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The Three in One Men's Project: An Evaluation Methodology

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1 The three in one men’s project

1.1 Background of the project

The ‘Three in One’ men’s project is an initiative of two Wollongong organisations, NSW Health (Multicultural Health) and Healthy Cities Illawarra (HCI). The project has been funded by the NSW Government Area Assistance Scheme for a period of two years.

The idea for this project grew out of a needs assessment conducted by the Illawarra Health Multicultural Health Service (2002/03) targeted at the Portuguese community of Wollongong. This project revealed high levels of depression, idleness and poor self esteem amongst Portuguese speaking men who were no longer in paid employment. These men described their sense of worth as having come from the amount and intensity of work they completed and once they suffered workplace injuries or were no longer in paid employment they became idle and lost their sense of purpose and worth (Goncalves, 2003). They also have to engage with a series of adjustments in their routines, relationships and expectations (Barnes, 2004).

This is not a new phenomenon. In fact, men are often unable to imagine themselves without the identities they derive from their paid work (Probert, 1997). This is neatly captured in the following quote taken from a study of a group of male blue-collar workers who had recently been made redundant.

“I now know how important a job is. A man's reason for being on earth is to work...For each individual person, that's your identity – for example electrician. Once your job’s gone, you're a nothing.” (Probert, 1997)

This project will provide a venue where men can be involved in practical skills based activities with a view to increasing their self-esteem and sense of purpose. It is targeted at men aged 40+ who are unemployed, retired or have been retrenched and reside in the Central and Southern Suburbs of Wollongong LGA.

In particular the project will target men from diverse cultural backgrounds as these men are often more likely to be isolated from the community, may lack support networks and are poorly prepared for a life away from their paid employment. They also experience higher rates of morbidity and mortality. This is particularly relevant to new immigrants who generally have
experienced lengthy exposure to increased levels of stress and are more likely to be unemployed, have a low income, and live in poor dwelling conditions in the new country (Carmel, 2001).

The Three-in-One project aims to create group centred opportunities that will develop and harness the men’s interest in practical skills-based activities. This will be particularly relevant to those men with trade/labour backgrounds who are interested in using/developing these skills. The work produced will reflect local perspectives and needs as well as the varied cultural heritage of the participants.

1.2 The goals and aims of the Three in One project
According to the original tender document the goals and aims of this initiative are to:

- Build up and enhance self-esteem, social support, sense of purpose and community connectedness amongst men aged 40+ who are unemployed, retired or retrenched.
- Facilitate practical skills based activities, programs and workshops using such materials as wood, clay, cement, tiles, rock and other materials as appropriate.
- Build participants’ capacity to sustain activities and interests beyond the life of the project.

1.3 Rational for the project
In recent years there has been an increased interest in the link between social activity and physical health (Lindstrom, 2001). Whilst membership of a social group produces certain obligations upon an individual it also can reap many rewards (Hawe, 2000). People can participate in all types of social activities in many different sorts of formal and informal social networks. It is argued that such social participation is important for personal empowerment as it allows an individual to gain an understanding and control over personal, social, economic and political forces. This empowers the person to take action to improve their life situations (Lindstrom, 2005).

As a result of this link between social participation and health a significant number of reports on health promotion in recent decades have stressed the importance of community participation for successful health promotion programs (Lindstrom, 2005).

However, whilst all individuals have limitations in their ability to be expressive and open in their relations with others, men generally find this more problematic. In order to deal with these challenges facing men there has been a rise in the formation of all male support systems. For example, there has been a steady increase in the numbers of self help groups developed
specifically for men’s health issues such as fathering, prostate cancer, masculinity and men’s self development (Reddin, 2003).

The main aim of these all male support groups is to allow men to assess themselves by looking inward through emotional work and learning new skills with a strong emphasis on emotional support. In doing this, men are enabled to bond and form social support networks with other members (Reddin, 2003). The Three-in-One men’s project fits into this category.

1.4 Area covered by this project

This initiative is targeted at the southern suburbs of Wollongong. More specifically this area covers, Warrawong, Lake Heights, Cringila, Kemblawarra, Port Kembla, and Berkeley. These suburbs are linked in an east-west strip bounded by the Port Kembla steel works (see Figure 1). According to the 2001 Census, almost 23,000 people live in this area (ABS, 2002). Of these people:

- Almost 20% are aged 65 or older
- Approximately 3% are Aboriginal or Torres Strait Islanders
- More than 30% were born in a non-English speaking country
- Nearly 20% are unemployed
- Almost 30% of young people aged 15 to 24 are unemployed
- Almost 20% of people aged 55 years or older are unemployed
- Approximately 20% of families are one parent households
- Approximately 20% of households do not have a vehicle.
- Approximately 32% of dwellings are rented (both public and private rental).
  (Wollongong City Council, 2002)

More detailed demographic data for this vicinity (broken down by Post Code) can be found in Table 1.

This area is beleaguered by socio-economic problems and a recent study that ranks forty socially disadvantaged postcodes in New South Wales (with the 1st being the most disadvantaged) the southern suburbs appear as follows: Warrawong – 11th, Berkeley – 13th and Port Kembla – 22nd (Vinson, 2004).
Figure 1  Geographical location of the study

1.5 Demographics of the area

Table 1  Summary statistics

The following data have been taken from Wollongong City Council’s Social Data Research Project Report, 2004 (2004).

<table>
<thead>
<tr>
<th>Postcode</th>
<th>Population</th>
<th>Median age</th>
<th>% of people born overseas</th>
<th>English language not spoken at home</th>
<th>Unemployment</th>
<th>% of residents who did not feel part of the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>2502</td>
<td>11,798</td>
<td>39yrs</td>
<td>40.8%</td>
<td>47.4%</td>
<td>16.9%</td>
<td>36%</td>
</tr>
<tr>
<td>Lake Heights, Cringilla, Warrawong and Primbee</td>
<td>5,959 m</td>
<td></td>
<td>(n=4,816)</td>
<td>(n=5,593)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5,839 f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2505</td>
<td>5,150</td>
<td>41yrs</td>
<td>33.5%</td>
<td>38.5%</td>
<td>16.5%</td>
<td>37%</td>
</tr>
<tr>
<td>Port Kembla and Kemblawarra</td>
<td>2,626 m</td>
<td></td>
<td>(n=1,724)</td>
<td>(n=1,984)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,524 f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2506</td>
<td>7,498</td>
<td>35yrs</td>
<td>25.2%</td>
<td>21%</td>
<td>14.6%*</td>
<td>37%</td>
</tr>
<tr>
<td>Berkeley</td>
<td>3,666 m</td>
<td></td>
<td>(n=2,185)</td>
<td>(n=1,573)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,832 f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Unemployment figures for Wollongong – 9.1% (Wollongong City Council, 2002)
2 What is the purpose of this paper?

The purpose of this paper is to review the literature relating to the evaluation of projects that aim to empower. It will provide an evidence based evaluation methodology with which to measure the effectiveness of the Three in One Mature Men's Project against its goals and aims.

3 Evaluation

3.1 What is evaluation?

Evaluation has become an integral part of policy, program development and service planning in health and social services. It ‘draws from the knowledge base of many disciplines including economics, politics, statistics, sociology, engineering and business.’ (Eagar, 2001) It involves collecting and analysing information to measure the impact and effectiveness of interventions and activities against project, program or service goals.

The purpose of evaluation is to inform decision-making at the policy and/or operational levels. This distinguishes it from conventional research. It does so by describing how a program or intervention worked, what the impact or results were and what outcomes were achieved. It then uses these findings to draw out the policy and/or practice implications, including (if relevant) options for change and critical change management issues. Therefore, evaluation can assist by providing information to assist decision-making and to clarify future options. (Owen, 1993). It is also a critical aspect of quality assessment and quality improvement plans (Kropp, 1994).

3.2 Types of evaluation

Evaluation is typically described as being of three types: process evaluation; impact evaluation; and outcomes evaluation (Hawe, 1990). In brief, process evaluation questions the planning process of an intervention, impact evaluation measures the immediate effects of an intervention and outcome evaluation is more concerned with the long-term effects of the intervention (Eagar, 2001). A more detailed summary of these types of evaluation is shown in Table 2.
Table 2 Process, impact and outcome evaluation

<table>
<thead>
<tr>
<th>Type of evaluation</th>
<th>What is it?</th>
<th>How do we measure it?</th>
<th>What can it tell us?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process evaluation</td>
<td>Concerned with the processes or strategies that were used to implement a project, service or plan. It focuses on the planning and implementation processes used, the choice of strategies and interventions and their impact and reach.</td>
<td>Process evaluation tools can include site visits, key informant interviews, surveys of participants, analysis of reports, minutes and direct observation. These tools support and enhance the planning process itself.</td>
<td>Process evaluation tells us what actually happened in terms of program, project or service delivery – for example, whether a new volunteer service was established, when it was established or the type of media used in a community awareness campaign.</td>
</tr>
<tr>
<td>Impact evaluation</td>
<td>Concerned with evaluating the effect of an intervention, plan or project and is used to determine whether objectives have been met or not.</td>
<td>Methods used to obtain data include surveys, focus groups, questionnaires, nominal group techniques and similar qualitative and quantitative strategies.</td>
<td>Impact evaluation tells us about the results produced by strategies or interventions. For example, if a project objective was to involve generic community care organisations in providing support for palliative care patients and their carers, an impact evaluation would tell us about the number of new organisations that have become involved and what type of assistance they provide.</td>
</tr>
<tr>
<td>Outcome evaluation</td>
<td>Concerned with the long term effects of a plan, project or intervention and can help identify whether the goals have been achieved or not. Outcome evaluation is concerned with effectiveness and with identifying those outcomes that can be attributed to an intervention. It is often used to inform decision-making about the continuation of projects or services.</td>
<td>Methods used in outcome evaluation include analyses of qualitative and quantitative data obtained from routine data collections, one-off studies, surveys, focus groups and nominal group techniques.</td>
<td>Outcome evaluation tells us about the effectiveness of a particular intervention. For example, if the goal is simply to increase the proportion or number of patients who die at home, counting the place of death is an appropriate and sufficient outcome measure.</td>
</tr>
</tbody>
</table>

(Eagar, 2004)

3.3 Gathering the evidence for evaluation

Gathering and analysing valid and reliable data is a crucial part of evaluation that depends on good measurement techniques (Eagar, 2004). Traditionally, the collection of data for research and/or evaluation purposes can be divided into two broad approaches: quantitative research and qualitative research (Hancock, 2002). Some of the differences between these two approaches are highlighted in Table 3.

Broadly speaking, qualitative research attempts to determine the meaning and experience of the program for the people involved and to interpret effects that may be observed (Hawe, 1990). This is carried out in a largely unstructured way within which the evaluator is led by what people say about the program. On the other hand, quantitative methods attempt to measure and ‘score’
changes occurring as a result of the program. This is carried out systematically on each participant using preselected instruments to detect the sort of changes the researchers/evaluators expect to see (Hawe, 1990).

Quantitative approaches usually gain less detailed information from a larger number of participants. However, they have the advantage that they are considered to be better suited to developing the type of evaluation designs set up to test the extent to which a program causes change in health status, health behaviour and knowledge (Hawe, 1990).

However, these two methodologies should not be viewed in isolation of each other. In fact, used together it is possible to gather a breadth of information that would otherwise have been lost. This multi-method approach is becoming increasingly popular in health sciences (Hawe, 1990).

### Table 3  Quantitative versus qualitative research

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Quantitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of qualitative analysis is a complete, detailed description.</td>
<td>In quantitative research we classify features, count them, and construct statistical models in an attempt to explain what is observed.</td>
</tr>
<tr>
<td>Researcher may only know roughly in advance what he/she is looking for.</td>
<td>Researcher knows clearly in advance what he/she is looking for.</td>
</tr>
<tr>
<td>The design emerges as the study unfolds.</td>
<td>All aspects of the study are carefully designed before data is collected.</td>
</tr>
<tr>
<td>Researcher is the data gathering instrument.</td>
<td>Researcher uses tools, such as questionnaires or equipment to collect numerical data.</td>
</tr>
<tr>
<td>Data are in the form of words, pictures or objects.</td>
<td>Data are in the form of numbers and statistics.</td>
</tr>
<tr>
<td>Qualitative data is more 'rich', time consuming, and less able to be generalized.</td>
<td>Quantitative data is more efficient, able to test hypotheses, but may miss contextual detail.</td>
</tr>
</tbody>
</table>

(Neill, 2004)

### 3.4 Evaluation methods used for programs that aim to empower the community

Broadly speaking, empowerment refers to the ability for people to gain an understanding and control over personal, social, economic and political forces in order to take action to improve their life situations (Lindstrom, 2005). As mentioned above, the Three in One projects aims to empower men, through group work, to develop or refine practical skills as well as building self esteem, communication skills and a sense of belonging to their community.

In the last two decades, the relationship between evaluators and community programmes has been shifting from a model of research ‘on’ the community to a model of research ‘with’ the
community (Wallerstein, 1999). This is due to the fact that there is significant evidence of the failure of top down programmes which have focused on accountability and effectiveness, and not on what the community wants or is trying to say (Gibbon, 2002). An example of this is the use of ‘experts’ to measure programme success using predetermined checklists of indicators. This can only serve to take programmes away from empowerment and capacity building because it does not involve the community in the process of evaluation (Gibbon, 2002). From an evaluation perspective this has resulted in a move towards empowerment evaluation or Participant Action Research.

4 Participant Action Research (PAR)

PAR was created in the 1970’s by social psychologist Charles Lewin. He was discouraged with the traditional social science research methods for understanding and addressing complex human behaviour. He addressed this frustration by developing PAR which places the researcher in the position of co-learner and puts a heavy accent on community participation (Minkler, 2000). This effectively blurs the links between the researcher and the researched and attempts to address any power imbalance. It also acknowledges that members of the community are the experts in their own lives and culture and are therefore better placed to explore their own realities (Haviland, 2004).

One of the problems with research with people is connected to the problematic power relationships between those being researched and evaluators/researchers (Wallerstein, 1999). It is widely identified that the lack of power and control of research subjects (who often have lower social status than that of the researcher) is a barrier to collaborative community based research (Wallerstein, 1999). However, PAR attempts to negate this problem by using people in the study as researchers in their own right. In doing this they are generating relevant knowledge in order to address issues that are of priority concern to them (Tsey, 2004). This is a social action process in which people in the community gain mastery and control over their lives (Wallerstein, 1999).

There are essentially two different ways to approach PAR. The first is to involve the research community and the researchers right from the start and design the research methodology together. The second is where the researchers design the study and then collect the data with the help of the community being researched. The first model is obviously more empowering for the participants in the project. However, the second model is more relevant for the Three-in-One project as decisions on which evaluation tools to use, the materials involved and the overall design of the project will be made more by the coordinators rather than by the men involved in the project. However, it must be emphasised that participation in the project should genuinely be
empowering and not just a situation where local people work with a researcher for the latter’s convenience (Koning, 1996).

The advantage of using PAR for the Three-in-One project is that it encourages contact between disadvantaged people who would normally be isolated from community involvement. It also serves the shared interest of both the researchers and the researched. It is particularly relevant to evaluate this initiative because it is especially useful for research with marginalised and deprived people. It is useful because it gives the subjects of the project self-confidence and pride in being able to produce a useful contribution to community life (Lennie, 2003).

Also, listening to local people helps to avoid mistakes and to develop programmes that take into account the specific situation and conditions which will influence the outcomes of the program. Whilst the use of qualitative research in health and the concept of community participation have been discussed at length in the literature, practices in and concepts of PAR are much less shared and discussed (Koning, 1996).

### 4.1 The methodology of PAR

The literature relating to PAR emphasises the ideology of the approach rather than a description of what actually happens (Liamputtong, 2005). In fact, PAR is seen as a methodology rather than a method. This is summed up in a review of 46 different projects around Australia by the Stronger Families Learning Exchange who found that participatory evaluation looked very different in every context (Haviland, 2004). Clearly there is no one way to carry out PAR as each community being evaluated, whilst sharing some common characteristics, will be unique in terms of its culture, dynamics, politics, resources and social capital (Stronger Families Learning Exchange, 2004). However, common to PAR methods is an emphasis on participation, education and collective action (Liamputtong, 2005).

Another key feature of PAR is the action research based cycle in which research, reflection and action are continuing. This sequence is highlighted in Figure 2 and is achieved through a reflective cycle, whereby the researcher and participants collect and analyse the data, then determine what action should follow (Hopkins, 1985). This resultant action is then further researched and an iterative reflective cycle perpetuates further data collection, reflection and action as in a corkscrew action (Baum, 2005). This process demands flexibility with regards to the research process and objectives.
5 Measuring community capacity

A considerable amount of research into community empowerment has been carried out by Ronald Labonte and Glenn Laverack (2001) in which an attempt has been made to measure community capacity outcomes. This work identifies nine operational domains that represent the areas of influence which maximise the utilisation and effectiveness of the process of community empowerment. It is suggested that, in order to strengthen the process of community empowerment, project coordinators should question and answer how programme implementation:

- improves community participation;
- develops local leadership;
- builds empowering organizational structures;
- increases community members’ problem assessment capacities;
- enhances community members’ ability to ‘ask why’;
- improves community resource mobilisation;
- strengthens community links to other organizations and people;
- creates an equitable relationship with outside agents; and
- increases community control over program management.

Figure 2  Action research cycle

![Diagram of the action research cycle showing cycles of observe, action, and reflect, with plan and revised plan connections.]

Figure 2  Action research cycle
How these nine domains could possible relate to the Three-in-One project are highlighted in Table 4.

**Table 4  The domains of community capacity and the Three-in-One project**

<table>
<thead>
<tr>
<th>The domains of community capacity</th>
<th>How they could relate to the Three-in-One project</th>
</tr>
</thead>
</table>
| Participation                    | ▪ How many members of the community are participating?  
                                 | ▪ How many drop out?          
                                 | ▪ Are the men working in groups or individually?   
                                 | ▪ Are the men willing to volunteer?               |
| Leadership                       | ▪ Are any leaders emerging from the group?         
                                 | ▪ Are the men sharing their skills?               |
| Organizational structures        | ▪ Are the group working effectively together?      
                                 | ▪ Is the group welcoming of new members?          |
| Problem assessment               | ▪ Is the group able to focus on a problem and reach a satisfactory conclusion? |
| Asking why                       | ▪ Are the men monitoring their own processes within the project? |
                                 | ▪ Are the men setting their own goals and identifying their own projects? |
| Resource mobilisation            | ▪ Are the men exhibiting their work?               
                                 | ▪ Are the men being productive and engaged in purposeful activity? |
                                 | ▪ Are the men proactive in sourcing community projects? |
| Links with others                | ▪ Are members of the group inviting new members to join the group? |
                                 | ▪ Are the men increasingly engaging with local facilities or public spaces? |
                                 | ▪ Are the men accessing similar initiatives and organisations? |
                                 | ▪ Are the men becoming active in the local community? |
                                 | ▪ Is there evidence of companionship in the group? |
| Role of outside agents           | ▪ Are the men accessing outside support services? |
| Program management               | ▪ Are the men active in the management and decision making process? |
                                 | ▪ Is the project sustainable as a result of the men’s involvement in program management? |

Once a mechanism has been devised to measure change in each of these domains a useful ‘spider-web’ mapping technique can be employed which visually highlights the ranking for each of the nine domains as shown in Figure 3. More information relating to measuring change in the 9 domains within the Three-in-One project can be found in the methods section of this report commencing on the next page.
Figure 3 The spider-web of community capacity domains

Legend
1. community participation
2. local leadership
3. empowering organizational structures
4. problem assessment capacities
5. ability to ‘ask why’
6. resource mobilization
7. links to others
8. equitable relationships, outside agents
9. community control over program

6 Evaluation tools for the Three-in-One project

PAR employs a combination and a wide range of both qualitative and quantitative research/evaluation tools (Liamputtong, 2005) However, in keeping with its philosophy, which emphasises the production of knowledge and empowerment, most PAR research tends to focus more on qualitative research tools.

In determining which tools to use for the Three-in-One project it is important to remember that whilst some planning for the evaluation is necessary, on the whole, design issues are decided (as much as possible) in the participatory process. Generally, evaluation questions and data collection and analysis methods are then determined by the project coordinators with key involvement from the participants. However, evaluation tools may include, but not be limited to, any of the following:
6.1.1 A questionnaire or survey

A questionnaire or a survey can be used to find out more about the views of the participants of the project and how they relate to the local community. A survey can be administered either face-to-face, or as a self-completed questionnaire. In the latter case, tick-boxes or questions that can be answered with a simple ‘yes’ or ‘no’ can be used. Alternatively, questions can be posed that allow people to say more than just ‘yes’ or ‘no’ providing the researcher with more detailed information (NSW Health, 1994). However, in the case of the Three-in-One project is must be remembered that the project is being targeted at people from Culturally and Linguistically Diverse Backgrounds. In the cases of many of these participants English will not be their first language and it may not be appropriate to hand out a questionnaire to them and expect them to understand it and complete it coherently. With this in mind it may be more appropriate to adopt a face-to-face interview method.

The design of the questionnaire will also depend on what it is trying to measure. For the Three-in-One project it may be a good idea to measure how socially connected the participants feel. This can be carried out in a ‘pre’ and ‘post’ fashion. In other words it would be useful to measure the men’s levels of social participation prior to them being involved in the project (otherwise known as baseline data) and then reassess this level after they have finished their time with the project.

If the project coordinators decide to adopt such an evaluation approach to measure the men’s social connectedness then it is recommended that the instrument tool selected is valid, reliable and responsive to change. It is not recommended that the coordinators design a tool for this purpose. In view of this the appendix of this report includes three possible tools that measure social connectedness as follows:

- The Community Integration Questionnaire (Appendix 1)
- The Social Capital Question Module of the NSW Health Survey (Appendix 2)
- The Community Integration Measure (Appendix 3)

6.1.2 Feedback boxes

One of the most important part of the evaluation for the Three-in-One project will be getting feedback from the participants in the project. This process can be facilitated by using feedback boxes. In a research study into rural Aboriginal men’s health Tsey et al used feedback boxes to allow programme participants to give feedback in the following categories:
Positive aspects of the programmes
- The challenges faced by the men as a result of being in the programme, and
- Possible solutions to address these challenges (Tsey, 2004).

With respect to the literacy skills of the Aboriginal men involved in Tsey’s study, the men were able to give programme feedback verbally if they felt uncomfortable writing them down. This approach should be encouraged with the Three-in-One project in view of the fact that the men are from multicultural backgrounds.

This feedback will be invaluable with regard to providing the project coordinators and participants alike with suggestions for reflection, project refinement and prompts for further action. This attempt to constantly question the project's initiatives is a crucial part of PAR's action research cycle (see Figure 2).

6.1.3 Diaries
The project coordinators in the Aboriginal men’s health project (Tsey, 2004) were encouraged to keep daily diaries in the same themes as used for the participants’ feedback boxes (see above). In addition to the feedback boxes, the diary provides an excellent way of recording (from observation) evaluation findings together with information relating to the further quality improvement of the project. This approach should also be encouraged in the Three-in-One project. The use of the diary also allows project coordinators to enter daily observations with regards to attendance rates and which men are contributing to the group dynamics and which men are not.

6.1.4 Focus groups
Focus groups allow the men and the coordinators to meet as a group and freely discuss issues, ideas and their experience amongst themselves. The discussion can be ‘directed’ by the project coordinator to discuss particular themes or questions that need addressing as part of the overall evaluation. It is recommended that the project coordinators of the Three-in-One project hold weekly focus groups with the project participants in order to address issues as they arise. Minutes should be taken at these group meetings in order to capture key themes arising from the discussion.

6.1.5 Photography
The photograph is a particularly useful evaluation tool. It is particularly relevant in the context of the Three-in-One project where more conventional methods of research and data collection are problematic due to cultural and linguistic differences. Photography could be used for this project
as a visual diary to gauge the development of the participants technical and creative skills as well as their involvement of the group based activities (Haviland, 2004).

6.2 PAR and the Three-in-One project

There is a continuing debate about the validity and reliability of qualitative data and participatory appraisal. This is very much the case with PAR, particularly relating to the problems around the contested power dynamics in research relationships. There are often different perceptions of priorities between researchers and community members, dealing with community politics and resolving different ways in which researchers and communities might interpret research findings (Baum, 2005).

In view of this, it is essential for the coordinators of the Three-in-One project not to abuse the balance of power between the researcher and the researched. For the project to be successful the men participating in the research need to have a real sense of local ownership of the project activities. Only then will the men have full and long term participation with the project. This necessitates continuous feedback between the researchers and the men being researched (Arasu, 1997).

PAR requires health researchers to work in close partnership with the research participants. This requires that both the researcher and the researched have to learn to work effectively together and to manage the different and sometimes conflicting agendas (Baum, 2005). This cannot be stressed enough and it is vital to emphasise community control throughout decision making processes. Without this it is possible that it will enhance individuals’ feelings of powerlessness which will ultimately lead to further cycles of dependency and apathy (Aimers, 1999).

It is important to remember that empowerment is a gradual process. In terms of the men’s participation, breaking free of the dependency syndrome and cumulative learning, is a time consuming process. In order to get most out of the male participants it is crucial that the facilitator remove him/herself from the traditional role of educator where it is assumed that knowledge is transferred to the men who are assumed ignorant. Rather, the facilitator should help the men discover for themselves what they already know and to create new knowledge (Stoecker, 1999). If this process is followed then the men are more likely to develop greater self-confidence along with increased knowledge.

It is also important to get the balance right with regard to the level of community involvement in the research process. To overburden the men in the project with research activities when they
could be doing other more important things contradicts the social change anticipated with PAR (Stoecker, 1999).

On the positive side, PAR has been found to enhance the long-term sustainability and success of programs through building community capacities and the inclusion of diverse stakeholders in decision-making. These methodologies can facilitate interaction between people, enable ongoing learning, foster a sense of ‘ownership’ of initiatives, and potentially produce community and individual empowerment (Lennie, 2003).

7 Conclusion

PAR provides a useful mechanism to evaluate the Three-in-One Men’s project. It is particularly relevant as it encourages contact between members of a potentially socially discordant group. It also meets the requirements of both the researchers and the men participating in the project. By involving the men in the research process in this way it will boost their self-confidence and pride in making a positive contribution to community life.

It is also recommended that the project coordinators employ the use of diaries, feedback boxes, focus groups and photography as part of the evaluation process. The use of a standardised measuring instrument to measure the level of community connectedness amongst the men is also encouraged. This should be done prior to the men engaging with project and then as they exit the project.

The project coordinators are also encouraged to use Labonte and Laverack’s 9 domains of community capacity when thinking about how the men are engaging with the project. If this is done consistently throughout the life of the project it will provide a useful measure of the project’s aim to build up and enhance self esteem, social support and a sense of community amongst the men. This can be visually ‘scored’ by entering the results in the ‘spider web’ model.

Finally it is important that the project coordinators are mindful of the fragile balance of power between their role and the men involved in the project. It is important that the men have a real sense of local ownership of the project activities if they are to have full and long term participation with the project. It is also important to engage the men throughout the life of the project with important decision making processes and not to overburden them with evaluation activities.
Bibliography


Lennie, J and Hearn G (2003) *The potential of PAR and participatory evaluation for increasing the sustainability and success of community development initiatives using new communication technologies*, ALARPM 6th World Congress & PAR 10th World Congress, University of Pretoria, South Africa.


## COMMUNITY INTEGRATION QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Subject</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who usually does the shopping for groceries or other necessities in your household?</td>
<td></td>
</tr>
<tr>
<td>(☐) Yourself alone&lt;br&gt;(☐) Yourself and someone else&lt;br&gt;(☐) Someone else</td>
<td></td>
</tr>
<tr>
<td>2. Who usually prepares meals in your household?</td>
<td></td>
</tr>
<tr>
<td>(☐) Yourself alone&lt;br&gt;(☐) Yourself and someone else&lt;br&gt;(☐) Someone else</td>
<td></td>
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<tr>
<td>3. In your home who usually does the everyday housework?</td>
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<tr>
<td>(☐) Yourself alone&lt;br&gt;(☐) Yourself and someone else&lt;br&gt;(☐) Someone else</td>
<td></td>
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<tr>
<td>4. Who usually cares for the children in your home?</td>
<td></td>
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<tr>
<td>(☐) Yourself alone&lt;br&gt;(☐) Yourself and someone else&lt;br&gt;(☐) Someone else</td>
<td></td>
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<tr>
<td>5. Who usually plans social arrangements such as get-togethers with family and friends?</td>
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<tr>
<td>(☐) Yourself alone&lt;br&gt;(☐) Yourself and someone else&lt;br&gt;(☐) Someone else</td>
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<tr>
<td>6. Who usually looks after your personal finances, such as banking or paying bills?</td>
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<tr>
<td>(☐) Yourself alone&lt;br&gt;(☐) Yourself and someone else&lt;br&gt;(☐) Someone else</td>
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<tr>
<td>7. Approximately how many times a month do you usually participate in shopping outside your home?</td>
<td></td>
</tr>
<tr>
<td>(☐) Never&lt;br&gt;(☐) 1 - 4 times&lt;br&gt;(☐) 5 or more</td>
<td></td>
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<tr>
<td>8. Approximately how many times a month do you usually participate in leisure activities such as movies, sports, restaurants, etc.</td>
<td></td>
</tr>
<tr>
<td>(☐) Never&lt;br&gt;(☐) 1 - 4 times&lt;br&gt;(☐) 5 or more</td>
<td></td>
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<tr>
<td>9. Approximately how many times a month do you usually visit your friends or relatives?</td>
<td></td>
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<tr>
<td>(☐) Never&lt;br&gt;(☐) 1 - 4 times&lt;br&gt;(☐) 5 or more</td>
<td></td>
</tr>
<tr>
<td>10. When you participate in leisure activities do you usually do this alone or with others?</td>
<td></td>
</tr>
<tr>
<td>(☐) Mostly alone&lt;br&gt;(☐) Mostly with friends who have head injuries&lt;br&gt;(☐) Mostly with family members&lt;br&gt;(☐) Mostly with friends who do not have head injuries&lt;br&gt;(☐) With a combination of family and friends</td>
<td></td>
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</tbody>
</table>

Please complete page two
## COMMUNITY INTEGRATION QUESTIONNAIRE (Page 2)

<p>| | |</p>
<table>
<thead>
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</thead>
</table>
| 11. Do you have a best friend with whom you confide? | ☐ Yes  
☐ No |
| 12. How often do you travel outside the home? | ☐ Almost every day  
☐ Almost every week  
☐ Seldom/never (less than once per week) |
| 13. Please choose the answer that best corresponds to your current (during the past month) work situation: | ☐ Full-time  
☐ Part-time  
☐ Less than or equal to 20 hrs/week  
☐ Not working, but actively looking for work  
☐ Not working, not looking for work  
☐ Not applicable, retired due to age |
| 14. Please choose the answer that best corresponds to your current (during the past month) school or training program situation: | ☐ Full-time  
☐ Part-time  
☐ Not attending school, or training program  
☐ Not applicable, retired due to age |
| 15. In the past month, how often did you engage in volunteer activities? | ☐ Never  
☐ 1 - 4 times  
☐ 5 or more |

Comments:
Appendix 2


Report of the New South Wales Health Survey Program

Social capital question module

The next questions are about your involvement in your local community and neighbourhood.

Q1. In the past three months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer, or other organisation? [READ OUT]
   1. About once a week
   2. Once every 2-3 weeks
   3. Once a month or less
   4. No, not at all
   X Don't Know
   R Refused

Q2. In the past six months, how often have you attended a local community event such as a church or school fair, school concert, or a street fair? [READ OUT]
   1. Three times or more
   2. Twice
   3. Once
   4. Never
   X Don't Know
   R Refused

Q3. Are you an active member of a local organisation, church or club, such as a sport, craft, or social club? [READ OUT]
   1. Yes, very active
   2. Yes, somewhat active
   3. Yes, a little active
   4. No, not an active member
   X Don't Know
   R Refused

Q4. I'm now going to read you some statements about safety in your local area. Can you please tell me if you agree or disagree with these statements. I feel safe walking down my street after dark. Do you agree or disagree?
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   X Don't Know
   R Refused

Q5. Most people can be trusted. Do you agree or disagree?
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   X Don't Know
   R Refused

Q6. My area has a reputation for being a safe place. Do you agree or disagree?
   1. Strongly agree
   2. Agree
   3. Disagree
   4. Strongly disagree
   X Don't Know
   R Refused
Q7. If you were caring for a child and needed to go out for a while, and could not take the child with you, would you ask someone in your neighbourhood for help? [READ OUT]
   1. Yes; definitely
   2. Yes, possibly
   3. No, probably not
   4. No, definitely not
   X Don't Know
   R Refused

Q8. How often have you visited someone in your neighbourhood in the past week? [READ OUT]
   1. Frequently
   2. A few times
   3. At least once
   4. Never (in the last week)
   X Don't Know
   R Refused

Q9. When you go shopping in your local area how often are you likely to run into friends and acquaintances? [READ OUT]
   1. Nearly always
   2. Most of the time
   3. Some of the time
   4. Rarely or never
   X Don't Know
   R Refused

Q10. Would you be sad if you had to leave this neighbourhood?
   1. Yes
   2. No
   X Don't Know
   R Refused

Source: NSW Health Survey 2003 (HCIST), Centre for Epidemiology and Research, NSW Department of Health


Last updated on: 1 June 2004
Appendix 3


Answer either - Always agree/Sometimes agree/Neutral/Sometimes agree/Always disagree to the statements below:

- I feel like part of the community, like I belong here
- I know my way around this community
- I know the rules of the community and can fit in with them
- I feel like I am accepted in this community
- I can be independent in this community
- I like where I am living now
- there are people I feel close to in this community
- I know a number of people in this community well enough to say hello and have them say hello back
- there are things I can do in this community for fun in my free time
- I have something to do in this community during the main part of my day that is useful and productive