III in Aged Care. This information is vital to the community sector and needs to be made more broadly available. TOMNET will be placing the information online in the near future, but a more consistent approach to reach staff in aged care facilities would be to include the information into the Nationally Accredited Certificate II and III in Aged Care.</p>	
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<b>Objective 4: To reduce the risk of suicide for older men who require greater professional intervention by establishing community networks of older men in a safe and known environment.</b>				
<b><i>Key Activities</i></b>	<b><i>Timescale / Frequency</i></b>	<b><i>Method of Measurement</i></b>	<b><i>Key Performance Indicator</i></b>	<b><i>Demonstrated Achievement of Outcome</i></b>
Provide initial crisis intervention and professional support to members and clients to address critical issues when they occur and to promote improved chances of effecting change.	Commence August-11  Ongoing	<ul style="list-style-type: none"> <li>Twenty (20) clients and members provided with professional intervention and counselling annually</li> </ul>	<ul style="list-style-type: none"> <li>Number and type of face-to-face and telephone crisis intervention and counselling provided by staff and volunteers to TOMNET members, rural group members and clients over the life of the project.</li> <li>Number of requests for professional intervention and/or counselling services that could not be met due to funding constraints over the life of the project.</li> <li>Types of critical issues identified by men requiring professional intervention and/or counselling as indicated on the Psycho-social needs assessment.</li> </ul>	Provide education and awareness and engage in partnership with community organisations that service the needs of older men.
Continue to build professional partnerships with community health services and local agencies to facilitate referral pathways for long-term counselling and professional support.	Ongoing over life of project	<ul style="list-style-type: none"> <li>Attendance and membership at community meetings, regional networks, local workshops and service provider gatherings.</li> </ul>	<ul style="list-style-type: none"> <li>Database listing local health and community agencies that provide counselling and professional services developed.</li> <li>Number and type of professional partnerships build with local service providers over the life of the project.</li> <li>Number and location of external referrals recorded.</li> </ul>	

National Suicide Prevention Program – Phase 3: 2011-2013			
Task(s) / Activities	Outcomes – including Expected versus Actual Achievements / Evidence supporting success or non-achievement / Resulting recommendations	Achieved Y/N	
Provide initial crisis intervention and professional support to members and clients to address critical issues when they occur and to promote improved chances of effecting change.	<p>The deliverable for Task 1 was to provide 20 clients and members with professional intervention and counselling annually.</p> <p><b>Expected vs Actual Achievement 2011-2013</b></p> <p>This deliverable was achieved and exceed with 20 clients expected to be provided with initial crisis intervention and professional support and 50 clients who were actually provided with professional counselling support over the life of Phase 3 of the project.</p> <p><b>Evidence supporting success or non-achievement</b></p> <p>Target – 20 clients Achieved: 60 professional counselling support and multiples of informal counselling sessions These clients were largely self-referring from within the TOMNET Membership base.</p> <ul style="list-style-type: none"><li>• The TOMNET centre has been visited more than 3000 times by regular members and the informal support process between men is a valuable and essential part of the TOMNET philosophy. Staff provide informal counselling as required and the Social Worker provided regular opportunities for men to discuss deeply personal issues when he was in the position. With his recent retirement the counselling services have again been building up as new staff are appointed.</li><li>• TOMNET is creating more awareness of this service with the development of the counselling services brochure which is promoted in the community. The brochure has been actively taken up by members, with staff noting that they are 'slipped' into pockets. This service provides opportunities to deliver counselling services 'outside' of the drop in centre environment. The brochure will be promoted through local GP's and community organisations in order to rebuild the support network for older men. We also need to ensure resources are available to meet any increased demand.</li><li>• The centre is also now offering 'after hour' support which is also being taken up (3 hours per week). Many informal counselling sessions occur over coffee and now a 'go to member' service is tending to occur.</li><li>• Issues still exist around older men taking up referrals and there is a decided lack of trust in the professionals providing these services. This is often due to the resistance men have to go to an</li></ul>	Yes	

	unknown environment and their unwillingness to disclose information to a stranger.	
Continue to build professional partnerships with community health services and local agencies to facilitate referral pathways for long-term counselling and professional support.	<p>The deliverable for Task 2 was the attendance and membership at community meetings, regional networks, local workshops and service provider gathering.</p> <p><b>Expected vs Actual Achievement 2011-2013</b> TOMNET has achieved this deliverable to a significant degree but full achievement was hampered due to a range of changes within the organisation.</p> <p>A change of General Manager has resulted in new relationships being formed with existing organisations and these take time to develop.</p> <p>Staff in TOMNET have retired or resigned and there is greater turnover in staffing in many non-government organisations and health organisations. Some of this is due to the influence of mining in the area with more employment available in other geographical areas as well as the impact of State Government cuts to the public service which have also played a role.</p> <p><b>Evidence supporting success or non-achievement</b></p> <ul style="list-style-type: none"> <li>• TOMNET has assisted Oakey to establish a suicide prevention network and this same strategy needs to be revisited for Toowoomba and other high needs rural areas.</li> <li>• The University of Southern Queensland supported the RUOK day last year which resulted in over 20 organisations coming together to be at the community event to promote their services.</li> <li>• East Creek Neighbourhood Centre engaged TOMNET to support their Harmony Day event with the TOMNET BBQ cooking service – promoting the organisation in the community.</li> <li>• TOMNET has referred community members to East Creek for their computer teaching classes and refugee mentoring program. Both organisations are working towards a joint event for Senior's Week. TOMNET is aiming to achieve more clearly defined services and refer on when necessary.</li> <li>• TOMNET is referring the more active members to Lifeline to do volunteering jobs as part of the mission to nurture and support older men back to finding a place in their community.</li> <li>• TOMNET is establishing a similar system with St Vincent's Hospital – with the intention of setting up a hospital visiting program. This program is likely to be a similar format to the aged care visiting program – and it will aim to support rural outreach members who come into town for medical reasons, and also reach out and find people that maybe isolated when they return home after hospital.</li> </ul>	Yes

	<p>Referrals have come into TOMNET from the following agencies:</p> <ul style="list-style-type: none"> <li>○ Blue Care</li> <li>○ Anglicare</li> <li>○ Provision of external training – suicide assist</li> <li>○ Oakey Suicide Prevention Group</li> <li>○ Medicare Local</li> <li>○ Millmerran and Pittsworth Health Expo</li> <li>○ GP Connections</li> <li>○ Mental Health Alliance</li> <li>○ Toowoomba Regional Council</li> <li>○ Depression Support Network</li> <li>○ Darling Downs Mental Health Unit</li> <li>○ Police support Link</li> <li>○ CentreCare</li> <li>○ Centrelink</li> </ul>	
	<p><b>Challenges and Learning</b></p> <p>In general the issue of referring men onto other organisations for specific professional support continues to be challenging and the report evidence reflects this.</p> <p>Changes in staff from TOMNET and other organisations have hampered the continuity of relationships which are so important when establish referring connections. TOMNET’s intention is to rebuild a more coordinated referral network. TOMNET aims to coordinate with The Advocacy and Support Centre and East Creek Neighbourhood Centre more regularly as both are State funded, but there can be a lack of willingness to cooperate due to size differentials and the different focus of these organisations.</p> <p><b>Resulting Recommendations</b></p> <p>20. To expand on the Training Manual ‘Older Men’s Issues’ by including additional topics, for example adapting the ‘Doing it Tough’ brochure into a program on things that worry older men.</p> <p>21. To research how advocacy channels can consider and address the barriers to increase the uptake of referral services, or provide greater services to agencies such as TOMNET.</p> <p>22. To provide education/community suicide awareness to rural groups/towns as a confidential service once relationships have been built and established.</p> <p>23. To expand the Men at Work group therapy method where men, either from the local men’s group or from within the community, could gather and discuss matters of their own choosing.</p>	

**Comment on any limitations of the project, significant problems or constraints encountered**

**Limitations:**

**1. Funding and the cost of rural travel**

The project has experienced several limitations due to two key factors. One is the amount of funding available which places constraints on what can be achieved in terms of outreach and support to older men. Compounding the limitations of funding is the reality that large geographical distances place constraints on the amount of travel that can be provided from an office which is based up to 800kms away from areas of highest need. Travel in rural and remote areas is expensive and time consuming and increasingly difficult in mining communities where accommodation must be pre-booked up to eight months in advance in order to get a very average room for the night.

**2. Impact of the mining boom on the support being provided**

The mining boom has had well documented effects on local rural communities and one of these effects is the disintegration of the support networks that older men once had in these areas, as farms are sold or rendered unviable with mining on their doorstep. As established friends and family move out of the area, transient workforces move in and the places where locals once met and socialised are now frequented by primarily younger men without ties or connections to the area. Older men in the mining industry often choose to retire in the town they are working in and many of these would fit within TOMNET's age group of 55 plus. These men are likely to become the 'next wave' of retirees who find it challenging to leave mining with its predominantly male workforce and internal support network and who may struggle to assimilate into a rural community without those established networks of support to rely on.

The impact on older men of this gradually changing landscape, both socially and geographically, has not been studied by TOMNET but presents a limitation on the future work of TOMNET if this area of growing need is not quantified. These issues are another strong reason for TOMNET to seek financial support for the establishment of an outreach office in Roma where the older men's groups can actively engage with those men who are being displaced from their homes and networks due to the sale of the farm and the impact of mining. In addition, communication with the mining companies themselves may indicate that they face similar concerns around the factors which place their own workers at a higher risk of suicide. More research must be done on stemming the tide of suicides from older men who are increasingly isolated in rural communities due to the impact of mining, whether they are from the rural community or in mining as at-risk older workers or older workers who are looking to retire in the rural community and have no support networks once they do.

**3. Change is not well accepted by this age group**

A third limitation to this project is the reality that the target group are older men from a generation where change is not well accepted nor a preferred way of operating. The value system of older men is grounded in having established networks and friendships where trust and mateship is build up over decades if not generations. Facing the reality of increasing dependency in older age is a challenge to most and hence a large section of the TOMNET target group is reluctant to accept the professional medical or psychological intervention which would be of great value to them.

The reality of this limitation for TOMNET is that work progresses slowly and gradual changes, not dramatic ones, are evidenced throughout the

project. Unlike the funding of a Men's Shed where a funding injection provides an opportunity to build a physical shed environment and attract those who are like-minded to it; TOMNET's funding is based on building an environment of trust and a personal relationship with each and every man. This relationship with older generations of men to whom the funding is targeted, takes time, persistence, sensitivity and constant vigilance for signs that someone's mental health may not be as 'okay' as they would have the staff believe.

The TOMNET staff themselves are the initial key contact and first step into the support networks established by TOMNET. The relationships that the men have with these staff can be a significant reason for their ongoing involvement in the groups. Phase 3 of the Community Connections Project has seen two of the original long term staff leave, individuals who built the relationships and grew the network to what it is today. This has been extremely difficult for some men to accept and cope with and has left a time lag in which new relationships with new staff are established and trust is re-gained.

#### **4. Growth of the groups can limit personal connections**

Another interesting limitation to TOMNET's success is that with the network now being at 282 members, the growth of many of the groups and in particular the Wednesday weekly meeting, has seen up to 80 men attend each week. The limitation of these highly successful meetings is that the intimate environment where older men could form meaningful relationships is now more difficult to achieve. Therefore TOMNET has currently restructuring these meetings into smaller group formats which will help promote learning about each other and encourage men to open up and gain an insight into the lives of others, therefore building better connections.

#### **Significant problems**

There have been no significant problems for the project and in fact, consolidation of ideas, growth of the groups and forward momentum is paying dividends, demonstrated by the end of Phase Three. TOMNET hopes to progress the gains made to date by continuing its vital work with older men and expand the model through the home visiting program, the rural groups and aged care outreach groups.

#### **Constraints**

Constraints generally refer to time, cost and quality in a project and the key cost constraint being funding for rural and remote travel and an office based in Roma with a coordinator, has been identified above. Time constraints have also been addressed in part by acknowledging that work with older generations of men is based on achieving small gains in trust incrementally. There is no 'quick fix' for TOMNET outcomes however the gains made to date in establishing an expanding network of men's support groups in rural areas and in aged care facilities, demonstrates how even small incremental gains can be over a short period of time.

The quality constraints of the project focus in part around the challenges in engaging staff in busy community organisations and particularly staff in aged care facilities, where further training would be of significant benefit by potentially assisting them to identify older men showing the precursors to suicide. Whilst TOMNET believes its training to be of very high quality and value, the aged care facilities face their own quality concerns around providing adequate levels of staffing to residents around the clock. This on-the-ground approach prioritises the 'right now' against the longer term benefits gained from a few hours of training 'off the job'.

A further quality constraint is the difficulty in providing long distance support from Toowoomba to the Far South West and being able to do this only once or maybe twice a year. The quality of this service provision is reduced by the demands of long distance travel, funding constraints and the difficulty in sourcing accommodation. The need in rural and remote areas cannot be adequately responded to without a more localised support network. Quality in the project for rural and remote areas would be significantly enhanced with additional funds for a coordinator position and outreach office based in Roma.



Building relationships with older men is a long-term strategy and as much as TOMNET has actively worked to make the rural groups and aged care groups sustainable without relying on government funding, there are constraints to the degree that this will be successful should funding not continue longer term. The motto of TOMNET is 'Older Men Supporting Older Men' and with this vision comes the reality that the men doing the supporting are often also in great need of support for themselves. TOMNET provides this professional supervision and support of the volunteers who are doing the caring and the organising. TOMNET is the safety net which makes the volunteering an exercise in true mateship rather than bringing in much younger men or women who may take a greater 'caring' or 'nursing' perspective and create dependent relationships rather than promote the individual capability in each man.

#### **Provide an outline of how the report and outcomes of the project have been disseminated**

This Final Report will be disseminated to all the key stakeholders who have participated in the project to date. These individuals include the Minister for Health and Ageing, Ian McFarlane MP, the Life is for Living website, the TOMNET Management Committee, core project staff, the TOMNET website, external stakeholders who have provided training on behalf of TOMNET, Centacare as the provider of counselling services, Red Cross in Roma and the Rural Men's Groups.

#### **Provide any feedback from relevant health professionals, community groups, if possible**

The following feedback is an excerpt of comments made over the life of the project and collected from key stakeholders that TOMNET has worked directly with or engaged with during its deliverables.

Manager - Darling Downs Public Health Unit, Toowoomba:

"Thank you for your on-going contributions to the DDPHU newsletter on behalf of TOMNET and yourself as a community advocate. Your articles enrich the quality of our own publication, inspire us in our own personal ways, and ensure that the views of our older citizens continue to be represented at an intergenerational, population, health and community level. Based on the regular feedback – the opinions you regularly express are heard and absorbed by both remarkable and influential members of our own readership."

Southern QLD Institute of TAFTE:

"Following your informative sessions to our Certificate III in Aged Care and Home Community Care Students, the students gained a greater knowledge of the services and support for older men, and have often referred to your session through their studies."

Queensland University of Technology:

"Thank you for your contributions to our research project on '*The neglected dimension of community liveability: impact on social connectedness and active ageing*'."

QLD Health Social Workers and Pastoral Carer's, and Toowoomba Diabetic Club –

"Thank you for your wonderful presentation and we found it particularly enlightening and encouraging that such a network is available."

Elder Abuse Prevention Unit:



"TOMNET offers plenty of friendship and fun but you don't shy away from addressing the serious aspects of ageing, and it's wonderful that you reach out into our community and that there are 'nets' springing up all over the place – thank you for your good work."

Tara Men's Group:

"Thank you for your continued support for our Tara group – your assistance has been greatly appreciated and we welcome all our TOMNET friends at any time."

Inglewood 'Mates Shed Group'

"Thank you for attending and presenting on the topic of mental health – it has been truly appreciated."

**Provide attachments, including but not limited to computer discs, written materials, training packages, video/audio tapes, curriculum information, copies of publications, papers given at conferences, etc**

*Note: - Please outline list of any attachments provided in template below*

For Appendices please refer to the Email: Final Report Attachments

Appendix One: Individual Psychological Assessment Instrument

Appendix Two: TOMNET Evaluation Report

Appendix Three: Men's Muster Tabloid 2011 and 2012

Appendix Four: Aged Care Facilities Guide

Appendix Five: Counsellor Brochure

Appendix Six: Links to current online resources including newsletters are on the TOMNET website at [www.tomnet.org.au/publications](http://www.tomnet.org.au/publications)