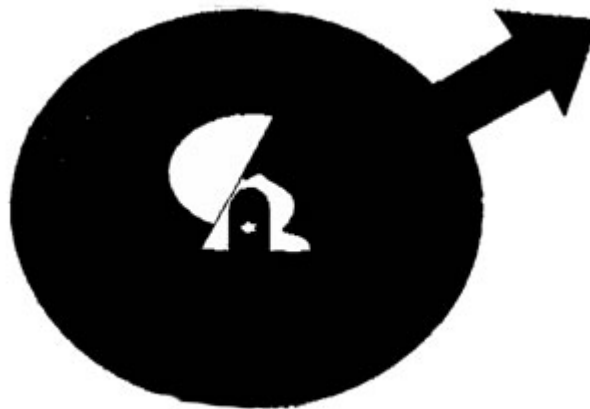


"Doing good things for men"

Ma'Ddaimba-Balas Indigenous Men's Group
Evaluation Report
2004 – 2005

MA'DDAIMBA BALAS



INDIGENOUS MEN'S GROUP INNISFAIL
ABORIGINAL AND TORRES STRAIT ISLANDER CORPORATION

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Explanatory note about the title of this report

"Doing good things for men" is part of a quote from one of the Men's Group workers. It reflects the high level of commitment that Men's Group leaders have demonstrated (often voluntarily) to improving the situation for Indigenous men. The full quote is: *"Well if anything, we there to help men, that's all. With men, men need support I reckon more than women. Women got all the support they need. So we, we are doing good things for men – I hope for Innisfail..."* (Men's group worker).

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Introduction

Current mortality and morbidity data suggest that the health of the Aboriginal and Torres Strait Islander male population is the worst of any population in Australia (Wenitong 2002). Across Australia, Indigenous males' life expectancy is 59 years (18 years less than the Australian average)(SCRGSP 2005), and the death rate of young and middle aged Indigenous males is of particular concern, with devastating consequences for their culture, families and the community.

Despite poor health, many Indigenous males do not access care and treatment services when they need them. Barriers to access include distance to and availability of services, lack of transport, lack of private health insurance, lack of confidence and embarrassment, and a belief that women both dominate health services and principally provide services to women. The lack of employment of male health workers or their subordination to female non-Indigenous nurses or doctors is also a barrier (Adams 2001).

Improving access to health services could prolong the survival of those Indigenous men who suffer a range of serious diseases. But medical care alone is not sufficient to correct the alarming Indigenous health statistics at a population level. Social and economic factors such as education, employment, drug dependency and stress are more important for health gains in the population as a whole (World Health Organisation 1998). Hence any systematic and community-driven approach to addressing health will necessarily need to involve broad strategies that address not only the improvement of access to health services, but also the social determinants of health at individual, organisational and community levels.

This report describes the activities of Ma'Ddaimba-Balas (which translates as brother, brother) Indigenous Men's Group in Innisfail, a small rural town in North Queensland. The Group has been part of a 3-way empowerment research partnership with a team of university researchers and another Indigenous Men's Group since February 2004 to determine the medium - long term usefulness of men's groups as a vehicle for health promotion strategies especially in rural Indigenous settings. The Ma'Ddaimba-Balas Men's Group joined an earlier partnership of researchers from the University of Queensland and James Cook University (based in Cairns) with the Yaba Bimbie Men's Group in the nearby Indigenous community of Yarrabah. The partners had been working since 2001 through a process of participatory action research (PAR) designed to support the men to take greater control and responsibility for the issues affecting their health and wellbeing. The Yarrabah study had provided initial evidence that men's groups in Indigenous settings can lead to social and behavioural change and that PAR is potentially a useful tool in supporting social change (Tsey, Wenitong, et al 2004).

Based on the preliminary findings from the Yarrabah research, the research team successfully obtained a three-year grant from the National Health and Medical Research Council (NHMRC) from 2004 to consolidate the participatory action research work in Yarrabah and extend the process to another Indigenous Men's Group. This report describes the strategies, challenges and outcomes resulting from the first two years of the three-year research-funded work of the Ma'Ddaimba-Balas Men's Group, between January 2004 and December 2005.

Background

Innisfail is a small, multicultural rural town in the Johnstone Shire of northern Queensland, 90km south of Cairns. The region is a large producer of sugar, bananas, and tropical fruits and has a growing prawn and reef fishing industry. The Shire has a population of nearly 20,000 people of whom 1644 are Indigenous (8%). The traditional owners are the Mamu people, but the town now comprises a diverse mix of Indigenous people including 1,151 Aboriginal people (70%), 241 Torres Strait Islanders (15%) and 252 (15%) who identify as both Aboriginal and Torres Strait Islander. There is also a significant South Sea Islander community as well as communities of Italian, Dutch, Hmong and other migrants. While the aim of the Ma'Ddaimba-Balas Men's Group is to work directly with the approximately 822 local Indigenous males, its programs also indirectly affect Indigenous women and children and the area's non-Indigenous residents.

As in other parts of Australia, there are clear disparities between the socio-economic and health indicators for Indigenous and non-Indigenous people in the Innisfail Health Service District. Labour force participation rates for Indigenous people in Innisfail are close to those of non-Indigenous people and higher than national Indigenous figures (56% of the Innisfail Indigenous population aged 15 years or over were employed compared to 60% of non-Indigenous residents and only 50% Indigenous people nationally) and CDEP is not a major source of employment with only 5% Indigenous people being employed. But the unemployment rate for Indigenous people was still 4.3 times higher than for non-Indigenous people. Of those employed, 44% of Indigenous males worked in the agriculture, forestry and fishing industries, most commonly as labourers and related workers or in intermediate production and transport. The availability of unskilled or semi-skilled work, primarily in the banana industry, offers young men a good wage but provides a disincentive for them to invest time in long-term education and skills development. The overall result is that Indigenous families earn lower incomes, with 47% Indigenous families receiving a weekly income of less than \$700 per week compared to 40% of non-Indigenous families (OATSIH 2004, ABS 2003).

There are significant issues for the town's young Indigenous people, including lack of employment and educational opportunities (which mean that young people have to leave town for these). Indigenous students tend to leave school as soon as attendance is no longer compulsory, with only 19% Indigenous students completing year 12 compared to 28% non-Indigenous students. Many

young people are growing up without fathers, with 30% Indigenous families having only one parent compared to only 13% non-Indigenous families (Tropical Public Health Unit 2001). These indicators translate into high levels of stress for many Indigenous families, often resulting in poor health, substance use, violence and crime. From 1998-2002, 20% of Innisfail Hospital's Indigenous separations for injury were due to homicide and assault. Innisfail also has one of the highest juvenile crime rates in Queensland (OATSIH 2004).

The Ma'Ddaimba-Balas Men's Group was formed in May 2001 at a meeting called by the Men's Health Worker from the local community controlled Aboriginal health service, Mamu Medical Service, to discuss issues faced by Indigenous men in Innisfail and find out if there was interest in forming a Men's Group. The organisers were surprised at the high level of interest, with about 20 men and several women attending. The main focus of discussion was domestic violence and the lack of advocacy, support or diversionary services for men in Innisfail.

Early activities were auspiced by Mamu Medical Service, with some organised voluntarily by Men's Group leaders. They included monthly Men's Group meetings, providing support for Indigenous men in court, clarifying health issues, and organising some social events. In 2003, the Ma'Ddaimba-Balas Men's Group was incorporated, making it the first Indigenous Men's Group in north Queensland to obtain incorporation. A Board was formed, with Board meetings held monthly, and Men's Group meetings being held monthly 2 weeks after the Board meetings. Members hoped that incorporation would enable them to attract funding and become self-auspicing with their own office and meeting place, vehicles, and programs for men, but early funding applications were unsuccessful.

In February 2004, the Ma'Ddaimba-Balas Men's Group joined the 3-way NHMRC participatory action research process, and in May a memorandum of understanding was signed with the Yaba Bimbie Men's Group and UQ/JCU researchers. Through the partnership, funding became available for Ma'Ddaimba-Balas to employ two part-time research support workers for three years. With top-up assistance from the Community Development Employment Program (CDEP), the Group was able from May 2004, to employ two men full-time. Another two men agreed to work voluntarily for the Group. The University's role was to provide training for the project workers, assist with developing a long term strategic plan as well as helping document and evaluate the Men's Group activities.

The men nominated the Innisfail Justice Group as an auspicing agency to administer the funds and pay the salaries of the 2 research workers on behalf of Ma'Ddaimba-Balas. They indicated that they wished to seek funding to become self-auspicing and that the arrangement with the Justice Group would be reviewed and terminated as soon as the Men's Group was in a position to look after its own funds.

Participatory Action Research (PAR)

PAR is an empowerment based research methodology that seeks to both shift unequal power relations between researcher and research participants, and ensure that research leads more directly to action and change. The underlying principle is that 'ordinary' people become researchers in their own right and generate relevant knowledge in order to address the issues that are of priority concern to them. It involves academic researchers assuming roles as peer facilitators to generate broader frameworks for understanding given situations. These frameworks are then used to question the situation and identify alternate courses of action. From here the process itself is spiraling as knowledge and understanding informs strategy development, followed by action, reflection and new understanding with ongoing change and improvement being the goal.

In practice, the process with the Ma'Ddaimba–Balas Men's Group has involved the employment of members of the Group as research workers to work with men in their local community. The external research team provided support through monthly reflective planning and evaluation meetings with Men's Group leaders, at which leaders reflected on how things were going and discussed potential solutions to problems. The monthly meetings have been an important vehicle for collecting process information but also key mechanisms to highlight and address conflicts and misunderstandings arising within the team, and to prioritise activities. They were also used as an opportunity to provide feedback on the Men's Group leaders' statistics relating to support and advocacy work through the courts, Men's Group attendance, and attendance at counselling and Men's Group education programs. The diversity of Men's Group activities also led external researchers to conduct regular debriefings of individual leaders.

In addition to the monthly meetings and debriefings, this evaluation was also informed by interviews with 20 key local community informants and service providers and three key members of the research program steering committee by an Aboriginal male researcher in July 2005. A questionnaire administered by Men's Group leaders was also sent out to community members in the same month. Only one of the local informants was young, so we did not adequately capture the voice of young people.

A literature review was conducted to critically examine relevant current theoretical frameworks which might inform the work of Men's Groups and provide evidence about the effectiveness and limitations of relevant programs. Data analysis was completed in the usual way, by transcribing interviews and coding documents using NVIVO qualitative research software. Finally, the draft evaluation report was workshopped with Ma'Ddaimba-Balas Men's Group leaders, and the final report was amended in response to their feedback. We intend to present this final report and recommendations at a planning workshop for the broader Men's Group members to promote greater awareness about Men's Group activities, obtain direction for the future; and develop check lists which the group can use to monitor and evaluate their activities over time.

Strategy areas

From its inception, seven broad strategy areas have been pursued to work towards a broad social vision of promoting respect for men as men, including such things as improving facilities and services for families and reducing violence and street offences. These are:

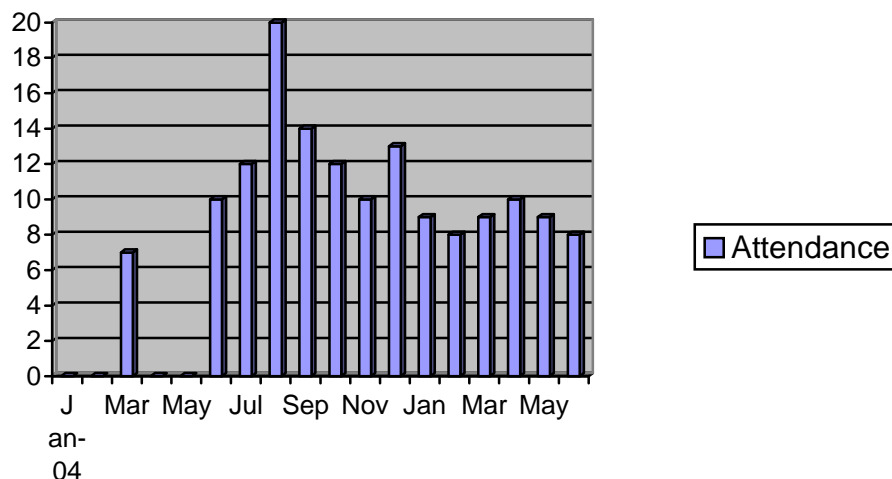
- *Men's Group meetings*
- *Networking and advocacy*
- *Support for Indigenous men in the courts*
- *Providing educational programs and counselling*
- *Improving health services for Indigenous men*
- *Organising sporting and social events*
- *Working with Indigenous youth*

Men's Group meetings

The monthly Men's Group meetings enable leaders to both give and obtain information to/from local Indigenous men. The meetings give men the opportunity to discuss issues such as health, relationships, family violence, and community events, and to provide support for each other. Speakers have been invited to several meetings to discuss topical issues, and health screenings and referrals to local doctors have been conducted during 2005. Men's Group meetings have also been used to provide informal support to men for relationship issues, parenting, sorry business and community issues. There is a sense among some Men's Group participants, that increasingly, men are staying home and looking after children while their partners go out to work. This can be isolating and Men's Group has identified that it can play a role in supporting such men.

Ma'Ddaimba-Balas currently has 15 financial members, most aged between 25-40 years. Membership increased when funding was obtained from the University of Queensland, but has since declined as annual memberships have lapsed. Graph 1 shows that between seven and 26 men have come to each monthly meeting (to June 2005), but this may under-represent attendance as some men who are either referred by the court or casual members are reluctant to sign the

Graph 1: Attendance at monthly Men's Group meetings



attendance sheet. Men's Group leaders estimate that most meetings attract 10-12 participants. Attendance varies depending on the season (many men are employed in the banana industry which is seasonal), weather, provision of barbeques, and availability (or lack of) a dedicated men's space. Early in 2004, most men attended only one or two meetings, but as the group progressed, a smaller group of "regulars" attended. Over the 18 month period, 50-60 Indigenous men (approx 10-12% of the local Indigenous men) attended at least one meeting.

Networking and Advocacy

In addition to Men's Group meetings, leaders estimate that they informally "yarn" about Indigenous men's issues to 60 to 75 Indigenous men and 20-30 young people each week. Although only a small proportion of Innisfail Indigenous men are formal Men's Group members and/or attend meetings, Men's Group leaders may be reaching far more people through these informal contacts than attendance records suggest.

All Men's Group leaders are also involved in networking with partner organizations to provide Indigenous representation, advocate for Indigenous men's issues, and advocate for funding for Men's Group. Across the Men's Group team, Men's Group leaders attend between 3 and 7 interagency meetings each week, including meetings with the Indigenous Coordinating Council, Regional Health Forum, Multicultural Reference Group, and youth agencies.

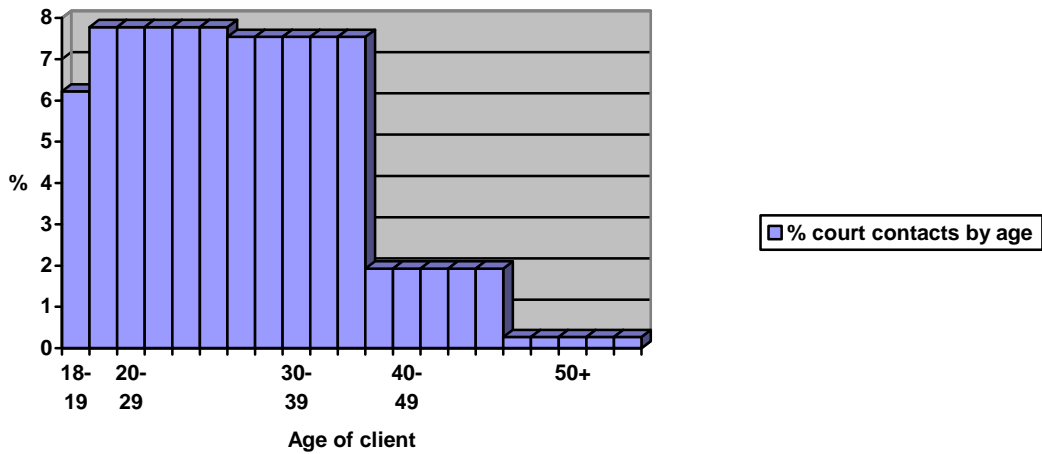
Support for Indigenous men in the courts

The issue of domestic violence was raised at the first meeting which formed Ma'Ddaimba-Balas, and has continued to be a key focus of the group. In response to the over-representation of Indigenous men in the courts on assault, domestic violence and other charges, one of the Men's Group leaders voluntarily attended every sitting of the Magistrates and District courts during 2004-05 as a court support worker. He provided information and support to clients about their rights and options on whether to seek legal advice or represent themselves.

The Men's Group supports only Indigenous clients. Most are male, but it will also support female clients if a Justice Group representative is not available. During the two years from January 2004, the Men's Group worker supported Indigenous people through the court system on a total of 828 occasions. The statistics collated by Men's Group comprise a running record of the cases heard at each court hearing. Since some clients may appear several times due to adjournments etc, these numbers represent client contacts, not actual numbers of people or offences. Males comprised 671 (81%) of contacts and females 157 (19%).

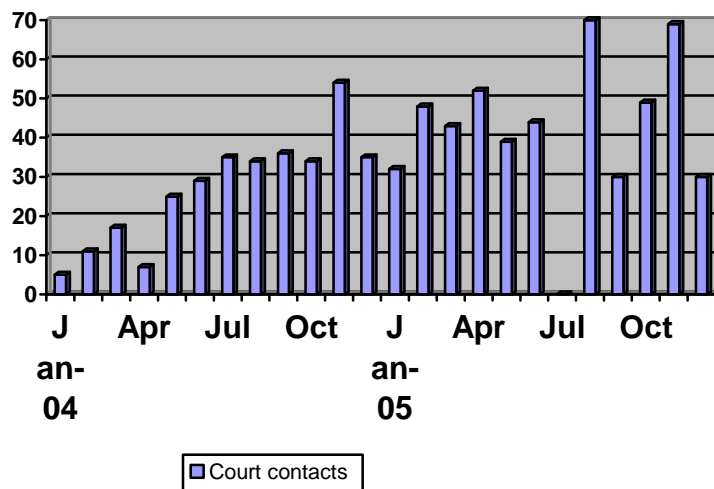
Graph 2 shows that most contacts were with offenders aged between 18 and 40, with a decreasing prevalence of charges with age. This suggests a need for Men's Group interventions to target younger men.

Graph 2: Percent of court contacts by age groups



Graph 3 shows a trend towards increasing number of client contacts over the two year period. The peaks in July and November 2004, and February, June and November 2005 were related to District Court sittings. The absence of client contacts in July 2005 and subsequent peak in August was due to the adjournment of all clients to August because a new legal firm took over representation of Indigenous clients.

Graph 3: Number of occasions when Ma'Ddaimba Balas supported Indigenous clients in court

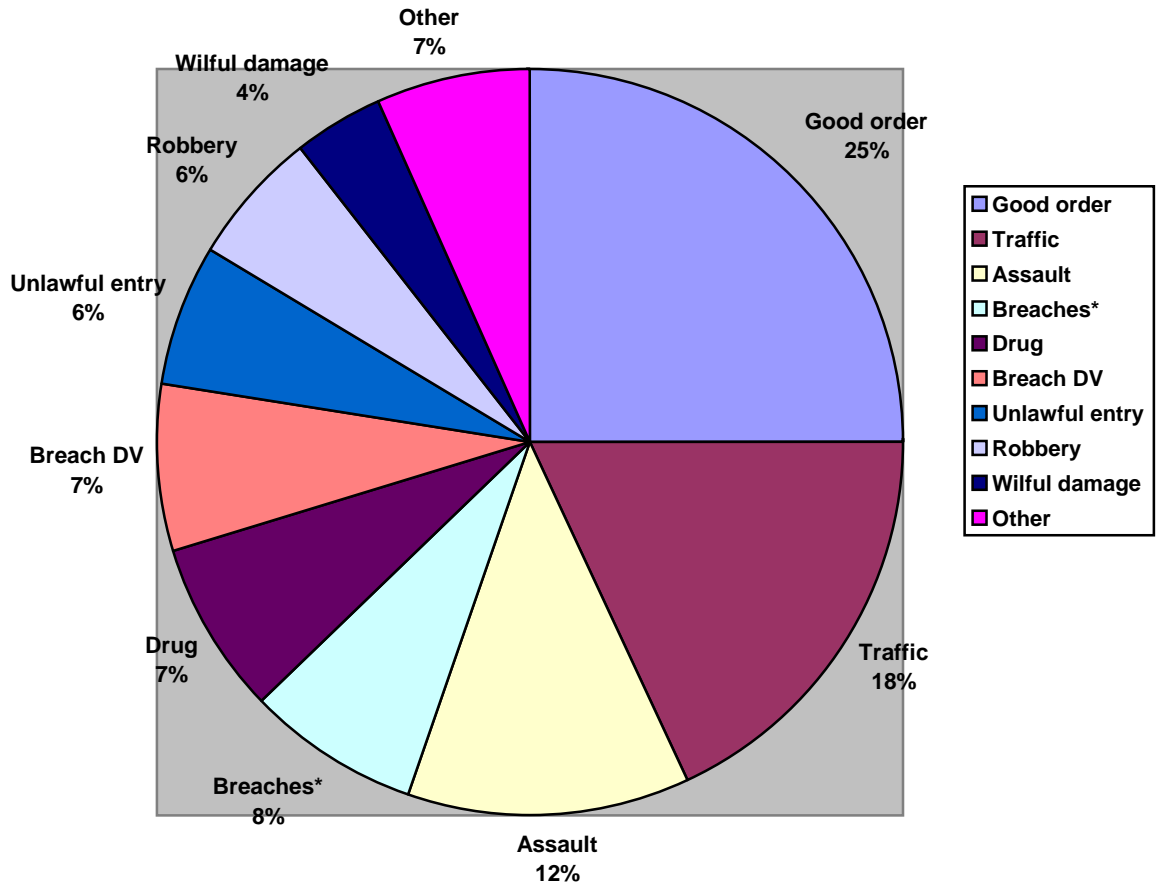


The Men's Group supports all Indigenous people, no matter what the offence. During 2004-05, 43% client contacts supported by Men's Group were for minor offences (good order offences and traffic offences) for which people are not generally incarcerated. Good order offences include a range of minor offences

such as committing a public nuisance, obstructing police, indecent offences, disorderly conduct, behaving disorderly, creating a disturbance, resisting removal from a licensed premise, riotous behaviour, use of a Telecom service for offence purposes, contravening a requirement and evading a cab fare.

Graph 4 shows the frequency of types of offences which were heard by the Innisfail courts over the two year period. From a total of 1827 offences, the most frequent offences were good order offences, traffic offences, assaults, breaches of probation and other orders, drug offences, breaches of DV protection orders, unlawful entry, robberies, and wilful damage. In the 12 months of 2005, 65% of clients self-disclosed in court that their offence was committed while under the influence of alcohol, and a further 7% were drug-related offences.

Graph 4: Percent of charges by type of offence - people supported through the courts by Ma'Ddaimba Balas



- *Breach orders means breaching probation conditions, community service orders, intensive correction orders, good behaviour bond and bail.*
- *Other includes Weapons Act offences, handling stolen goods, fraud, and sexual offences*

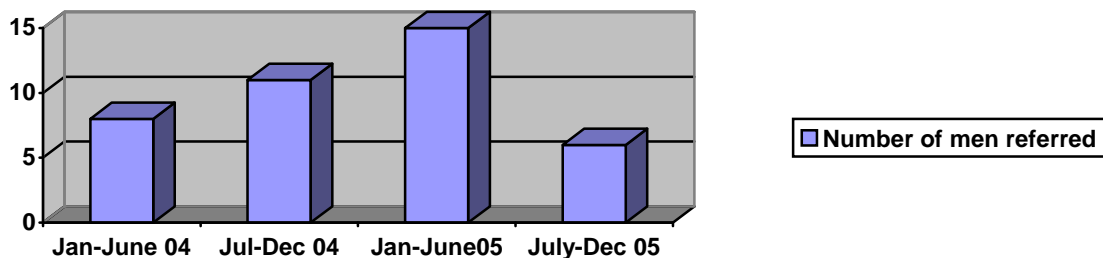
More than 35% cases heard over the two years were adjourned or discharged, 9% did not appear, 8% were not convicted, and 51.5% were convicted. Of those convicted, 18% (72 people including 66 men and 6 women) were sentenced to imprisonment. Thirty of these people had their sentences suspended, and four had their sentence amended to an intensive correction order, probation or a good behaviour bond. Twelve percent were placed on probation by the Magistrate, 77% were fined, 5% given a community service order and 1% not further punished. In addition to these punishments, the court referred 10 men to Men's Group meetings and a further 21 men and 10 women to diversionary programs (some of which were conducted by Men's Group).

Providing services to men in courts has also led Men's Group to undertake a range of follow up and support services with individuals who are charged with offences such as pre-sentence report meetings, group counseling, support for cell watch, and providing advice about legal services. The group has also undertaken preventive work such as night patrol and mediation to keep men out of the criminal justice system, and advocacy to enable Indigenous men obtain drivers licenses.

Providing educational programs and counselling

The Men's Group has also provided diversionary programs which are tailored to the needs of Indigenous men. These include substance abuse, anger management and ending offending and domestic violence, as well as individual counseling. In mid-2005, Men's Group members also received training to deliver the Family Wellbeing program, an empowerment program which aims to build people's communication, conflict resolution and other skills necessary to take greater control and responsibility for family, work and community life. Men can attend the education programs either voluntarily, or because they are ordered to do so by the court or referred by other organisations. Graph 5 shows the number of men referred by the Magistrate to either programs or men's group meetings. The Men's Group charges fees of \$220 per course, and the court expects clients to pay for the programs. Although 21 men were referred by the Court to educational programs, only two men paid for and completed the programs through Men's Group. Men are now referred to other organizations for education and counseling.

Graph 5: Number of men referred by Magistrate to Men's Group or programs



Improving health services for Indigenous men

Medical services in Innisfail are provided by the community-controlled Mamu Aboriginal Medical Service, several general practitioners and the Queensland Health hospital and community health service. The main health problems for Indigenous men in the Innisfail Health Service District are indicated by the most common causes of death and hospitalization. Thirty one percent of Indigenous men die of cardiovascular disease, 19% of cancer, 15% from injuries, 6% of mental and behavioural disorders, and 6% of respiratory disease. The main reasons for hospitalization from 1998-2002 were digestive diseases (15%), injury (15%), respiratory disease (10%) and mental disorders (7%) (OATSIH 2004). Health risks factors include low socioeconomic status; poor living conditions; poor nutrition; tobacco use; harmful alcohol consumption; and violence (Working Party of Aboriginal and Torres Strait Islander Male Health & Wellbeing Reference Committee 2003). Service providers have recognised that a significant proportion of Indigenous men do not access existing health services and that Men's Group is an important link with local men.

In addition to coordinating the Men's Group, one of the workers is responsible for advocating to improve the health services for Indigenous men. Early in 2005, Men's Group in partnership with Mamu Medical Service, distributed a survey to find out what health issues men were interested in. The response was disappointing with 25 distributed but only 5-6 questionnaires returned, and the survey was not repeated. Those who completed the questionnaire did not want to be screened but wanted information to make informed decisions about their health, particularly in relation to the "main killers" such as heart disease, and their risk factors. In response, Men's Group organised speakers at Men's Group meetings to talk about health issues such as alcohol, blood pressure, bowel cancer, cholesterol, diabetes, and exercise. Men's health nights have also been organized at the local Mamu Medical Service to provide information and discussion about issues such as pancreatic cancer.

Health screening for sugar, high blood pressure, cholesterol and weight has also been provided at monthly Men's Group meetings, with about twenty men screened in the first six months of 2005. Men with health issues are referred to a local doctor or other relevant health professional. Men are encouraged to present early. The aim is to build up trust between local Indigenous men and existing services, and over a period of time, establish the Men's Group as an access point for health information and referral. The Men's Group has also attempted to organise health education and promotion programs with Mamu, such as the Healthy Weight program, Smoke Check brief intervention program, and physical activities such as afternoon walks on the beach.

Organising sporting and social events

Men's Group has both taken a lead role in organising community sporting events and participated in existing community events such as NAIDOC day, the Innisfail Harvest Festival and Kulture Karnivale. This involvement in the wider community

has helped the group gain a profile within the community, encouraged more men to take part in Men's Group activities, as well as enabled the Group to undertake fundraising activities.

Recent activities have included organising family get-togethers and sporting events such as the Rainforest Cup cricket carnival (which rotates around local communities) and touch football. The first Rainforest Cup, a cricket tournament between north Queensland communities, was held at Jumbin on Australia Day, 2004. In 2005, it was held in Innisfail over 2-days with six communities participating and about 200 local people attending. The event increased community connectedness between both Indigenous and non-Indigenous people in Innisfail, and Indigenous people from different towns. It also culminated in recognition by Queensland Cricket of the role of the Rainforest Cup in selecting players for the national Impaji Cup. In partnership with Innisfail youth organisations and Wuchopperen Health Service in Cairns, Men's Group also organised a touch football carnival for young people in early 2005. Six communities including eighty-nine young people participated.

Working with Indigenous youth (8-17 years)

In October 2004, a Youth Club was formed by a local youth organization, Clump Mountain Wilderness Camp in partnership with Men's Group and other agencies, to involve young people in determining their own activities, with the service providers respecting their priorities and implementing activities for them. Activities have included alcohol-free touch football, and cricket carnivals, basketball, camping and fishing at the Clump Mountain property, and abseiling (with PCYC). One of the Men's Group workers has focused on issues affecting young men. He has worked with the youth club to take young people for weekend trips, sporting carnivals and camps, including a father/son camp held at Clump Mountain in April 2005. He has also supported individual young people involved with the Juvenile Justice system including being asked to represent two young people in Children's Court.

The rest of the paper describes the findings from the first two years of the participatory action research process.

Findings

Aboriginal men have often been stereotyped as passive and drunk, but our research has demonstrated the opposite – Men's Group leaders have been highly passionate and committed. *“Well if anything, we there to help men, that's all. With men, men need support I reckon more than women, women got all the support they need. So we, we are doing good things for men – I hope for Innisfail”* (Men's Group worker).

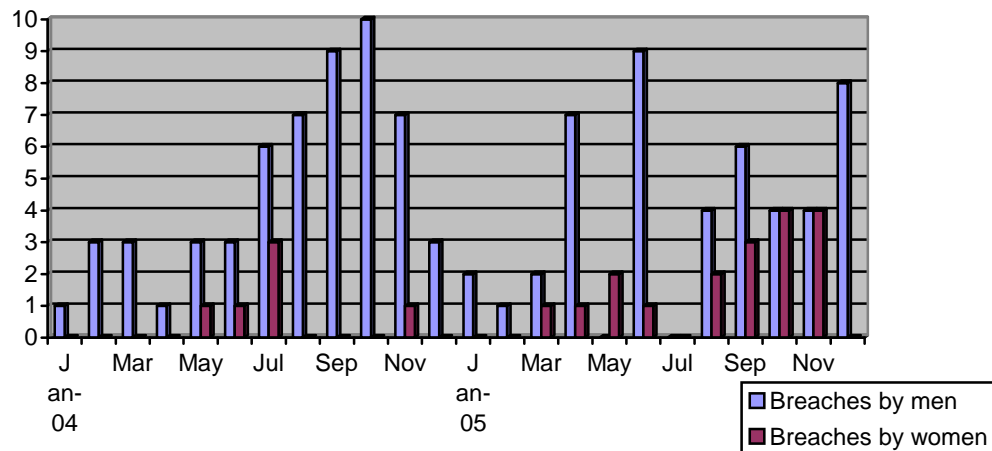
In less than two years, with minimal resources, the Ma'Ddaimba-Balas Indigenous Men's Group has not only survived, but has adopted a very broad role in addressing issues related to men's health, personal development, social

support and connectedness, domestic violence, other crime, and a range of other social issues. But with only two paid employees, the breadth of the group's vision for social change has created challenges and led to a need to define the group's legitimate day to day activities; as distinct from those activities which require advocacy or lobbying in partnership with other organisations. The reality is that Men's Group alone cannot shift the personal and community disempowerment of Indigenous men. Ma'Ddaimba-Balas has therefore appropriately forged close partnerships with other Innisfail organisations to ensure that services become available for Indigenous men.

Alcohol and drugs are major underlying factors behind the range of issues which Men's Group members are concerned about (an estimated 90 per cent of violence is alcohol-related, substance abuse is the main cause of Aboriginal over-representation in the criminal justice system, and chronic disease and poor emotional and social wellbeing are also often related to alcohol or drug misuse). In cases heard by the Innisfail Magistrates and District courts during 2004-05, 65% defendants used the excuse of alcohol to defend their offence and a further 7% were drug-related. There is a dearth of recreational activities in Innisfail other than the town's three pubs and the bowling club (which serves alcohol from 8am) and local Indigenous men frequently drink to harmful and hazardous levels. A community member who was interviewed for this evaluation commented: *"I think it's just alcohol and drugs that causes the trouble. That's the only thing. Cause it's always happening outside the pub. Aw, same ole thing - drug and alcohol. And yet you see them up the street, the same kids that were fighting before, the same people, walking along shopping and they're good. It's just that thing that ruins their lives eh (Community member).* Men's Group recognises the need for exploring ways in which they can start to influence alcohol and drug issues and provide an opportunity for men to start to take some control of their lives, but has not yet focused directly on strategies to do so. *"...it's hard if you drive around and all the murris are gonna be in this pub here and you go there and you say you fellas, you had enough, go home. But they just go to the next pub. So if we can just cut that out" (Men's Group worker).*

Evidence suggests that Men's Group may be effective in creating some reduction in breaches of domestic violence orders. *"Out of say ah, we got an average of say eight a week which is every Monday and out of them we probably get two who have changed their ways, the others are moving very, very slowly but it's happening. Domestic violence is down in the courts, so we help, we actually do something good there" (Men's Group worker).* As well as providing education programs and counselling to men on domestic violence orders, Men's Group also encourage men to take out protection orders or domestic violence cross orders against violent female partners to protect both parties. Graph six shows the number of breaches of domestic violence orders by both men and women. While there is insufficient evidence to determine trends, it suggests that fewer men and more women are breaching DV orders over time.

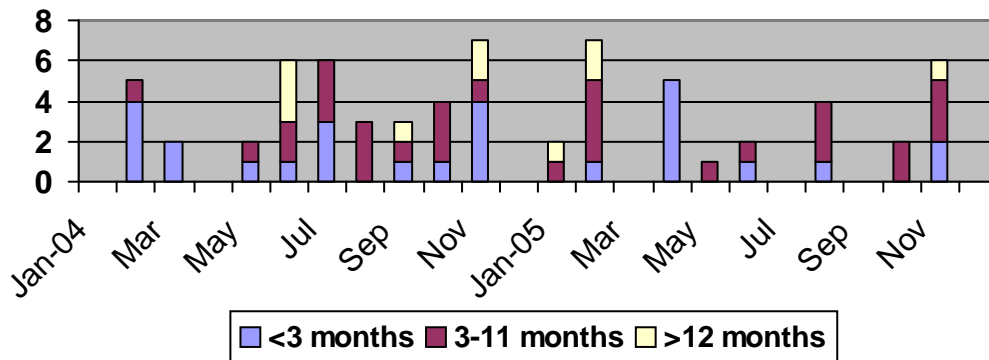
Graph 6: Breaches of domestic violence orders by men and women 2004-05



Indigenous people in Queensland are significantly overrepresented before the courts for public order offences, offences involving violence and for more serious property crimes including break and entering and stealing motor vehicles. Most Indigenous people who are imprisoned in Queensland are incarcerated for offences such as drunk and disorderly behaviour and property offences, and for secondary offences such as non-payment of fines (Walsh 2004). There is anecdotal evidence that court support by Men’s Group reduced the number of men being incarcerated, and if convicted and imprisoned, reduced the lengths of their sentences and hence the impact and disruption of the sentence to the man and his family life. *“Now if the boys do go to Lotus I try to get them lesser time which I have probably been successful on probably about sixty percent of em” (Men’s Group worker)*. However, there is a lack of sufficient data to evaluate the effectiveness of this key Men’s Group intervention.

Graph 7 depicts the number of people supported by the Men’s Group through the courts who were convicted and imprisoned (51.5% of cases supported by Men’s Group were convicted and of these, 18% were sentenced to imprisonment). The statistics do lend some support to the claims by Men’s Group leaders that their programs have reduced the number of men being incarcerated, and in recent months, show evidence of shorter sentences. Micro-level evaluation could confirm the effectiveness of court support and determine the cost effectiveness of Men’s Groups as a diversionary strategy.

Graph 7: People supported by Men's Group in the court who were sentenced to imprisonment, and length of sentences



Similarly, we do not have sufficient data to evaluate the effectiveness of the Men's Group initiatives to improve access to health services. Health check ups through Men's Group have the potential to prevent men from progressing to the serious sequelae of chronic disease. Approximately 20 men received health check ups at Men's Group meetings in the first six months of 2005, and the Men's Group has noticed improved health awareness, monitoring of diabetes and other chronic diseases, and health checks. Men's Group workers recognized early the need to start addressing some of the important health risk factors, such as smoking. One worker quit smoking for a couple of months and others undertook training in Queensland Health's Smoke Check brief intervention program. Working with Men's Group leaders to play leadership roles in designing strategies and programs to support men to make behavioural changes such as quitting smoking may be useful. However, it can be very difficult for Indigenous men to give up risky behaviours such as smoking and excessive drinking when the majority of family members and friends continue in these habits. While changes in behaviour are slow and their effects take time to show up in improved health statistics, we also need to develop micro-level evaluations to determine the impact of Men's Group interventions in preventing the progression of chronic diseases.

In addition to the lack of data to evaluate the effectiveness of its key strategies, Ma'Ddaimba-Balas faces four closely-related key challenges. These are:

- Low attendance at Men's Group meetings,
- Lack of management and infrastructure support,
- Lack of leadership and conflict resolution skills, and
- Lack of consistency of educational/therapeutic programs.

The first of these relates to its declining membership base and low attendance at meetings. Men's Group leaders attribute the low attendance at meetings to the lack of an appropriate space for meetings, lack transport to pick men up for meetings, and their inability to supply members with a "feed and refreshments".

The lack of a “men’s place” has affected the group’s credibility *“some of the men did not take men group programs seriously. If we get our own building men will come and take it seriously”* (Men’s Group worker). Men have not been prepared to come to a place where women are also present, such as the group’s previous “office” garage space attached to the Justice Group office and subsequent joint office space with Justice Group since June 2005. *“They will take me outside but they will not come in here”* (Men’s Group worker).

The search for an appropriate and affordable office/men’s place has been a frustrating preoccupation. The Men’s Group itself does not have funding for establishment costs or rent since the NH&MRC grant was provided on the understanding that the Men’s Group would seek auspicing support from another organization. However, Justice Group, itself, a small under-resourced organization, does not have the capacity to provide office space. Options have included co-locating with another Indigenous organisation, but Men’s Group would need to have one side of the building and a separate entrance. A proposal by Queensland Health to employ and co-locate two health workers with Men’s and Women’s Group (which does not receive any funding) in exchange for free rent and assistance to the two workers, seemed promising. But at the end of this evaluation period, the issue was unresolved.

Men’s Group also recognizes the urgent need for a membership drive, but felt that once they obtained a “men’s place”, membership would increase. Other strategies included consulting with the community about the purpose of Men’s Group, making meetings more interesting, and organising a family day in partnership with other Indigenous organisations to attract more members. This needs to be balanced by a need for greater understanding about the informal ways in which core Men’s Group activists reach cross sections of the local population. With 10-12% of local Indigenous men having attended formal men’s group meetings and Men’s group leaders informally “yarning” to a further 12-15% of local men on a weekly basis, the Group’s reach may be as great as could be expected from a small community based (and largely voluntary) organization. We propose to further explore the reach of men’s groups using network analysis. This is important so that we do not use mainstream criteria for assessing participation/impact alone to evaluate the group.

Low attendance may also be linked to the group’s lack of management and infrastructure support. The group aims towards organisational autonomy but workers have limited governance and management skills, problems with financial accountability and some issues of credibility of the leadership in the eyes of the community. High expectations from the community and the huge breadth of the Men’s Group roles have created significant organisational challenges including the need to assist workers deal with stress, need for training, prioritising issues, and recognising that Men’s Group alone cannot address and solve all of the problems of local Indigenous men.

There are also challenges associated with being Men's Group leaders in a situation where many men go to jail. As part of its efforts to build young men's leadership capacity, Men's Group actively encouraged young people to become Board members. This strategy worked for a while, but two of the seven Board members were incarcerated, affecting the ability of the Board to form a quorum.

A further challenge has been Men's Group's lack of consistency in providing education programs to prevent re-offending. The male counsellor who volunteered to provide educational programs lived at a distance from Innisfail making it difficult to sustain delivery of the programs. Providing diversionary programs for men referred by the courts has created challenges because the clients have not responded according to what is expected. Speaking of the anger management program, for example, a Men's Group worker commented: *"Two thousand and four it would have been, we didn't have that many clients, it probably would have been ...about five or six on a completion rate of clients that have come through. Cause a lot of them were going to other organisations and not completing it"*.

Prison-based diversionary programs have been criticized for not being adapted to individuals' needs, not having been evaluated, and not meeting the treatment needs of clients. Walsh recommends that diversionary programs should be delivered by community-based agencies to create a continuity of care between prison and the community, and that funding could be available from the Department of Corrective Services to provide services to newly-released prisoners (Walsh 2004). The capacity of Men's Group in providing such programs within current resource constraints, however, needs to be reassessed.

Despite the range of challenges, there is a strong perception among group members and key informants about the benefits of the group. Innisfail community members interviewed expressed a good understanding of, and support for, the group. *"Aw, they reach the community their voice has been heard. Everyone knows about it now"* (Men's Group member). The most commonly mentioned community impact was the effect that Men's Group social and sporting events have had on increasing community participation and cohesiveness, both within Indigenous families and with the wider community. Respondents mentioned the importance of bringing back a sense of Indigenous family and community unity, and the benefits of preventing excessive alcohol consumption and domestic violence through offering healthy alternative activities. *"I think interaction wise with all the different groups, like the Women's Group, Chjowai, Mamu and all the grouping, um, when you're having social activities and that we're all involved and it's like it's a good thing cause it's like bringing everybody back into this big family thing we had years ago you know. Bringing that unity back in"* (Community member).

"I've only heard nothing but good results in regards to the Men's Group, a lot of murris are very happy that they've got them there" (Community member).

Community members place a high priority on the need to provide activities and a sense of community connection for young people. Eleven of the twenty community members interviewed suggested that providing more social and sporting events which focus on the needs of young people and/or on bringing families together would help Innisfail men move forward towards improving the status of men's health and playing their rightful role of leaders, fathers, uncles, husbands and grandfathers. This suggestion may have been popular because this aspect of the Men's Group work is highly visible in the community. Other community suggestions related to the importance of linking young men with elders, that Men's Group organise social activities for men as well as meetings, ideas for improving access to health services, and suggestions for improving Ma'Ddaimba-Balas's organisational capacity.

Discussion

Indigenous Men's Groups (including the Ma'Ddaimba-Balas Men's Group) are a good example of a grass roots approach to developing multiple level interventions in response to perceived day to day health and wellbeing needs for Indigenous men and have the potential to effect multi-level changes over time. They provide an example of a holistic approach to Indigenous health, consistent with the Indigenous definition of health: *"Not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is the whole-of-life view and it also includes the cyclical concept of life-death-life"* (National Aboriginal Health Strategy Working Party 1989).

Their broad range of activities at multiple levels also provides an example of a comprehensive, multi-strategic program as recommended by both the Alma Ata Declaration (1978) for comprehensive primary health care and the Ottawa Charter (1986) for health promotion. However, despite the importance of implementing a holistic approach to health, there are two key challenges to this approach. Firstly, Indigenous Men's Groups do not have the power or resources to try to influence the multiplicity of social determinants of Indigenous men's health alone. Despite the appalling health statistics for Indigenous men, severe resource constraints condemn most Indigenous Men's Groups to remain in a formative stage. It is therefore critical in the short term that Men's Groups identify their priority strategies for both working directly with individual men and their families; and broader community issues for which they can work with other organizations to advocate for change. In the longer term, advocacy for greater resourcing is required so that Indigenous men can address the key determinants of health which are central to their lives, for example, stress, violence, racism, un- and under-employment, poor educational attainment, housing, tradition and culture and their relationship with country.

The second challenge is that there are few examples of properly designed and evaluated complex health programs that intervene simultaneously at different

levels of peoples lives. Jack (2005) argues that a variety of interventions operating simultaneously at the level of the individual, family and community will be required to respond to the increasing burden of chronic disease over the next decade. But there are difficulties in evaluating programs designed to address the social (including economic, political and cultural) influences on health. These include the long term nature of outcomes (which makes it difficult to specify program objectives and time lines); the inappropriateness of the “gold standard” methodology of the randomised control trial in situations where strategies are not standardised across groups; and the vulnerability of health development interventions in the present health policy and health care environment, because policy makers expect prevention, diagnosis and treatment to be evidence based and have measurable outcomes (Legge1999). For Indigenous Men’s Groups such as Ma’Ddaimba Balas Men’s Group, while theoretically well grounded in the frameworks of both Indigenous health, primary health care and health promotion, their goal of long term social change, range of strategies and the lack of standardisation across Groups make it difficult to adequately evaluate their contribution. Due to their nature, alternative study designs will always be necessary to take into account the unique factors of each group.

Given the prominence of alcohol and drugs as underlying factors affecting key concerns for Indigenous men, there would be multiple benefits for Men’s Groups in tackling these issues more directly. Drinking behaviour is socially learned and differs according to the situation and environment. Pearson argues that the currently established cultures of Aboriginal drinking will always lead to abuse because people drink to get drunk. He promotes abstinence and zero tolerance of abusive behaviour (Pearson 2002), and outlined a holistic framework incorporating six strategies for substance abuse programs. These are: to rebuild a social, cultural, spiritual and legal intolerance of abusive behaviour (or rebuilding the true care and respect of our ancestors); controlling availability and supply; managing money; managing time; treatment and rehabilitation; and fixing up the home and community environment (Pearson 2001).

While the Ma’Ddaimba Balas Men’s Group leaders acknowledge the validity of Pearson’s arguments, they caution that there should be acknowledgement that not all Aboriginal men drink to get drunk, that abstinence will not be chosen by all Indigenous people, and that community based groups such as Indigenous Men’s Groups are already working to reduce the harm from alcohol abuse. Innisfail is a mainstream rural town where alcohol is widely available, and Pearson’s 6-point framework would need to be adapted to meet the needs of the local situation. A starting point may be for Men’s Group leaders to determine the relevance of the framework to their priorities, and potential collaboration with other organisations to advocate for alcohol-related issues, for example promoting light beer, organising alcohol-free events or encouraging men to explore better ways of managing their time.

Men's Group leaders should also consider whether their current foci of supporting men through the criminal justice system, improving access to health services, and working with young people will continue to be the best points of intervention in Innisfail. Pearson (2001), for example, argues that the grog and drug problem and the dismantling of the passive welfare paradigm must be dealt with prior to dealing with either violent or non-violent crime, improving health or life expectancy, addressing the over-representation of Aboriginal people in the criminal justice system or preserving culture. Others argue that it may be more effective to focus on developing a cultural and spiritual revival (pers comm. Bradley Baird 2005, Hazlehurst 1997) or on the aspects of dependence (such as lack of meaningful employment) that are most salient for a given individual (Homel, Lincoln et al. 1999). Again, this issue needs to be determined by the Men's Group leaders and membership.

There is an over representation of Indigenous people in Queensland's criminal justice system with Indigenous people comprising 3.1% of the population but 23% of prison inmates. There are major financial and social costs to families, communities and governments, including a dollar cost of incarcerating a person of approximately \$70,000. Rates of re-offending are higher for Indigenous people, at 77% compared to 58% for non-Indigenous men (Walsh 2005). The social costs of incarceration include the separation of Indigenous males from their families and communities and hence impairment of the male parenting available to Indigenous children and youth (Male Health Policy Unit, 2000) and hindering of the transmission of cultural knowledge across generations (Cape York Institute 2004). While accepting that individuals are responsible for their behaviour, crime (and particularly violence) in Indigenous communities is, in part, a response to historical and social factors (Thompson 1999) including the lack of opportunity for self-determination (Miller 1992). Men's Groups could potentially impact significantly in preventing Indigenous people from committing crime. There are also benefits for mainstream learning from Indigenous initiatives, for example, supporting defendants in courts has been shown to produce better outcomes. There is a need for discrete interventions through Men's Groups to trial effective strategies, including the cost effectiveness of Men's Groups in keeping men out of prison.

Many Indigenous males do not access health services, care and treatment when they need them. Inadequate resourcing and failures of health systems to identify and address specific Indigenous needs mean that access to generalist health services is poor, and access to specialist and specific services worse. The intricate and extensive networks developed with key health service providers to improve access to health services has been a major achievement for Ma'Ddaimba-Balas Men's Group. This needs to be recognised and practically supported so that Men's Groups can become important vehicles or conduits for Indigenous men to access appropriate services.

In most, if not all, consultations amongst Northern Territory Indigenous males about their health issues, men identified a need for special places and facilities in their communities to discuss and address their own health issues. Many men expressed their alienation from existing health services and the places where they are conducted (Adams 2001). Finding the resources to obtain and provide a “men’s place” in Innisfail is central to Ma’Ddaimba Balas’s other strategies but has not been possible within the timeframe of this evaluation. Advocating for the recruitment and retention of Indigenous male health workers has been another important strategy to address men’s poor access to health services.

Finally, Men’s Group needs to address issues of identity and credibility. A long term strategy plan whereby Innisfail men look into the future and imagine how they want life to be for themselves and their families in the next 10-20 years will be a good start. Such a plan will need to include the values and qualities by which the group would like to be identified and which they could also use to monitor how they are going over time, in the same way as the Yarrabah Men developed a list of “Dos and Don’ts” to describe the values by which a responsible man should live (Tsey et al 2002). This strategic planning process should target both young leaders and key Elders to participate, and build on and consolidate Men’s Group’s community social and sporting activities, as suggested by community key informants.

Recommendations

At Men’s Group level

1. Men’s Group needs to develop a long term strategy plan whereby Innisfail Indigenous men look into the future and imagine how they want life to be for themselves and their families in the next 10-20 years. Such a plan will need to include the values and qualities by which the group would like to be identified and which they could also use to monitor how they are going over time. This strategic planning process should build on and consolidate Men’s Group’s community social and sporting activities which focus on the needs of young people and/or bringing families together, consider Pearson’s 6-point alcohol framework to determine its relevance to Men’s Group priorities, consider whether the health of men and juveniles involved with the criminal justice system should be a priority, and reassess the role of Men’s Group in providing diversionary programs within current resource constraints.
2. Men’s Group needs to continue efforts to attract funding support from a range of sources.
3. Men’s Group should undertake a membership drive, including consulting with the community about the purpose of Men’s Group, making meetings

4. Men's Group needs to find a modest office space and a place for men to meet to discuss and address their own health issues. Co-location with a partner organization/s should be considered to share the cost of the space.
5. Men's Group leaders need to undertake training to improve leadership and frontline management skills including participatory decision-making processes. Leaders need to be prepared to participate assertively to affect change not only within the organization, but also through reflection of their own practice and learning needs.
6. The Men's Group Board should be asked at its next AGM to review employment contracts for the two current staff members.
7. In the short-term, Men's Group should continue to obtain management support and skills transfer from both private financial trainers and the Coordinator of the Justice Group. This should be reviewed on a quarterly basis.
8. Men's Group may also wish to find a mentor for the Chairperson and Coordinator eg an indigenous chair of community organisation.
9. Monthly participatory action research meetings with James Cook University should be continued, and these should be used to check what is working well and what is not working so well. The two staff members, Chairperson and other key players should commit to attending these meetings, and staffing/communication issues should be addressed.

At a government/policy level

1. Commonwealth and State governments should give greater recognition and funding support to Men's Groups in policy and program development as multi-level interventions operating in response to perceived day to day health and wellbeing needs for indigenous men, with the potential to effect multi-level change.
2. Queensland Health should recognize and support Ma'Ddaimba Balas Men's Group's achievement in developing extensive networks with key health service providers to improve access to health services. They should resource it to play a leadership role in improving access to appropriate health services, resource provision of a "men's place" and design strategies and programs to support men to make behavioural changes such as quitting smoking.

3. Mamu Medical Service, Queensland Health and private providers should consider recruiting and retaining Indigenous male health workers to work in conjunction with Men's Group to improve access to health services for Indigenous men.
4. The Department of Corrective Services and Department of Community Corrections should recognize, support and resource Men's Group's preventive work to reduce re-offending and keep men out of the criminal justice system.

At a program evaluation level

1. Micro-level evaluation should be undertaken to determine the impact of Men's Group interventions in improving access to health services and hence assisting to prevent the progression of chronic diseases.
2. Micro evaluation should be undertaken to determine whether a community Men's Group can influence the long term health of men who are involved in the criminal justice system. It should include the effectiveness of court support and diversionary programs in meeting individual men's needs and preventing re-offending; the health consequences of correctional outcomes and the cost effectiveness of Men's Groups as a crime prevention and diversionary strategy.
3. Program evaluation should consider the extent to which the core membership of the Men's Group reflects Innisfail's Indigenous community leaders, or a potential leadership pool.
4. Men's Group should design a simple log sheet for recording the number of their informal networking contacts. One week each quarter, Men's Group leaders could tick the log sheet for each time they talk to either an Indigenous adult or young person.
5. Research could be undertaken through a partnership approach between James Cook University and Ma'Ddaimba Balas Men's Group to adapt Pearson's alcohol framework to the situation for Indigenous people living in a rural mainstream town, and evaluate outcomes.

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