

Western Bulldogs Community Foundation

Sons of the West 2021

Horsham

Program Evaluation Report





Evaluation Report Authors

Evaluation of the SOTW 2021 program was completed in partnership between the Western Bulldogs Community Foundation (WBCF) and Victoria University (Institute for Health and Sport) in December 2021.



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Thank you to the Program and Evaluation Contributors

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WATERGARDENS

Acknowledgement of Country



Victoria University and the WBCF acknowledge, recognise and respect the Elders, families and forebears of the communities who are the traditional owners of land where the Sons of the West Horsham program met (both face to face and online): the five Traditional Owner groups of the land – the Wotjobaluk, Wergaia, Jupagalk, Jaadwa and Jadawadjali people.

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Executive Summary

Program Overview

Sons of the West (SOTW) is a holistic health promotion program intended to support and empower men to improve their health and wellbeing and to connect with their local community. With these aims, the Western Bulldogs Community Foundation (WBCF) partners with local councils and health and community organisations to deliver programs tailored to community needs in a place-based, gender-sensitised framework.

SOTW combines educational presentations and discussions with physical activity, developed in line with the SOTW Outcomes Framework (targeting sustained participation in physical activity; connection to community; good mental wellbeing; sustained positive health behaviours; and gender equity promotion).

Demographic Information

The 2021 Horsham cohort of SOTW had **35** men that attended at least one session.

Of participants who contributed their demographic details:

- The average age was **51 years**
- **3%** spoke a language in addition to English
- **80%** reported a chronic health condition or concern
- **67%** were employed, **17%** were retired, **7%** were receiving disability support, **6%** were studying, and **3%** were unemployed.

Key Findings

The impact of the SOTW program was investigated using information gathered at the beginning and end of the program. Surveys were used to gather quantitative and qualitative data, and a written reflection from the program facilitator further informed the evaluation.

Findings suggest that participants experienced benefits to their health and wellbeing as a result of the SOTW program, particularly relating to physical activity, health knowledge, and gender equity.

The effect of COVID-19 restrictions at the time of the program, while not explicitly explored as part of the evaluation, may have delayed some impacts of the program. Continuing the program through these restrictions presented some challenges; however, importantly it provided participants something they could continue to look forward to at a time when many supports and programs had ceased.

Conclusion and Recommendations

The SOTW Horsham 2021 program showed health and wellbeing benefits in the intended outcome areas for the men who participated. Recommendations are put forth from program data and feedback as they relate to program delivery and program outcomes.

Introduction

Program Background

The Sons of the West program (SOTW) is a holistic health promotion program delivered by the Western Bulldogs Community Foundation (WBCF) in partnership with Victoria University (VU), local councils, and community organisations. SOTW is developed and implemented through a place-based framework and a gender-sensitised perspective.

The SOTW program was originally developed for the western suburbs of Melbourne, which tend to show poorer health outcomes than other areas of the city (HealthWest, 2015). In this context, the WBCF uses its SOTW program (and its parallel program, Daughters of the West) to empower participants to connect with their local communities and services whilst feeling confident to improve their health behaviours. Previous evaluations of these programs show significant improvements in relation to the program aims.

This program was delivered in partnership with the Wimmera Primary Care Partnership and Horsham Rural City Council for men who live in the local government area of Horsham, located approximately 300 kilometres northwest of Melbourne. This is aligned with the WBCF’s more recent focus on expanding to address the specific health needs of people living in rural communities, who also tend to experience poorer health outcomes than metropolitan areas (Australian Institute of Health and Welfare, 2019).

Program Aims

The SOTW program is developed and delivered in line with an Outcomes Framework that has been co-created by the WBCF, VU, health and community partners, and men of western Melbourne. The program aims to create long-term change in five key areas for holistic health (see Figure 1 below, and an extended Outcomes Framework in Appendix A).



Figure 1. The Sons of the West Outcomes Framework

Program Overview

The SOTW Horsham 2021 program was delivered over 10 weeks, with weekly sessions lasting approximately 2 hours. Typically the SOTW program is delivered face-to-face in a local community venue, however due to COVID-19 lockdown requirements, this iteration of the program was provided online through Zoom from the 4th week onwards.

Typically, each weeks' session consists of an education/discussion component followed by a physical movement component. This is intended to create opportunities for social connection, increased health knowledge and confidence, and for greater participation in physical activity. In the online delivery, there was no physical activity component of the program due to safety concerns in the virtual environment and uncertainty relating to returning to face to face delivery.

The program schedule was developed to cover a range of community and individual health needs, with guest speakers and content tailored for the local context. The topics selected encompassed a range of biological, psychological, and socio-cultural health determinants as follows:



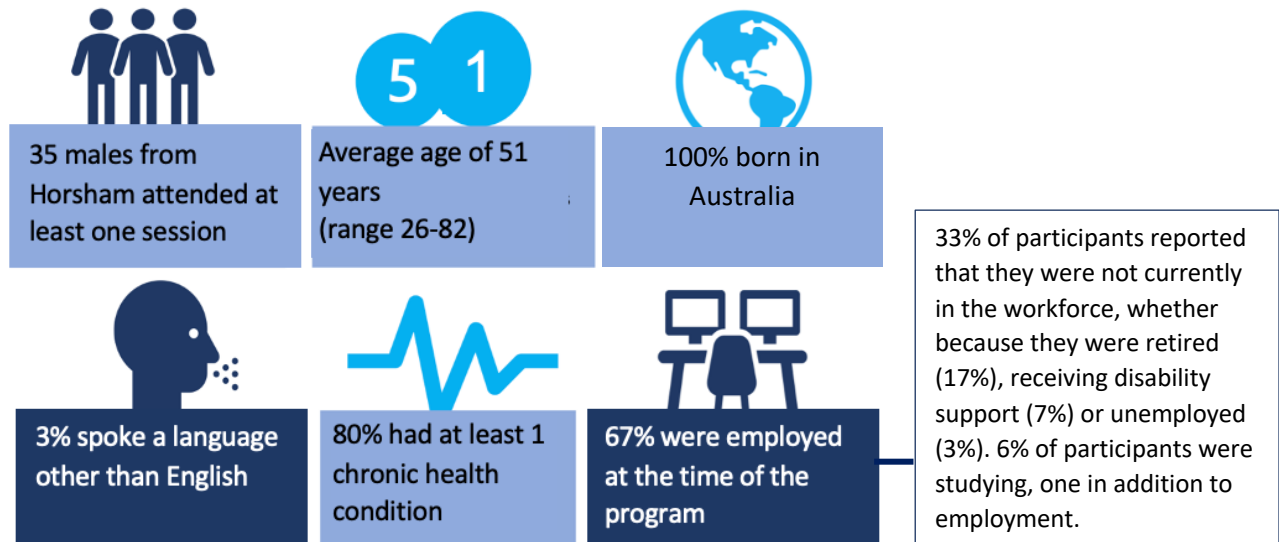
In a post-program survey asking participants about their favourite session, the **top 3 most popular sessions** were:

1. **Gender Equity** (37.5% of responses);
2. **Let's Talk Food** (with dietitian) (25% of responses); and
3. **Heart Health; Mental Fitness** (real life experience story); and **Keen to Screen: Cancer Screenings** (12.5% of responses each).

Participant Information

Cohort Demographics

Demographic information for participants was gathered from registration forms in order to better understand the audience of SOTW. A total of **30** participants used this form to contribute their information for program evaluation.



Program Attendance and Retention

Attendance

In 2021, **46** men registered to attend SOTW in Horsham. Of these, 11 (23.91%) did not attend a session. This evaluation focuses on the **35** men who attended at least one session. All participants were new to the SOTW program.

On average, **22 men joined each week** (see Figure 2). All participants were new to the program. There was a small drop in attendance coinciding with the change in format to online sessions due to the COVID-19 lockdown restrictions. Anecdotally participants offered reasons including securing employment that involved evening shifts, along with barriers associated with privacy at home and accessing the internet—impacting their participation and resulting in drop out. Attendance numbers from week 5 to 10 remained relatively stable.

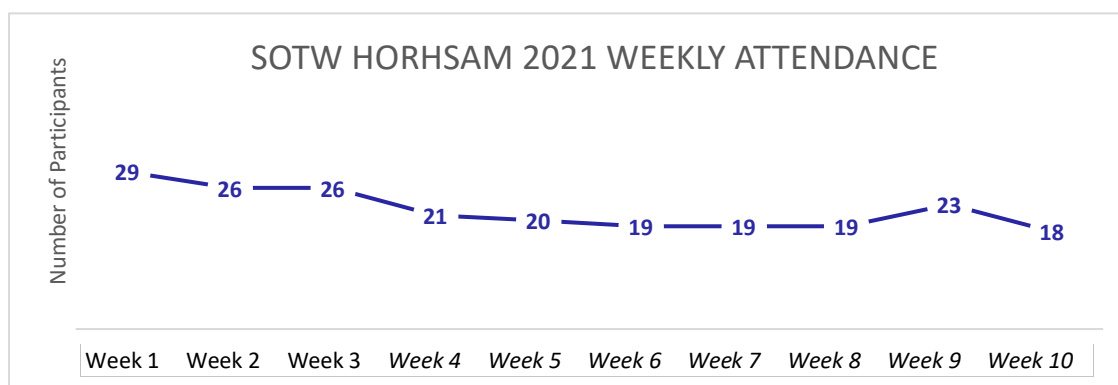


Figure 2. Weekly attendance information for SOTW Horsham in 2021.

Note: Weeks in italics were delivered online in response to COVID-19 lockdown restrictions.

Retention

The SOTW program has set a high industry benchmark for health promotion program attendance and retention, with 70% session attendance considered the benchmark retention rate. In 2021, 19 participants (54%) attended 7 or more sessions and were eligible to graduate.



Program Impact

Method

Evaluation of the SOTW program impact occurred using a mixed-methods approach to incorporate information from different key sources in both quantitative and qualitative forms.

Corresponding pre- and post-program surveys were used to compare baseline quantitative data with that of the program's conclusion. These surveys were purpose-built, incorporating items to determine physical activity levels, engagement with health and community services, community connection and loneliness, and levels of psychological distress and wellbeing.

Qualitative data was also collected in the form of open-ended post-program survey items, and in a written reflection from the program facilitator. This information has been thematically analysed in relation to each of the key outcome areas. Relevant quotes have also been incorporated throughout to illustrate the findings. All quotes are from participants unless otherwise indicated.

Findings

Key findings as they relate to the intended outcomes of the program are detailed below.

Sustained participation in physical activity



To evaluate changes in physical activity levels, participants were asked how many days per week they exercised at a moderate intensity for at least 30 minutes (the VicHealth indicator for physical activity). Pre-program survey data indicated that participants were exercising an average of 1.2 days per week (n = 5), whereas post-program data reflected an 80.84% increase to 2.17 days per week (n = 6; see Figure 3).

An item on the post-program survey (n = 8) also explored participants' self-perceptions of changes to their physical activity levels (see Figure 4.). Over half saw their physical activity levels as unchanged

(67.5%, n = 5), whereas **37.5% (n = 3)** reported they were either **more active or far more active** as a result of the SOTW program.

Feedback from the program facilitator reflected barriers and challenges to participating in physical activity, particularly in relation to COVID-19 pandemic restrictions which prevented walking groups and limited the exercise component of the SOTW program.

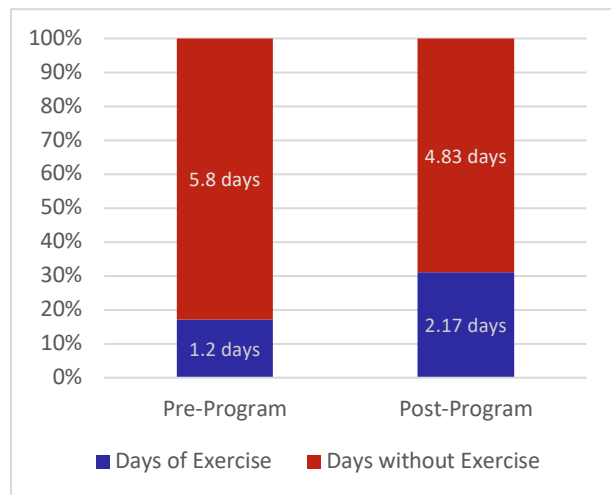


Figure 3. Pre-program (n = 5) and post-program (n = 6) comparison for the number of days per week that participants exercised at moderate intensity for at least 30 minutes.

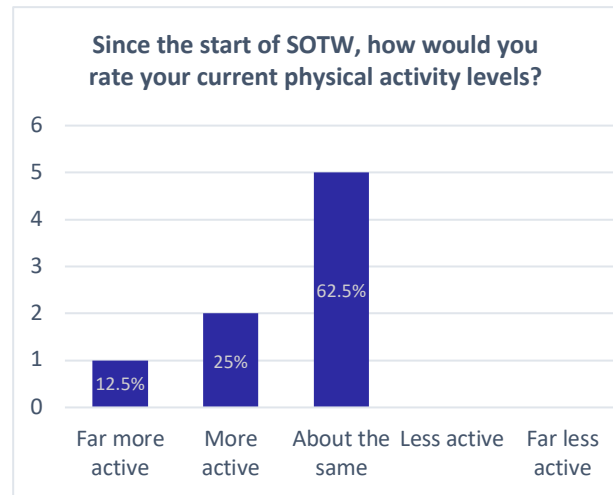


Figure 4. Post-program survey responses for changes in physical activity levels (n = 8).

Connection to community



Social isolation and loneliness present significant risks to health and wellbeing, evidenced in increased mental health concerns, greater stress, increased cognitive concerns, reduced health behaviours, and premature mortality (Fried et al., 2020). Rural communities such as Horsham also face greater barriers to social and community connection, such as transportation challenges, less reliable technology for socialising (e.g. poor phone and internet reception), and greater geographical distance from other people and community hubs (Henning-Smith, Moscovice, & Kozhimannil, 2019).

Loneliness was measured using the short-form UCLA Loneliness Scale (ULS-6), which has been found to be a reliable and valid measure of loneliness and perceived social isolation (Neto, 2014). On this measure, paired testing showed **no change in loneliness** over the program, M Pre = 11.8, M Post = 11.8 $t(4) = .000, p = 1.000$. Asking participants how connected they felt to their community also showed **no significant change** over the course of the program (see Figure 5).

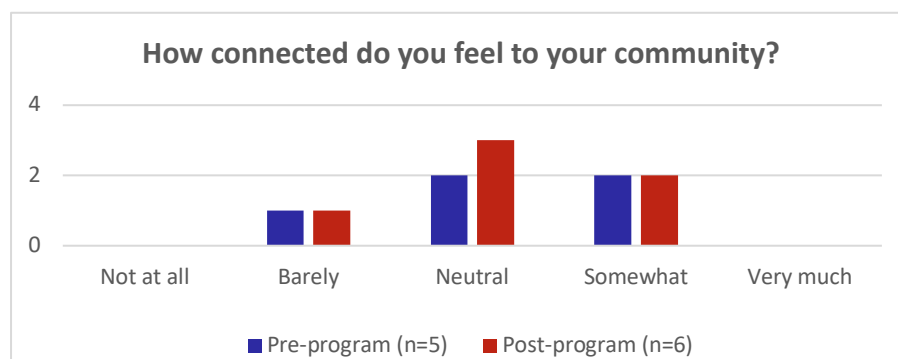


Figure 5. Pre- and post-program comparison of perceived community connection.

Purpose-built survey items were used to determine **engagement with community activities** over the program. Analysis of this engagement also reflected **little change** across the course of the program, with 3 of 5 respondents being involved in community activities before the program commenced, and 4 of 6 respondents being involved in community activities after the program’s conclusion. It is likely that these stable outcomes reflect the impacts of COVID-19 lockdown and ever-changing restrictions on participants’ capacity to engage actively in the community.

However, when exploring more specific knowledge-based and social aspects of community connection, survey respondents (n = 8) indicated that they had noticed a **strengthening of their social and community connections** at the conclusion of the program, with:

- **100%** of respondents agreeing or strongly agreeing that they knew more about opportunities to be involved in their community,
- **87.5%** of respondents agreeing or strongly agreeing that they have increased knowledge of their council area,
- **75%** of respondents agreeing or strongly agreeing that they have made new friends, and
- **75%** of respondents agreeing or strongly agreeing that they feel more connected to other people in their community

as a result of participation (see Figure 6). No respondents disagreed with any of these statements.

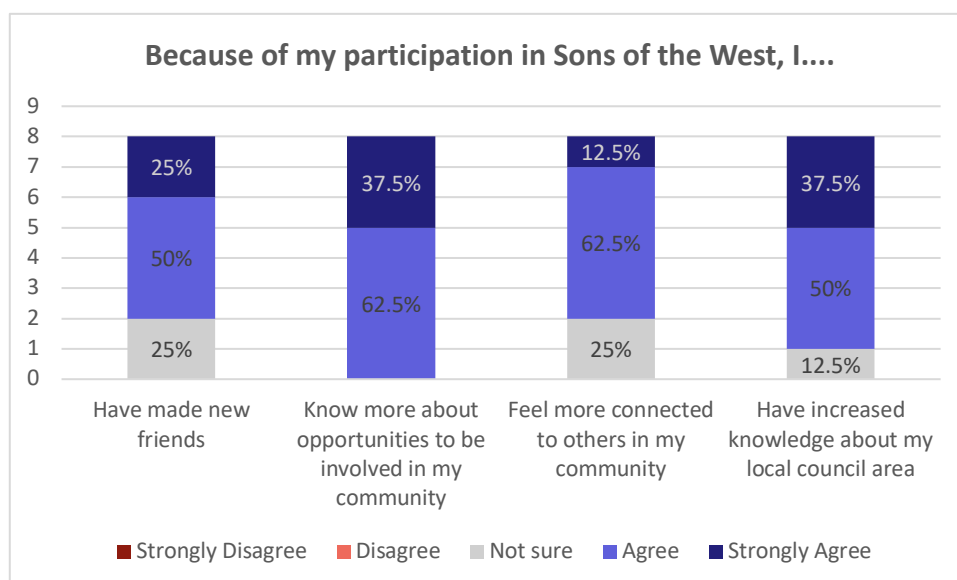


Figure 6. Post-program survey responses for changes in connection to community (n = 8)

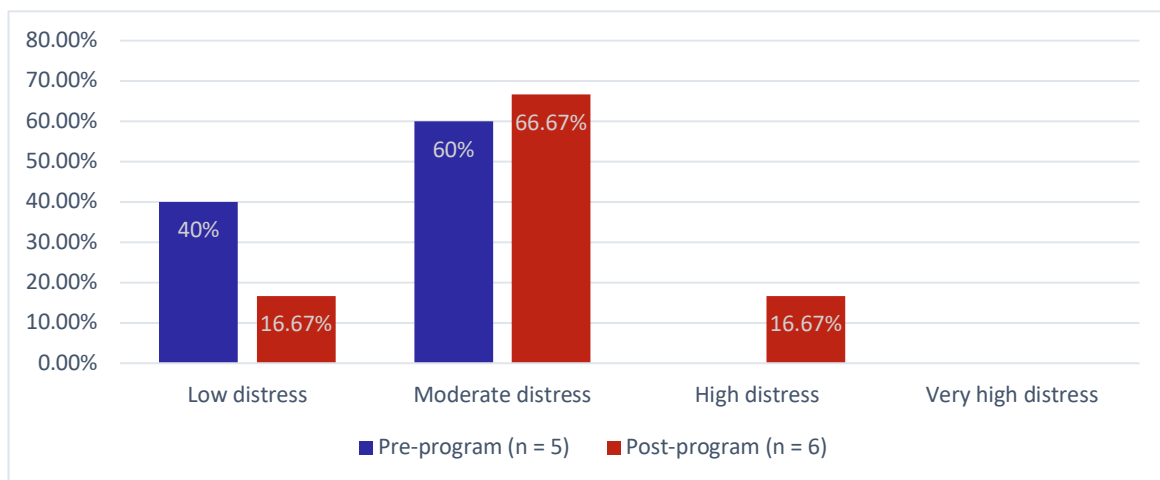
Good mental wellbeing



The SOTW program aims to facilitate good mental wellbeing through tackling mental health stigma, developing psychological health literacy, developing awareness of local mental health services, and sharing understandings of good mental health practices and strategies.

The Kessler Psychological Distress Scale (K10) is a measure used by the Australian Bureau of Statistics and VicHealth, among other organisations, to screen for levels of overall **psychological distress**. The Australian Bureau of Statistics uses the categories of low distress, moderate distress, high distress, and very high distress to reflect the degree of distress (or likelihood of a mental health disorder) corresponding to the self-reported score.

It is important to note the timing in which pre/post data was collected. Pre program data was collected in a time in which there were no COVID-19 related restrictions imposed in regional Victoria. The post program data was collected as regional Victoria were emerging from lockdowns. Visual interpretation of the K-10 measure of psychological distress shows a **slight elevation of psychological distress in respondents at the end of the program** (see Figure 7), but it is important to note that due to the small sample size, the data are not matched pairs and inferential statistical analysis could not be conducted. This means the score from the additional participant at post program may have impacted the comparison and data may not accurately reflect outcomes in the cohort. Elevated scores may be related to ongoing effects of the COVID-19 lockdown which has been shown to coincide with a significant increase in psychological distress for the Victorian population (VicHealth, 2020b).



Sustained positive health behaviours

A key aim of the SOTW program is ongoing behaviour change for positive health, through the development of greater confidence, knowledge, and understanding of positive health behaviours and services.

[I intend to] take more interest in the wellbeing of others and make my own physical and mental health a greater priority.

Engagement with health services, as a key component of positive health behaviour, were explored by asking participants about their engagement over the past four weeks. While **change in this area was limited** (2 of 5 had been engaged in health services at the pre-program point, and 3 of 6 had been engaged in health services at the post-program point), **the number of participants who had seen their GP had substantially increased**, from 1 person (20%) before SOTW to 3 people (50%) after SOTW.

Participants shared their **intent to sustain and improve their health behaviours** at the conclusion of the program, with joining groups, continuing and increasing physical activity, and increasing social connection prominent themes. COVID-19 also was prominent in participants' comments regarding their health behaviour, with the pandemic and associated restrictions presenting a significant barrier to behaviour change.

[I'm] looking to join a new community or sporting group once Covid is over.

After Covid restrictions are lifted I reckon I will walk, ride a bike, talk to neighbours and return to swimming exercises etc.

Prior to the program I had built myself up from walking regularly to running. This program reinforced the [benefits] of doing this, which I am now – pushing myself further, running longer distances, and trying to eat healthier.

Health knowledge of SOTW program topics also increased. 100% of respondents agreed or strongly agreed that, due to the program, they “know more about different health services and support available to me”. In a post-program survey asking participants about their knowledge and education of these topics, the vast majority agreed that they had learned something from each week (see Table 1):

Table 1. Information regarding weekly learnings from SOTW health education sessions.

	I learnt something about the following topics:			Number of Participants
	Disagree	Unsure	Agree	
Heart Health	0%	0%	100%	5
Let's Talk Food (with dietitian)	0%	0%	100%	8
Mental Fitness (real life experience story)	0%	12.5%	87.5%	8
Mental Fitness (RUOK initiative)	0%	0%	100%	7
OzHarvest: Reducing Food Waste	0%	0%	100%	5
The Welcome Round: Indigenous Culture and History	0%	0%	100%	8
Gender Equity	0%	0%	100%	7
Keen to Screen: Cancer Screenings	0%	0%	100%	7
What's in Your Backyard: Local Activities and Services	0%	16.7%	83.3%	6

Note. This information was collected from survey respondents who attended the session (omitting responses of “I didn't see this session”).

Gender equity promotion



Across the Sons and Daughters of the West programs, a gender-sensitised approach is used to promote attitudes and behaviours for gender equity. For SOTW, this entails an approach which encourages the challenging of gender stereotypes and promotion of healthy masculinity, thus reducing detrimental impacts of *the Man Box*. The Man Box refers to the societal pressures men experience, stemming from rigid beliefs about how men should be and act (The Men's Project & Flood, 2020). Greater perception of these pressures and personal endorsement of these masculine norms are known to be detrimental to the physical and

mental health of men, reduce likelihood of help-seeking behaviour, and increase the likelihood of using violence (The Men’s Project & Flood, 2020; VicHealth, 2020).

The post-program survey suggested that participation in the SOTW program had contributed to **changes in understandings of gender stereotypes for participants** (n = 8), with:

87.5% of respondents agreeing or strongly agreeing that they understand more about gender stereotypes and the Man Box, and

75% of respondents agreeing or strongly agreeing that they feel this program helps to break down gender stereotypes.

See Figure 8 for an illustration of this data. No respondents disagreed with either of these statements.

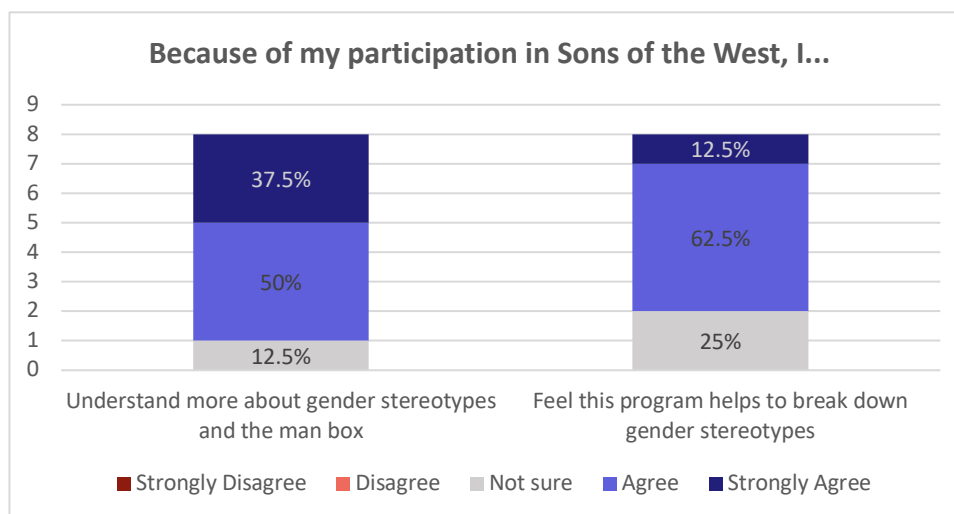


Figure 8. Post-program survey responses for changes in gender equity promotion (n = 8)

In asking participants which session was their favourite of the 10 topics throughout the program, the session focussing on **gender equity** received the highest number of responses (37.5%, n = 3), with one participant commenting:

“Eye opening concepts were discussed that put a lot of things in perspective for me. [It] makes me think about how I role model my action for my boys.”

Future Considerations and Recommendations

Considerations and recommendations for program delivery

Considerations and recommendations for program delivery have been made from the data and feedback of SOTW participants, and the contribution to the evaluation of the program facilitator.

A major aspect of the SOTW program in 2021 was the impact of the COVID-19 pandemic and restrictions. Due to these, the program shifted to an online format from week 4 onwards to comply

with public health directives. Though the online format presented some challenges and limitations, the continuation of the program in spite of these was noted as particularly meaningful for participants.

“The organisers and MC persisted through a difficult Covid-affected year to present a first-class program which has limitless value to open-minded participants.”

“Being online was great to still socialise etc when everything was restricted. The men said they really looked forward to the session each week as everything had been postponed or restricted.”
(Program Facilitator feedback)

Challenges and limitations of online delivery related primarily to participants’ ability to feel fully engaged in the program, which had subsequent **impacts on the intended SOTW outcomes of increased physical activity and increased connection to community.**

Participants noted: *“Zoom was somewhat stifling”; “[It] was difficult with COVID, not having face to face speakers”; “Hard to judge [the program impact] due to lockdown and very limited physical/exercise sessions”.*

The program facilitator also noted: *“The exercise component was restricted, and the connections were affected by being online...[the participants] bonded as best they could online and unfortunately we were restricted on getting together for exercise such as a walk”.*

- * SOTW should be delivered face-to-face whenever possible, for stronger engagement with the overall program, and with community connection and physical activity elements in particular.
- * If public health directives restrict the possibility of face-to-face delivery, the program should be continued in the online format as occurred in 2021. Feedback indicates that the participants look forward to and still benefit from online sessions of SOTW.
- * If the program is to be delivered online, the following recommendations are made to facilitate and maximise engagement:
 - ◆ Speakers should be in real-time wherever possible (as opposed to pre-recorded).
 - ◆ Speakers should be chosen who will facilitate high levels of engagement with participants, with consideration given to those who are local to the program’s community and who are able to quickly build rapport.
 - ◆ Including players and/or past participants of the program may facilitate engagement and interest for new participants.

“The men really enjoyed hearing about Phil and his experience [as a former SOTW participant and now staff member] on week 1. The feedback was there should be speakers from previous groups to get them really interested in returning.”

(Program Facilitator feedback)

Considerations and recommendations for program outcomes

Considerations and recommendations for program outcomes have been made from the data and feedback of SOTW participants, and the contribution to the evaluation of the program facilitator.

Sustained participation in physical activity was noted to be limited by the COVID-19 pandemic and restrictions, though was still a prominent focus for participants as a result of the program. Shared opportunities to exercise were considered by participants and the program facilitator as important for becoming more confident and engaged with physical activity to help sustain this after the program's conclusion. Transition out of the SOTW program was also noted to be a challenging time, with the program facilitator considering ways to encourage participants to build on and maintain their physical activity after program conclusion. Participants also gave feedback that fitness and exercise information and activities specific to older men would be valuable.

- * Physical activity should be incorporated into online program formats, with practical preparations occurring well in advance to enable efficient rollout if/when required
- * Shared opportunities for physical activity could be considered during and after the program. If required and possible, these could be tailored to meet public health directives, such as a socially-distanced outdoors walking group.
- * Structured opportunities for physical activities in the community could be shared or arranged for after the conclusion of SOTW to facilitate a transition towards sustained participation.
- * Activities and information for physical activity could be tailored for the specific needs of different age groups. Specific exercises should continue to be tailored to individual needs and abilities, as is part of the SOTW approach.

Connection to community was a program outcome that was also limited by the COVID-19 pandemic and restrictions. While some respondents indicated that their social and community connections had strengthened through SOTW, opportunities to connect online and offline were put forward by participants and the program facilitator as being important priorities for this outcome. Participants also noted that they intended to act on their new knowledge of community groups and activities once COVID-19 restrictions were lifted, suggesting that there is potential for a delayed impact in this outcome area.

- * Opportunities to socialise and discuss program topics or transition beyond the program could be considered for participants to encourage greater connection and engagement.
- * The "What's in Your Backyard" session helps to encourage sustained connection to community, and could be complemented with an information pack including take-home information and incentives (e.g., vouchers from local organisations).
- * Community activity sign-ups could be used in the "What's in Your Backyard" session to allow participants to connect with each other over shared interests and intent to participate in community activities.

Gender equity promotion was a strong outcome of this program, with participants responding strongly to the challenging of gender stereotypes and education of the Man Box.

- * The program should continue to challenge gender stereotypes and to prompt awareness and education of the harms of the Man Box through a supportive and non-judgmental lens.
- * Feedback from participants requesting anger management strategies in future programs could be incorporated into gender equity sessions to reduce stigma associated with unhealthy anger given its gendered socialisation.

Good mental wellbeing: It is difficult to make interpretations about the K-10 findings given limitations associated with the small sample size. Previous SOTW evaluation reports with larger sample sizes (allowing for inferential statistical analysis of matched pairs) have shown either stability or reduced levels of psychological distress over time. Participant feedback did address that there would be value in sharing additional strategies for self-managing mental wellbeing, as well as the existing focus on where to seek professional support.

- * The destigmatising, non-judgemental, supportive approach to mental wellbeing throughout the SOTW framework has benefits for engaging participants and should be continued, alongside the ‘lived experience’ portion of the health information sessions.
- * Online delivery of SOTW should be continued through COVID-19 lockdowns as a source of connection to prevent loneliness and social isolation.
- * Strategies that can be adopted without professional support could be considered, particularly relating to anger management and common experiences of psychological distress such as anxiety and depression.
- * Alternative options for measuring mental wellbeing outcomes with small participant samples could be explored.

Sustained positive health behaviours were also limited by the impacts of the COVID-19 lockdown, again with some immediate benefits noted though with further intent to engage in new health behaviours after lockdown restrictions eased.

- * The “What’s in Your Backyard” session helps to encourages sustained positive health behaviours, and could be complemented with an information pack including take-home information and incentives (e.g. vouchers from local organisations).
- * The topic variety was engaging and well-paced, with participants learning new information about health behaviours and community services and should continue to be delivered in this form, adapted to community needs as appropriate through the existing SOTW approach.

Conclusions

The SOTW Horsham 2021 program demonstrated benefits for participants and the potential to act as a protective factor during COVID-19 related lockdowns.

Findings suggested that face-to-face delivery of the program would have been preferred, due to the higher perceived opportunities for socialising and physical activity. However, continuing in the online format during the COVID-19 lockdown restrictions was greatly appreciated by participants, and offered a meaningful connection for those restricted to their home and workplaces. While not directly explored, feedback from participants suggested this format may have also had other benefits, such as in developing confidence in using technology to talk and learn with others.

Participants used the knowledge and confidence from the SOTW program to reprioritise their physical and mental health, with post-program surveys reflecting ongoing changes and intentions for future community and exercise engagement. They spoke of plans in these areas once the COVID-19 social distancing restrictions ease, indicating a delayed impact of SOTW that may not be fully captured in this evaluation.



Still of AFL player Roarke Smiths' congratulatory video for the SOTW Horsham participants' Graduation



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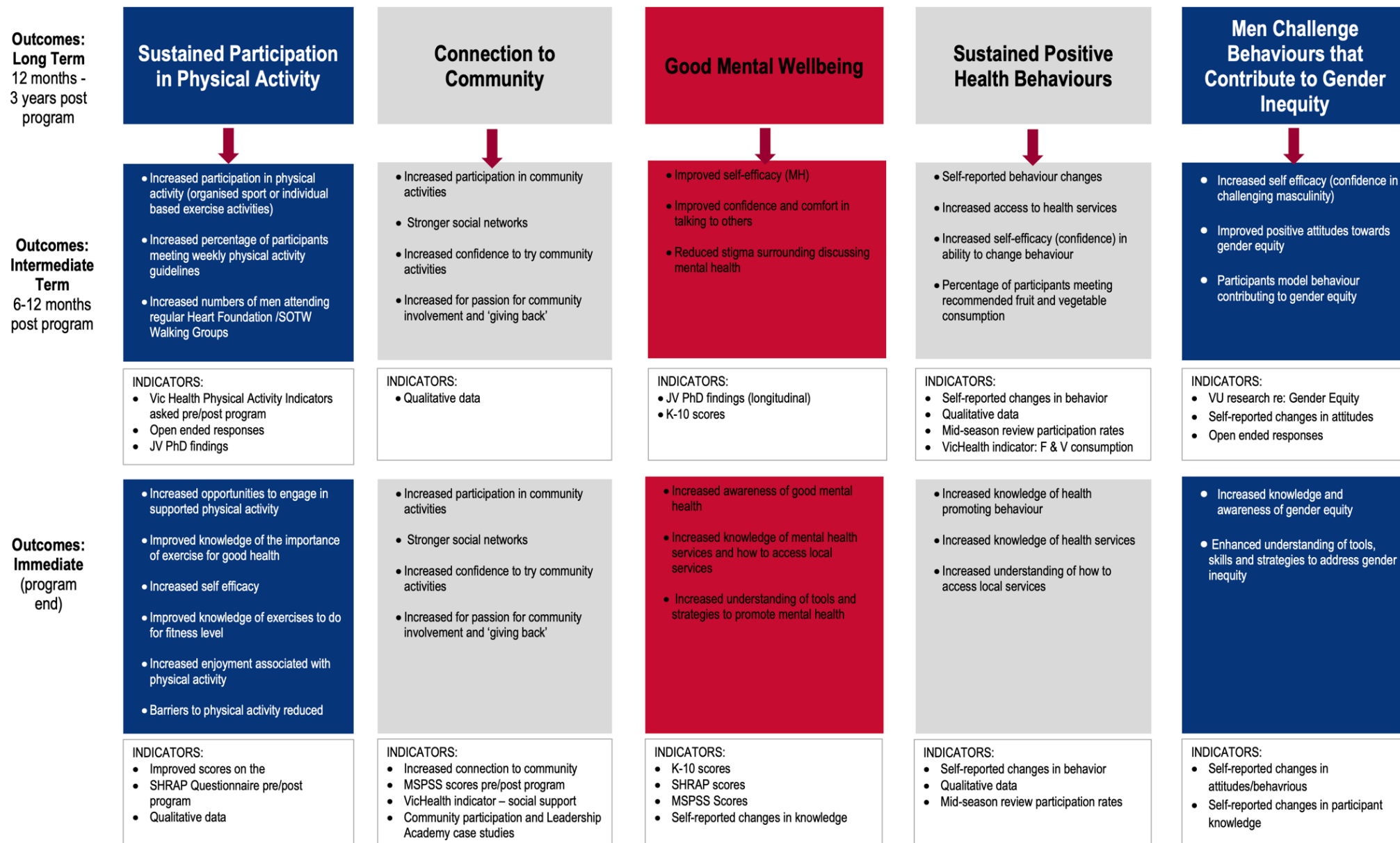
Appendices

See the following pages for:

Appendix A: SOTW Outcomes Framework (Program Logic Model 2018-21)

Appendix B: Validated Pre-Post Program Questionnaire

Appendix A: SOTW Outcomes Framework (Program Logic Model 2018-21)



Appendix B: Validated Pre-Post Program Questionnaires

The following section includes the scales that SOTW participants were invited to complete both in week 1/2 and from week 10 (and up to 3 weeks after) SOTW 2021.

Scale: UCLA Loneliness Scale (ULS-6)

Indicate how often each of the statements below is descriptive of you.

1. I lack companionship
2. There is no one I can turn to
3. I feel left out
4. I feel isolated from others
5. I am unhappy about being so withdrawn
6. People are around me but not with me

Response options:

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Often

Scale: Kessler 10 (K-10) Test

These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been.

During the last 30 days about how often...

1. Did you feel tired out for no good reason?
2. Did you feel nervous?
3. Did you feel so nervous that nothing could calm you down?
4. Did you feel hopeless?
5. Did you feel restless or fidgety?
6. Did you feel so restless that you could not sit still?
7. Did you feel depressed?
8. Did you feel that everything was an effort?
9. Did you feel so sad that nothing could cheer you up?
10. Did you feel worthless?

K-10 Cut-off scores for levels of psychological distress

Low = 10 – 15
Mod = 16 – 21
High = 22 – 29
Very high = 30 – 50

Response options:

- 1 = None of the time
- 2 = A little of the time
- 3 = Some of the time
- 4 = Most of the time
- 5 = All of the time

Scale: Multidimensional Scale of Perceived Social Support (Modified*)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

- Circle the "1" if you **Very Strongly Disagree**
- Circle the "2" if you **Strongly Disagree**
- Circle the "3" if you **Mildly Disagree**
- Circle the "4" if you are **Neutral**
- Circle the "5" if you **Mildly Agree**
- Circle the "6" if you **Strongly Agree**
- Circle the "7" if you **Very Strongly Agree**

1. There is someone who is around when I am in need.
2. There is someone with whom I can share my joys and sorrows.
3. There is someone who really tries to help me.
4. I get the emotional help and support I need from my family.
5. I have someone who is a real source of comfort to me.
6. My friends really try to help me
7. I can count on my friends when things go wrong.
8. There is someone I can talk about my problems with.
9. I have friends with whom I can share my joys and sorrows.
10. There is someone in my life who cares about my feelings.
11. I have someone who can help me make decisions.
12. I can talk about my problems with my friends.

**Note: Items from the original scale referring to family have been modified to reflect broader sources of support.*