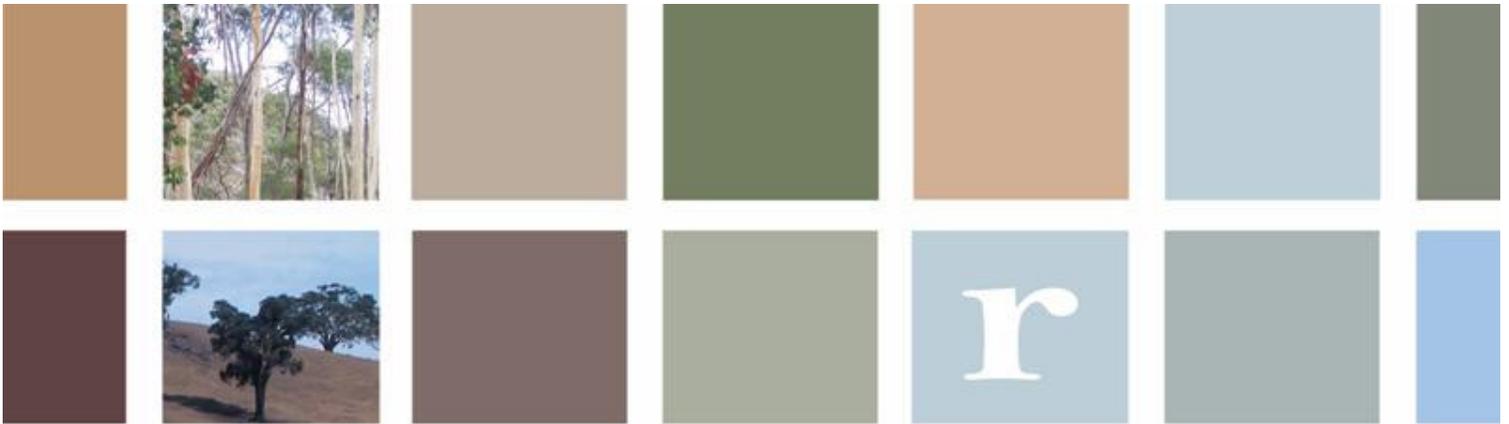


Sustainable Farm Families

Progress Report

Prepared for the Department of Primary Industries

December 2008



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We would like to acknowledge the DPI and WDHS SFF program teams for commissioning this evaluation and for their input to the development of the evaluation plan and data collection instruments.

We are very grateful to all interviewees and survey respondents for taking the time to comment on their experiences. Their responses were very thoughtful and constructive.

Executive Summary

This report reviews the process and partnerships involved in delivery of the Sustainable Farm Families program (SFF) by the Department of Primary Industries (DPI) and the Western District Health Service (WDHS).

This evaluation aims to support the ongoing refinement of the program, such that it is better implemented and thus is able to improve outcomes for the target participants, the farming families, as these are the program's priority.

Overall, the joint delivery of the SFF program by the DPI and WDHS has been successfully implemented to date.

Key strengths of the program

The aspects of the program that have been most successful thus far include:

- The different contributions that the partner agencies and staff have brought to the content, focus and delivery of the workshops. In particular, the complementarity of the DPI's knowledge of agribusiness and skills in group facilitation and the local agency and WDHS's knowledge and skills in rural health and health promotion.
- The strong existing reputation of the SFF program as high quality and soundly based in research
- The consistency of the delivery and messages of the SFF program across a range of locations and diverse local partner agencies
- The seed funding to support the involvement of the local health agencies and local industry groups

The recruitment process

The most successful aspects of the process for promoting the SFF workshops and recruiting farm families to attend have been the interpersonal methods employed by local health agencies, DPI facilitators, and local industry groups; such as using local networks and respected community members. Involving past participants in the recruitment (either by asking them to speak directly to groups or individuals, or through the media) is particularly effective as it gives potential attendees information about what the benefits of involvement might be for them, from someone they know.

Recommendation:

1. *That the current interpersonal methods to recruit participants continue.*

- 2. That in updating promotional materials (a future action already identified by the program managers) that stories and pictures from past participants about what they thought of the program, and what they gained from it, be used (with permission) where possible.*

While some industry groups have successfully recruited participants, in other cases this has fallen to the health agencies. DPI facilitators and management, and in some cases WDHS management, have been able to assist either directly or by providing support to both the health agencies and industry groups.

As the industry groups are clearly a good avenue for accessing local farming networks, the following recommendations are made for improving their involvement in the promotion and recruitment process:

- 1. In an industry-wide sense (and as already identified by the program managers), that effort be made to promote the program to the agriculture industry through conferences and presentations, to build the profile of the SFF program with this sector.*
- 2. That the responsibilities of the partnering industry groups be clarified at the beginning of their involvement, including the expectation that they start the recruitment process well in advance of planned workshop dates.*
- 3. That the recruitment process continue to be supported by close contact from the relevant DPI facilitator and/or local health agency, so that where necessary, the efforts of all three can be coordinated to best draw on networks, and any difficulties with recruitment are identified in good time.*

The involvement of local health agencies

Involving local health agencies to deliver the workshops is a highly successful model in that it aligns with the local agencies' priorities for engaging farming communities through health promotion, and both draws upon and builds the skills of local health professionals. It also is a format that allows for good relationships to be built between participants and their local health providers. The staff presenting at the workshops have been of high quality.

Two recommendations are made for improving the involvement of health agencies:

- 1. That the health agencies' suggestions for improvement of the program for their local contexts be acknowledged by providing feedback and, where possible, taking action to implement the suggestions.*
- 2. That the skills of local health professionals in group facilitation be built, either through further training, or by drawing upon the DPI facilitators as mentors.*

The role of DPI facilitators

DPI facilitators have played a significant role in both supporting local health agencies and industry groups to recruit farmers to attend workshops, and activating their own networks (DPI, industry, and local) for this purpose. They have assisted in many cases with the planning and logistics prior to the day. During the workshops they contribute their expertise in facilitating group discussions and keeping the day on track.

While local health professionals and WDHS staff appreciate the assistance provided by the DPI facilitators in organising and delivering the workshops, there seemed to be less awareness of their expertise in participatory group facilitation, and the relevance of their knowledge of agriculture and business. There is room for the DPI facilitators' expertise to be better acknowledged and incorporated into the workshops.

While in many cases DPI facilitators have a high level of contact with health professionals prior to the workshops, it seems that the main focus of this interaction is the recruitment process and organising the logistics. It may be that over time, as they work together on more workshops, that mutual understanding of one another's expertise will develop naturally, enabling the skills of each to be better incorporated into the workshops. However, deliberate activities or allocation of time and space to encourage this may also be necessary. The WDHS Train the Trainer program could incorporate activities and messages of this kind.

If WDHS were to consider some of the suggestions that have been made by facilitators regarding increasing the participation and interaction in the workshops and either implement them or provide feedback that acknowledges the suggestions, this would demonstrate to the DPI facilitators that their professional experience is respected and being drawn upon for the betterment of the program.

Recommendation:

- 1. That ways to better incorporate the agribusiness knowledge of the DPI facilitators be investigated; for example, setting aside a relevant section for them to present.*
- 2. That the suggestions of the facilitators for ways to make the workshops more participatory be valued and responded to, and where possible, acted upon.*

WDHS Train the Trainer program and ongoing support to deliverers

Local health professionals felt that the training had prepared them well for delivering the workshops. DPI facilitators left the training feeling uncertain about their role.

It is unclear whether facilitators and health professionals feel adequately supported through the workshop process beyond the training, other than to say that a small

number of positive comments were made by individuals from both groups that they found both WDHS and DPI management to be helpful. Other comments about suggestions for improvement and professional experience not being valued by WDHS were expressed by both health professionals and DPI facilitators.

Recommendations:

- 1. That the training better articulate the respective roles of facilitators and health presenters.*
- 2. That the training incorporate an increased focus on group facilitation.*
- 3. That time and space be created to allow DPI facilitators and health professionals to talk about what they each contribute to the workshops.*

Contributions of DPI

DPI staff have been involved in directly promoting the program and recruiting participants through their DPI and industry contacts. They have also played a supporting role to the health agencies and industry groups, by helping to plan recruitment, providing contacts, encouraging, and providing materials or draft emails for staff/industry representatives to circulate.

Beyond providing links through networks, DPI has contributed facilitation expertise and agricultural knowledge which complements the health content of the program. The DPI highly values the program and the way that it is expanding the department's outlook.

Contributions of WDHS

WDHS initiated the Sustainable Farm Families program in 2003 with funding from the Joint Research Venture for Farm Health and Safety managed by Rural Industries Research Development Corporation. WDHS has been committed to expanding and developing the SFF program for over five years, and brings knowledge, learnings and experience in the program to this current partnership with the DPI.

As well as expertise in health, WDHS has brought project management experience and links with both health agencies and agricultural groups through previous SFF programs. They have played a significant role in the recruitment of participants for the current round of workshops by drawing on both their social and professional networks.

Organisational relationships

Though it has taken time to clarify roles and responsibilities, and though different organisational cultures and languages have caused confusion, the relationship

between WDHS and DPI has developed positively and looks set to strengthen further.

Workshops

While the workshops are highly engaging, provide well developed information, build relationships between health professionals and farming participants, and are very well received by participants, we suggest that the management team consider the following ideas for improvement:

Recommendations

- 1. That the format of the workshops be more flexible, given that a two day workshop is a significant off-farm commitment, and different farming sectors have different time constraints. The variations in format could include; one day sessions, evening sessions, and flexible appointments for individual health assessments*
- 2. That there be consultation (perhaps conducted by the DPI facilitators or the local health professionals) with the prospective participants prior to the workshop, to better tailor the information to the existing knowledge and information and/or health needs of the local audience.*

Evaluation Objectives

This Progress Report reviews the first year of the joint DPI – WDHS Sustainable Farm Families program against the following objectives:

1. Review the implementation and overall management processes of the DPI SFF program to determine strengths and any areas for improvement.
2. Assess the effectiveness of the seed funding model as a method for health agencies and industry groups to apply for SFF funding to deliver a program.
3. Review the effectiveness of the recruitment of participants and make recommendations for future programs, including the role of the industry group and whether the funding provided was necessary and adequate.
4. Review the involvement of contracted health agencies and how their involvement could be improved for future programs.
5. Review the effectiveness of the DPI facilitators and how their involvement could be improved for future programs.
6. Review the effectiveness of the 'train the trainer' program and provision of ongoing support to those delivering the DPI SFF program.
7. Assess the impact of the DPI's networks and the support provided by DPI facilitators to health agencies in assisting in recruiting participants to programs.
8. Make recommendations for improvements for future delivery of the DPI SFF program

The broader questions of impact will be addressed in the final evaluation and follow up report (September 2009 and 2010, respectively). They are to:

1. Assess the contribution of the project to achieve its objective of 'Farmers better able to cope and recover through drought from improved physical and mental health and reduced risk of farm accidents'.
2. Summarise the outcomes shown in the physical health measurement data collected, collated and analysed by WDHS.
3. Document any unintended outcomes of the project.

Methodology

A total of 46 people responded to questions about their experience and opinions of the Sustainable Farm Families program, either via telephone or email, from the period 22nd October – 21st November 2008 (Figure 1).

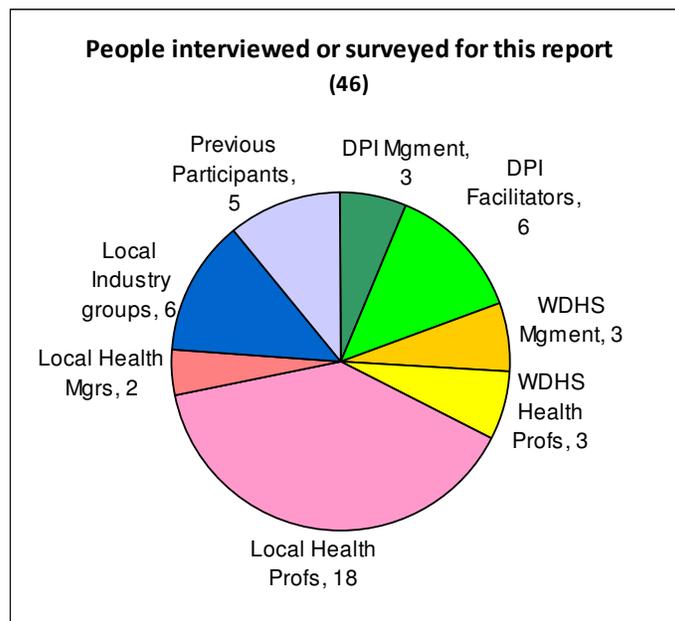
Telephone interviews were conducted with:

- DPI Management staff (3)
- WDHS Management staff (3)
- Local industry group representatives (6, one via email)
- Previous participants in SFF workshops (up to five years ago) (5)
Mainly for the consultants' understanding of the potential impacts of the program, telephone interviews were conducted with 5 farmers who have been to SFF workshops in the past. Where possible, both members of a couple provided their comments. Otherwise, one commented on the other's behalf.

Email questionnaires were completed by:

- DPI workshop facilitators (6)
- Local health professionals that deliver workshops (18)
- WDHS health professionals that deliver workshops (3)
- Local health agency management staff (2)

Figure 1. People interviewed or surveyed for this report (46)



Contact details for the telephone interviews and email questionnaires were provided by WDHS and DPI. The total contacts provided, numbers contacted and invited to comment, and actual respondents are summarised in Table 1 below.

Table 1. Interview and questionnaire sample sizes from contacts provided

	Planned sample size	Contacts provided	Number contacted	Number of respondents
DPI Management	3	3	3	3
WDHS Management	3	3	3	3
DPI facilitators	7	7	7	6
WDHS health professionals	3	4	4	3
Local health professionals	17	38 (27 agencies)	33 (26 agencies)	18 (15 agencies)
Local health agency managers	3	2	2	2
Local industry groups	7	5	5	5
Previous participants	6	6 (5 couples)	6	6

This is a predominantly qualitative study that seeks to explore how the SFF program has been implemented to date, through the perspectives of key people involved, and to draw out learnings and areas for improvement. As such, it was not intended (nor feasible) that a statistically significant sample be compiled, but rather that the views of a number of key stakeholders be represented and compared.

In future, it would be preferable for larger numbers of contact details to be provided, so that even if the interview sample is small, the selection of interviewees is random rather than determined by the program staff.

Summaries of interviewee and survey respondent comments are included in *Appendices 1-8*, pp. 22-43.

Monthly **records from the DPI facilitators** were also analysed; representing their experiences of 49 SFF workshops, held between October 2007 and July 2008. See *Appendix 9 – DPI Facilitators’ involvement in recruitment*, p. 47.

This evaluation is informed by **observation** at one ‘Year 1’ SFF workshop: Mansfield, 29th May 2008.

Results

The recruitment process

There are a number of avenues through which the SFF workshops are promoted to farm families, and participants recruited to attend. These include:

- Partnering with a local industry group, which then draws on its local networks
- Local health professionals draw on their networks
- DPI SFF facilitators and other regional DPI staff draw on their networks
- WDHS management staff draw on their networks
- Presentations and workshops delivered by DPI and WDHS staff
- Provision of printed promotional materials developed by DPI and WDHS
- Advertisements and articles in print, radio, and television media

The recruitment of workshop participants has been mostly successful across the SFF workshops, however difficulties have arisen with the local industry groups and in some cases the burden of recruitment has fallen up the health agencies at the last minute.

High level publicity, mostly through newspapers and radio, has successfully built the profile of the SFF program. At the local level, the most common and effective method of promoting the program and recruiting workshop participants is interpersonal contact and relationships.

The aspects of recruitment that have worked best (according to all interviewees) include:

- Contacting farmers personally (in person or by telephone)
- Allowing sufficient time before the workshop
- DPI staff providing contacts
- Using a community member who is a respected leader
- Past participants promoting the benefits of the program to their peers
- Good news stories in the media have built a good profile for the program

A range of improvements to the current process were identified, including:

- Better engage industry groups to fulfil their recruitment responsibilities:
 - Clearly articulate expectations upfront
 - DPI facilitators and health agencies to stay in close contact with industry groups to coordinate recruitment efforts and identify any difficulties with recruitment early
- Build better links with the agriculture industry in general (for example through industry specific (such as dairy, cropping, etc) conferences)

- Improve the promotional material – develop print and electronic materials (for example, one or two page PDF or printed brochure) that provide a clear explanation of what the program is and the benefits of involvement

The seed funding model

Local health agencies and industry groups are provided with ‘seed’ funding to support their involvement in the promotion and delivery of SFF workshops in their local area. The funding reimburses them for their time and effort, and can be used at the agency/group’s discretion.

Local health agency managers, health professionals and local industry group representatives all felt that the seed funding was very important to their ability to deliver SFF workshops.

The decision to be involved was motivated by a desire to provide health information and promotion to local farming families, not by the availability of the seed funding. However, the funding was a critical enabling factor in their involvement.

For the health agencies, it meant that they could provide a program outside of their budget, but in line with their aims for health promotion. It had been used in some cases to provide administrative support so that the health professionals delivering did not have to worry about this, or simply to free up the staff to be involved in presenting the workshops.

The industry groups have found the seed funding useful for a wide range of activities; from funding a bus trip to a regional centre for health checks to maintenance of community buildings. In this way it is not only assisting the groups to participate in the SFF program in the first place, but it also has potential to assist them to commit to improving their health in the period after the workshop, and also for the program to have flow-on benefits (albeit small, and variable) to rural communities.

The involvement of local health agencies

For each SFF workshop a local health agency is engaged as a partner in the delivery. This involves local health professionals, after training from WDHS, presenting the workshop material and conducting the individual health assessments. They are often also involved in the promotion and recruitment prior to the workshop.

The major contribution of the health agencies to the program is clearly the staff that they devote to organising and delivering the workshops in local areas. This has been a very successful way to deliver the program across the state to a wide audience. On the whole, the local health professionals are highly knowledgeable and presenting

the workshop material well, and there are processes in place to ensure this standard is maintained.

Comments from the DPI facilitators, local health agency managers, and the local health professionals themselves suggest that the level of experience in group facilitation varies across the health professionals; some are very skilled in managing group dynamics, others focus only on presenting the material. There is a role here for the DPI facilitators (as has happened in some instances already) to support the local health professionals to develop this aspect of their workshop delivery.

The program is also clearly beneficial for the local health agencies, in that it provides a sophisticated, research-based product, specifically targeted to farming families. This is particularly valuable given that many of the agencies are located in rural areas with limited access to such health promotion approaches. SFF appears to align well with agencies' aims for health promotion in their area, and is also building the capacity of their staff.

A key factor in the success and high standard of the SFF program has been the consistency WDHS has developed in the materials and processes for the workshops. This has been important for ensuring the quality of the program even as it is delivered by a range of different agencies and professionals with varying levels of expertise in health promotion.

However, concerns were raised by four of the local health professionals that have been closely involved with the workshops, that WDHS is not sufficiently open to suggestions for adaptation of the workshops to local contexts.

Opportunity exists to embrace the differences amongst the agencies and locations, to better capitalise on local resources and tailor workshops to local contexts. This need not threaten the integrity of the central SFF program and workshop template.

Rather, it is about identifying ways in which local agency staff and participants can enhance the program to better suit both their capabilities and the needs of farm families in that particular local area. There are some examples of where this has worked very well, such as inviting other local health service providers to attend lunch and meet with the participants, thus strengthening referral pathways.

This could be facilitated by following up feedback from local health professionals to demonstrate that all suggestions are heard, and providing either:

- Explanations of why a suggestion was not able to be carried through, or
- Support to implement the new idea.

The WDHS 'Train the Trainer' program

The WDHS SFF team provides a three day 'Train the Trainer' course for the DPI facilitators and local health professionals, to prepare them for delivering the SFF

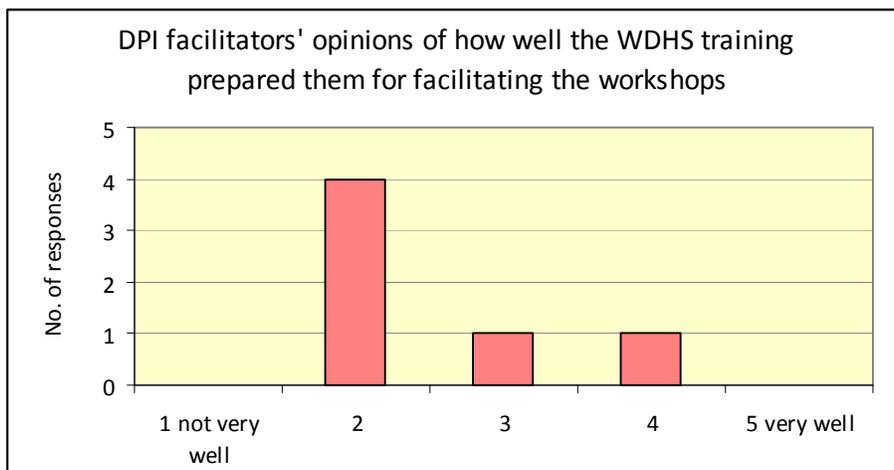
workshops. Participants will also usually observe a full workshop in another area, before delivering their own.

The DPI facilitators and local health professionals were asked to comment on how well the training had prepared them for delivering the workshops, and whether there were any other areas they would have liked to cover in the training. Overall, local health professionals felt better prepared by the training than the DPI facilitators.

DPI facilitators' experience of the training

Most DPI facilitators (4/7) felt that the training had not prepared them very well for facilitating the workshops; rating it a 2 on a scale of 5. One rated it 3 and another 4 (Figure 2).

Figure 2. DPI facilitators' opinions of how well the training prepared them for the workshops



Facilitators who did not think the training prepared them well made the following points:

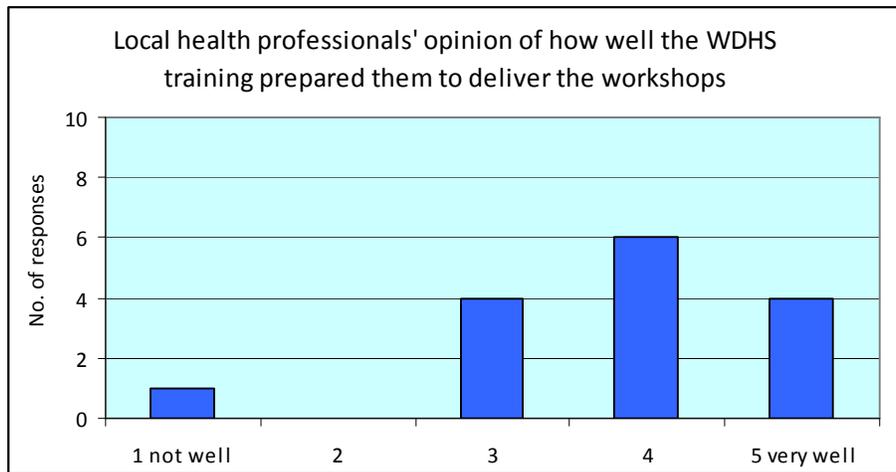
- Three commented that, while the content had been covered well, that the training did not clearly explain logistics, and they had been confused about what the separate roles of facilitators and health professionals would be. One suggested that it may have helped if a generic workshop agenda, that listed who did what and when, was handed out at the start, and if this was followed logically throughout the training. Another noted the importance of observing and helping out in a real workshop, as this was where they had learnt what to expect and what their role would be.
- One would have liked better explanation for the reasoning behind the selection of particular ways of doing group activities.
- One was concerned that DPI staff do not have access to the trainer website to view the latest versions of the workshop PowerPoint presentations, and instead have to check this on the day of the workshop.

The facilitator that gave a rating of 4 out of 5 was happy not only with the training but also because they could easily get phone or email support from the DPI project manager.

Local health professionals' experience of the training

Local health professionals' opinions of the workshops were somewhat more positive. Over half (59%) rated it 4 or 5 out of 5 in terms of how well it had prepared them to deliver the workshops. Only one person rated the training 1 out of 5; four people rated it a 3 (neither good nor bad). See Figure 3, below.

Figure 3. Local health professionals' opinion of the WDHS training



The person who rated the training 1/5 later rated their confidence to deliver the workshop (see below) strongly (4/5), indicating comfort with this type of health promotion. They expressed frustration with rigidity in the WDHS process.

The three WDHS health professionals interviewed were very positive about the training; two rated it 5/5 and one, 4/5.

Health professionals' confidence to deliver the workshops

Further to questions about satisfaction with the WDHS training for workshop presenters and facilitators, the local health professionals and WDHS health professionals were asked to rate their confidence to deliver the workshops.

Both groups rated it highly (the three WDHS health professionals said their confidence was 4 or 5 out of 5, and local health professionals' responses are presented in Figure 4, below) and several commented that this was due to the training, observing other workshops, or a combination of both training and

observation. For some, this confidence is an illustration of their existing experience in presentation and health promotion.

Figure 4. Local health professionals' confidence



Contribution of the DPI facilitators

As part of the involvement of the DPI in the Victorian roll-out of the SFF program, one DPI facilitator attends each workshop to assist the local health professionals and WDHS professionals in delivering the workshops. While their support is valued, there is also opportunity for their facilitation expertise and contextual knowledge to be better recognised and utilised in the workshops.

DPI management staff saw the facilitators as providing expertise in managing groups of farmers, and ensuring participation of farmers in the workshops. In many cases they are able to use these skills to mentor the local health professionals and support them in presenting the workshops. They also have contextual knowledge and credibility with the farming community, which can help with translating the health messages into a farm business framework. They are also well placed to assist with promotion and recruitment for the workshops.

Comments from the local health professionals who have worked with the DPI facilitators focussed on the administrative and organisational support provided by the DPI staff on the day of the workshops, and some noted the assistance DPI facilitators have given in recruiting participants (either directly, or by providing contact lists). While they were generally positive about how much this had assisted them, particularly on the day of the workshops, the local health professionals did not appear to have a strong appreciation of the DPI staff as experienced facilitators, with the capacity to encourage group participation and manage group dynamics, plus provide contextual knowledge of farming and agribusiness.

This is reflected in the comments from the facilitators themselves, who felt that in some cases their contributions of farm case examples were not valued by the health

professionals, even though these were useful for discussing health concepts in a whole farm context with the participants. DPI facilitators also felt that the workshops could have greater emphasis on drawing out participants' experiences, and allowing them to reflect on the material presented in light of their own situations.

DPI facilitators also felt that they were able to provide support to the local health professionals with limited experience in presenting to and working with groups.

It appears that there is opportunity to better utilise the skills of the DPI facilitators; by allowing them to, with the health professionals, create a more collaborative, participatory workshop style that also better brings in agricultural context to complement the health messages.

Contribution of DPI to the program

DPI management staff felt that their department's involvement, beyond funding the program, contributed facilitation expertise to the SFF workshops, networks to support the recruitment process, and agricultural knowledge to complement the content of the workshops. The DPI facilitators felt that they were able to complement the health content of the workshops with agricultural and business knowledge, and to facilitate the participation of workshop attendees.

DPI's involvement is also proving beneficial to the department and its staff, in the following ways:

- The DPI staff involved have gained an increased awareness of health issues; both in terms of their own health and their understanding of the health of the farmers they work with. As such the program is improving the capacity of extension staff to understand and work with farm families more holistically.
- DPI management staff have also actively promoted the program within the department, which is building the health of the farming community into DPI's outlook, such that "it's about farming families and resilience and more than production, it's about everything that makes a farm work."
- In some respects it has also opened up new networks in local areas for DPI extension staff.

In the future, as their involvement with the program continues, DPI hopes firstly for success in increasing the awareness and improving the health of farming families. Beyond this, they hope that the understanding of the impact of health upon farm families and business will spread throughout the department, and also that this model of partnering with another agency be considered in future DPI projects; to expand the departments' scope and better address the issues that face farmers.

Contribution of WDHS

The WDHS team are involved at various stages of the SFF program management and delivery. This involves:

- Assistance with identifying the industry partner
- Assistance with recruitment through WDHS networks and contacts
- Administration support with paper work
- Data analysis
- Trouble shooting
- Support
- Risk management (identification and action for programs at risk)
- Attendance at workshops
- Ensuring observation opportunities at SFF workshops for health professionals and DPI facilitators new to the program
- Website maintenance
- Provision of the workshop manuals for participants and workshop deliverers
- Communication strategies and implementation
- Planning, logistics and suitable catering prior to the day of the workshop

Overall, the WDHS brings not only the SFF program itself, but also their accumulated experience and learnings from the last five years of its implementation. The WDHS management see this as an opportunity to add value to the extension work of DPI staff with farming families.

Relationship between DPI and WDHS

Both DPI and WDHS are positive about the relationship that has been built over the last year; particularly in light of the pressure to deliver a large number of workshops in a short space of time, and of the different organisational cultures, languages and perspectives that each has encountered in the other. DPI in particular are enthusiastic about the mutual benefit to be gained from this partnership, and the lessons they see for expanding the way their department works with farmers.

It has taken time to develop a clear understanding of who plays what role in the program, and there may have been concerns in the beginning about who “owns” the program. After a year working together on the implementation, both DPI and WDHS management are happy with the roles as they have been defined, and the lines of communication that have been established.

Overall what is working well

DPI management were satisfied that the program is being implemented in a timely way, supported by review for continuous improvement and clearly articulated

program objectives. They were also excited by the behavioural change that is being seen in workshop participants.

Having seen the program over a longer time period, WDHS management staff are even more aware of the exciting outcomes for SFF participants. They also think the partnership with DPI, and the promotion and recruitment for the program are working relatively well.

WDHS health professionals felt that the following aspects of the workshops were working well:

- The involvement of others, such as the DPI and local health services
- The training provided by the WDHS
- The course content itself, and the delivery of the content to participants
- The promotion of participant interaction
- The positive environment and on-time nature of the workshops.

Local health professionals felt that the following aspects of the program were working well:

- Team work and coordination between DPI facilitators, WDHS and industry partners
- Organisation and planning ahead of the workshops
- Group discussions in the workshops
- Relationships that are built between presenters and participants through the workshops
- Clear and concise workshop content

The DPI facilitators felt that the instances in the workshops where participants were able to interact with one another and the presenters were more successful than just the presentation of content.

The industry representatives and past participants were very enthusiastic about their experience of the SFF workshops. The aspects they felt were the best included:

- Information about healthy food and food labelling
- The men's health focus, and time for discussion
- Goal setting and follow-up
- The learning aspect; understanding what was happening
- The message that farm activities are dangerous
- Individual health assessments
- Attending the workshop as a couple
- The professionalism and personalities of the workshop presenters

Overall suggestions for improvement

Local health professionals made the following suggestions:

- Reduce the administrative burden on health agencies

- Allow participants to schedule different times for individual health assessments
- Look at flexible delivery of the workshop; one day or evening format rather than a two day commitment
- More local agency input and ownership of the program
- Improve the mental health component; look at including this in the first workshop, use mental health professionals where possible
- Focus on building the skills of presenters in working with group dynamics and engaging people in discussions

DPI management felt that there was opportunity to improve the skills of local health professionals in workshop delivery. WDHS management identified a need to engage more with industry groups and take into consideration the needs of different farming types. Both DPI and WDHS noted that the promotional materials could be made clearer. Both also felt that the relationship between their two organisations would continue to strengthen over time.

WDHS health professionals suggested that there could be less paperwork for workshop participants, and that recruitment could be more targeted and strategic. They were also concerned that they often have to spend a lot of time away from the office for SFF workshops.

DPI facilitators suggested that the workshops could be improved by:

- Training for local health professionals in group facilitation
- More flexible timing and format of the workshop, including:
 - Evening sessions, different appointment times for individual health assessments
 - More time for personal action plans
 - More time for group discussion
- Providing practical summary sheets; for example for food shopping guides

Local industry representatives and past participants made the following suggestions for improvement:

- Shorter workshop program
- People could be asked beforehand about what they wanted to cover in the workshop, so the material could be tailored to the group's existing knowledge
- More hands-on ways of presenting the information, more real-life stories
- Follow up with participants after the three years of workshops

Appendices

Appendix 1 – Interviews with DPI Management

Three management staff from the Department of Primary Industries were interviewed by telephone.

1. Could you describe your involvement with the SFF Program?

Two respondents were involved in setting up DPI's role in the program while the third is the current SFF project manager at DPI.

2. Can you describe how the DPI contributes to the SFF Program?

- *Facilitation expertise*: Provision of experienced facilitators to run the workshops, particularly the focus/discussion group components: "all are pretty experienced at running groups, standing up in front of people, organising farmers, moving people around."
- *Networks*: DPI staff provide both a link to the industry groups responsible for recruitment as well as lists of their own contacts and networks to contribute to the recruitment process.
- *Agricultural knowledge*: Providing "some grounding on the farming side": knowledge of the agricultural sector and the issues that may be particular to that sector.
- *Funding*: DPI is the key funder of this series of SFF workshops.

3. How are the workshops currently promoted to farm families?

- Promotion varies depending on the industry group(s) and the health service involved. Overall the program is reliant on a lot of "word of mouth."
- With industry groups it may involve DPI staff doing presentations or the industry group may take it up and contact their members in the most appropriate ways.
- Health services may be quite proactive and make a lot of phone calls.
- Advertising and publicity is undertaken at both the local and state level with local papers being an important medium. DPI provides press releases.

4. What works well about this?

- "Local networks, people they trust": The most successful recruitment occurs when the workshops are held for existing groups who already know each other and can enter into the group discussions quickly.
- Using a leader who is respected by the group and other farmers in the area can make the job easier if they are committed to health issues.

- There needs to be plenty of time available for recruitment before commitment is required, so long as farmers are not asked to commit to a date that is too far away (for example, a date two weeks away is reasonable).
- One-on-one contact is the most effective, whether it comes from the industry group or the health service. DPI staff can contribute here by assisting the health professional in phone recruiting etc. as they do this sort of thing all the time with the same types of people.
- DPI people familiar with the local area have proven to be very useful in recruitment.

5. What could be improved about the way that participants are recruited to come to workshops?

Industry groups fulfilling their responsibilities:

- Industry groups and health agencies need to allow enough time to recruit, and if they are having problems, to tell DPI about this as soon as possible. In some cases industry groups have not let DPI know that they were having problems until the last minute, which is not enough time for DPI to activate their networks. A way of addressing this would be to ensure that DPI facilitators keep in contact with these groups, so that any difficulties with recruitment are identified early.
- Responsibility falling on local health professionals to try and get people to attend at the last minute is not the best outcome; particularly when the industry groups have been funded to fulfil this role.
- There have been both positives and negatives in cases where more than one industry group is involved in recruitment for a workshop; it makes for more people to do the recruiting, but splitting the funding between more than one group can be awkward.

Promotional activities and tools

- More broadly there has been a reliance on recruitment presentations when these are not always appropriate. One respondent suggests that generic promotional materials—flyers, emails, etc may be more appropriate for some industry groups.
- As one-on-one recruitment is so important, one respondent suggested that this could be given to a person experienced in the area with a dedicated responsibility to recruit.

6. What do the DPI Facilitators' contribution to the workshops?

- Facilitation skills in the discussions: DPI staff are trained in facilitation, where local health professionals may not be.
- Context, local knowledge and credibility with the farming community, an ability to see “how health fits into the whole farm system”. This is

particularly important in the session on business decisions in the second year workshop.

- Facilitators provide mentoring to local health professionals about the delivery of presentations during the workshop and make sure the presenters keep to the schedule.
- Facilitators help out with advocacy and recruitment for the workshops.

7. What is working well about this program overall?

The program is being delivered in the timeframe required. There is continuous improvement after each workshop, which has been aided by clear objectives and benchmarks. There is evidence of actual behavioural change occurring with some of the workshop participants.

However two concerns were raised:

- The need for improved training or support for the local health professionals presenting the workshops who struggle with the administration side and recruitment skills. It was noted that observing other workshops seems to be the most beneficial.
- There have been “teething problems” in working out the different responsibilities between DPI and WDHS.

8. What has DPI gained from being involved in the SFF program so far?

- The DPI management staff involved in SFF have actively promoted the program and provided information about it back to the department more broadly. As such, the program is contributing to increased awareness of health issues in the DPI overall. In a broader sense, this involvement is helping to position the work of the department in a different way; “it's about farming families and resilience and more than production, it's about everything that makes a farm work.”
- Two respondents identified increased awareness of health issues amongst the DPI extension officers/facilitators involved in SFF: “it's really rounded out our staff in their ability to look at the farm system.”
- One respondent suggested it had exposed DPI staff to a different (more structured, content-focused) way of facilitating workshops and events, which is good for comparison.
- DPI staff have also gained access to farmers who fall outside their normal networks.

9. What does DPI hope will come out its involvement in this program?

- Outcomes for the farmers involved: improved health and awareness of health issues amongst workshop participants, and thus subsequent flow-on benefits to the farming community.

- Outcomes for the agricultural industry: One respondent hopes the industry sees the benefit in picking up the program from government.
- Outcomes for the department itself:
 - Greater understanding of the impact of health issues on farm businesses and families.
 - One respondent thought that after the success of the program the template of this type of partnership may be pursued by DPI in other ways.

10. What improvements, if any, would you suggest to the workshops?

- Organisation and recruitment: ensuring that the health services and the industry groups have enough time to apply for funding and successfully recruit farmers. Streamlining of promotional and recruitment materials, including the website. Better communication with industry groups to identify problems with recruitment so that decisions about postponement or cancelling of workshops can be made.
- Debriefing process: Currently there is a formal, at times perfunctory, debrief process for the workshop deliverers. One respondent pointed to the different cultures that exist in the two organisations, noting that the DPI approach to debriefing would be more reflective, and focussed on constructive ideas to improve performance.
- The different cultures of DPI and WDHS need to be acknowledged and ways of addressing this to be worked through.
- One respondent was concerned that some of the WDHS health professionals might suffer from “burnout”, so that the timing of groups of workshops needs to consider this possibility.

Appendix 2 – Interviews with WDHS Management

Three WDHS management staff were interviewed by telephone.

1. What are the differences in the way that SFF is being managed now with DPI as opposed to previously?

The major difference is that there is an equal partner in the project, which has provided organisational skills. The train-the-trainer workshops are now for DPI staff as well as local health agency staff. One respondent also noted the value of the advisory group for strategic direction.

2. What are some of the impacts you have observed in previous SFF participants?

- People are more aware of their health and making changes as a result, even deciding to leave the farm due to health concerns.
- Bringing the community together where they have felt isolated
- Changes to farm safety, OH&S
- The communities have benefited from the funding provided to local industry groups - through new facilities and health checks being made more broadly available

3. How important is the seed funding in encouraging local industry groups and health agencies to be involved?

All three respondents felt the seed funding was extremely important as it gives the health agencies the capacity to carry out the programs, “releasing staff to be involved”. The funding also gives clear responsibilities, “we are also clear about what our expectations are”. The seed funding encourages people to make the effort to get farmers involved.

4. How is the recruitment of farmers going?

Respondents felt that recruitment was going well considering the commitment required from farmers to come to a two day workshop.

The preference is to have the industry groups doing the recruitment but their commitment has not been consistent and the health services have had to recruit themselves. Having the DPI partnership has helped to get industry group commitment.

5. What improvements, if any, would you suggest to the recruitment process?

- One respondent highlighted the strong links that have been built with health agencies (through promotion at conferences etc) but felt they now needed to

focus on agricultural industry conferences to better engage with industry groups.

- One respondent pointed to the success in gaining media coverage through “a lot of good news stories”. This has helped SFF to become a widely publicised and well recognised program.
- Two respondents pointed out that recruitment depended on the commitment of the industry group and the use of “local champions” who are good at speaking to groups.

6. What does the DPI bring to the SFF program?

- Skills and expertise in DPI that differ from WDHS, particularly relating to primary industries. In some instances this has caused confusion: “it’s brought a whole lot of other systems and languages”. This was also seen as beneficial for the target audience of farm families: “a non-health person is really important for participants”.
- Working with DPI helps to break down the barriers between different sectors; and the inclusion of DPI facilitators means that the relationships are not just at the management level
- DPI provides new links to the farming community, and with industry organisations such as the Victorian Farmers’ Federation

7. What does the WDHS, and the SFF program in particular, bring to DPI?

- The program itself: a proven program that runs “hand-in-hand with research so that you can demonstrate what things are working”
- A new element to their business: DPI deals with farmers in crisis, so being involved with SFF and having greater understanding of health issues will better equip them to work with farmers (though they need to be mindful they are not health professionals).

8. How is the relationship between DPI and WDHS working?

Comments tended to be “fairly well”, “it’s positive”. Respondents mentioned cultural and institutional differences that were being worked through. These included:

- Differences in the use of language and terms by DPI staff and health professionals
- Different understandings or philosophies of participation and facilitation
- Administrative differences; for example publicity releases are more highly scrutinised in DPI whereas WDHS are used to working with short lead times and few checks

9. How successful have the local health professionals been in delivering the workshops?

All respondents agreed that the presenters were working effectively and meeting WDHS expectations: “We always aim high with the standard of presentation”. One respondent also noted that following up with health professionals to give constructive feedback, and encouraging good presenters to present more workshops, ensures a high standard of workshop delivery.

10. How successful have the DPI facilitators been in contributing to the workshops?

Respondents were overall positive about the contribution of the DPI facilitators, but were also concerned about differences that they saw in the DPI approach to facilitation, as compared to the WDHS understanding of facilitation. In terms of content, one respondent felt that some DPI staff were focused on business issues at the expense of health, and in terms of process, that DPI facilitators asked the participants to introduce themselves to the whole workshop group, instead of introducing themselves in small table groups.

11. What improvements, if any, would you suggest to the way that workshops are delivered?

- Greater engagement with industry groups
- Flexibility to take into account the approaches of different farming groups
- Potential to consider changes to the structure of the workshops so that they are not a two-day commitment (although cost constraints might prevent any changes and greater flexibility)
- Including other industries, like processing industries in the program

Appendix 3 – Feedback from WDHS Health Professionals

Three WDHS health professionals who have been involved in delivering SFF workshops responded to the following questions via email.

1. How many SFF workshops have you delivered in total? In which areas?

Two of the WDHS health professionals had delivered approximately 20 workshops each, across Victoria. The third did not respond to this question.

2. Were you involved in recruiting farmers to come to the workshops? How?

None of the three WDHS health professionals interviewed had any involvement in recruiting farmers.

3. Who else (people, organisations) was involved in recruiting farmers to come to the workshops? How were they involved?

Others involved in recruiting farmers for the workshops were the local health agencies, industry leaders or group members and DPI staff.

4. What improvements, if any, would you suggest to the way that the workshops are promoted/farmers are recruited to attend?

Suggested improvements to the way workshops are promoted and farmers recruited included, involving WDHS staff, earlier recruitment, the use of print media, and ensuring clear information about the expectations:

“I think the industry partners sometimes do not understand the effort required to gain participation from all farming families”

5. How well did the training provided by WDHS prepare you for delivering the workshops? Please choose a score from 1 = not well to 5 = very well.

WDHS Health Care Professionals were very positive about the training provided by the WDHS in preparation for delivering the workshops, two rated it 5 out 5, and one rated it 4.

6. How confident did you feel about delivering the workshops? Please suggest a score out of 5 where 1 = not confident and 5 = very confident.

Comfort with delivering the workshops was high also, the same two rated it 5/5, and the third rated it 4/5.

7. What role did the DPI facilitators have?

The role of the DPI facilitators was seen by the WDHS Health Care Professionals as the meeting and greeting of participants, facilitation of groups, organisational duties such as time keeping, room setup, and paperwork collection, and support of the health professionals.

8. Overall, what has worked well in the SFF workshops you have been involved with?

Things that WDHS Health Care Professionals saw as working well in the SFF workshops were:

- The involvement of others, such as the DPI and local health services
- The training provided by the WDHS
- The course content itself, and the delivery of the content to participants
- The promotion of participant interaction
- The positive environment and on-time nature of the workshops.

9. What improvements, if any, would you suggest to the SFF workshops?

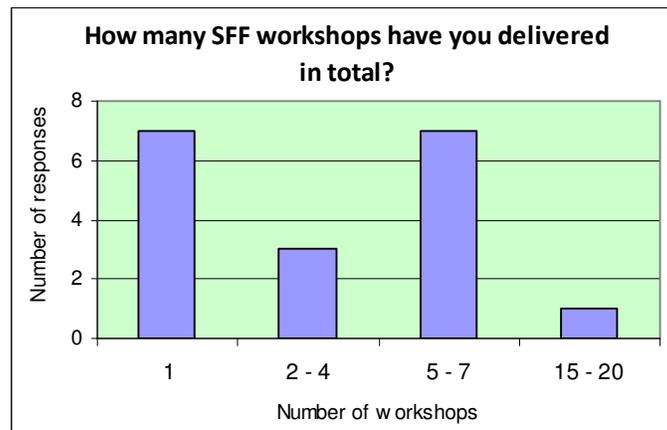
Improvements suggested for the SFF workshops were less paperwork for participants, and also more strategic recruitment. More support for team leaders was also suggested, as the respondent noted that travel for the program is often done in their own time and core business has to be attended to while they're away.

Appendix 4 – Feedback from Local Health Professionals

19 local health professionals (of the 31 contacted) responded to the following questions by email.

1. How many SFF workshops have you delivered in total?

Respondents have had a varied level of experience with delivering SFF workshops. The chart below also includes workshops where they assisted.



2. Were you involved in recruiting farmers to come to the workshops? How did you do this?

Yes	16
No	2

The majority of respondents had used personal contact to some degree, either calling people who had been suggested through various networks or using "local champions." Flyers, advertising and various local media were used by five respondents.

Four respondents were involved in liaison with the industry group, giving presentations to them and recruited through them to various degrees. One respondent became involved when the industry group had been unable to recruit adequate numbers. Three used their position in the health services and as district nurses to help recruit.

3. Who else was involved in recruiting farmers to attend? How were they involved?

Eleven respondents pointed to the work of industry partners sending out group emails, phone contact and information dinners, and some publicity. However two said their industry partners were unsuccessful in recruiting or did not do any at all.

According to three respondents, 'local champions' and previous workshop attendees were proactive in using their own networks. DPI staff provided names and contact details in some cases, as did agribusiness and agronomist contacts.

4. What improvements, if any, would you suggest to the way that the workshops are promoted/farmers are recruited to attend?

- **Industry partners:** three respondents highlighted the importance of the involvement of industry partners and the need for clear funding guidelines between the industry group and the health services. One respondent suggested that the industry partners needed to remain focused throughout the recruitment process.
- **Personal contact:** Direct phone calls were considered to be the most effective tools, plus the use of 'word of mouth' from those who have been through the program. The health networks and local sporting clubs were also suggested.
- **Benefits and clarity:** One respondent suggested that farmers themselves may require incentives to attend. Another said there was a need for them to be made clear of the benefits of attending.
- **Advertising:** Two respondents suggested more advertising material and possible TV support.
- **Program format:** this needs to take into account the time commitment from farmers, which makes the workshop unattractive (according to four respondents). Another respondent suggested that WDHS needs to be more flexible in the format to allow farmers to have choice in the timing of their individual health assessments.

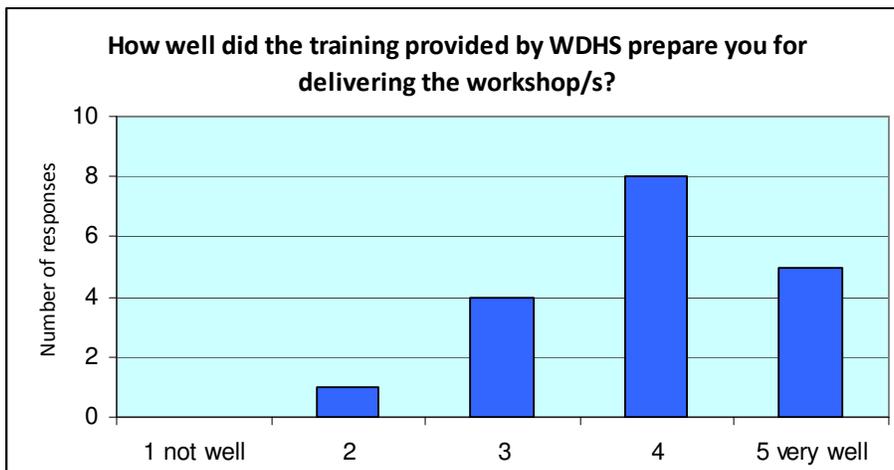
5. How confident did you feel about delivering the workshops? Please choose a score out of 5 where 1 = not confident and 5 = very confident.

On the whole, local health professionals interviewed for this report felt confident about delivering their workshops; see the chart below.



6. How well did the training provided by WDHS prepare you for delivering the workshops? Please choose a score from 1 = not well to 5 = very well.

Local health professionals also felt that the training provided by WDHS prepared them well for delivering the workshops; see chart below.



7. Are there any other areas that you would like the training to have covered?

- The majority of respondents felt that the training covered their needs and that they could get good support from WDHS if needed. One suggested that a refresher might be useful.

- Two respondents felt that more training in handling group dynamics and public speaking would be helpful.
- Two respondents felt there needed to be more time on the practicalities of administration and paperwork.
- One respondent felt that more training was needed about ways to promote the workshops and recruit farmers.
- One respondent referred to specific health areas needing more attention: alcohol use, diabetes and hypertension in particular.

8. Were any other local organisations or businesses involved in your workshop/s? How?

In all but 5 cases, local organisations and businesses were involved. Venues were provided in five cases. The catering was done by either voluntary local groups such as the tennis club and the school parents' club or provided by local catering firms. Local supermarkets made their facilities available to tour for the label reading sessions. Local papers and other health services were involved in promoting the workshops.

9. What role did the DPI facilitators have?

- Most respondents spoke of the DPI facilitators' role on the day of the workshops: "co-ordinated the actual day"; "record and time-keeping"; "organised participants with nametags, evaluations and collected these". They found this helped them in the presentation of the workshops.
- DPI also "provided the link between agriculture and health knowledge"
- Facilitators also took the role of group facilitators in the table discussion and summarised discussions.
- Two respondents pointed to a variation in the styles and capacities of the different facilitators. Some were good at event management, some not. One respondent said that there was some confusion as to the DPI role and that in some cases there seemed to be tension between DPI and WDHS.
- Two respondents said that DPI played a role in assisting recruitment.

10. Overall, what has worked well in your SFF workshops?

- **Team work and coordination:** Eight respondents pointed to the successful team work involved – with the DPI facilitators, WDHS and industry partners. The importance of DPI's time management role during the workshops was also noted.
- **Being organised:** The importance of planning and preparing for the workshop well ahead was helpful. Three respondents said the whole thing, including childcare, food, venue, worked well. For the presenters, having the kits a couple of days beforehand and the need to familiarise themselves with the equipment helped the day go smoothly and clarity about everyone's roles.

- **Participant involvement:** Five respondents pointed to the value of group discussions and the relationships that developed between presenters and participants over the two days.
- **Content of the workshops:** the information was assessed as “clear and concise”. The individual health assessments and individual histories were useful in helping participants plan lifestyle changes to be followed up.
- **Future recruitment:** Four respondents pointed to the potential recruitment opportunities for future workshops through the networks established.

11. What improvements, if any, would you suggest to the SFF workshops?

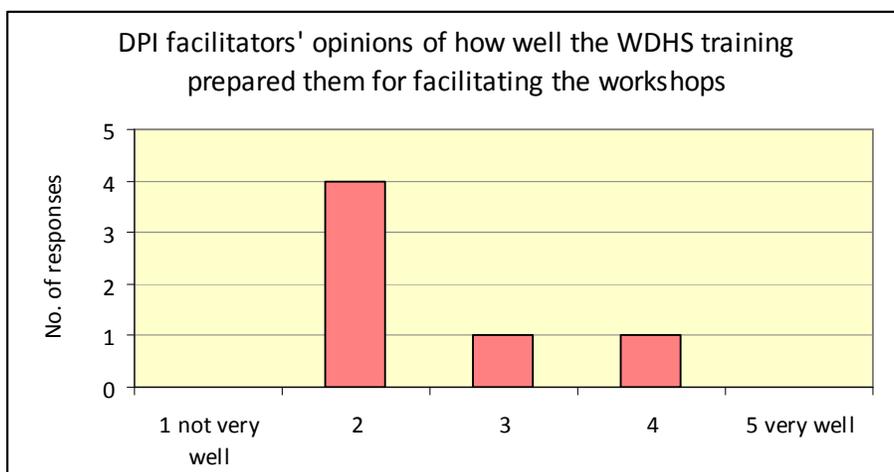
- **Reduce the administrative burden:** The funding requires comprehensive administration. Data must be collected but “the administrative burden is the hardest part of the program to manage...and puts pressure on the ability to deliver the program.” One respondent said they had employed an administrative assistant for later programs.
- **Duration of the workshops:** Respondents were concerned that farmers, particularly sole operators, could not afford to give up two days at a time and at particular times of year. Evening and single day programs were suggested with the dates to take into account what farm activities happen in the local area at different times of year.
- **Local input:** Two respondents felt that there should be more local input, with the inclusion of social workers or other health professionals and “local ownership” of the project. Part of this relates back to knowing what is happening in the local community.
- **Mental health presentations:** One respondent suggested that the mental health module would be best presented in the first workshop, given the current situation with the drought etc. Another one felt that where possible local/regional mental health professionals should present the module; both to improve the presentation of this material, and to provide a direct referral pathway for workshop participants.
- **Presenter skills and preparation:** One respondent felt there was a need to provide more training in working with group dynamics and the skills of engaging people in discussions. Another emphasised the benefit of observing a workshop before presenting their own.

Appendix 5 – Feedback from DPI Facilitators

Six of the seven DPI facilitators associated with the program were available to answer the following questions by email.

- 1. How well did the training provided by WDHS prepare you for facilitating at the SFF workshops? (Please select from 1 – 5, where 1 is not well and 5 is very well)**

DPI facilitators did not find that the WDHS training prepared them well for facilitating the SFF workshops; see chart below.



- 2. Was there anything else that you would have liked to have covered in the training?**

The main concern of facilitators was that they and the local health professionals were not given clear expectation as to the role each was expected to perform during the workshops and what their roles are more generally:

“The initial training that I attended left me confused about my role. I heard from nurses that they were just as confused about what DPI undertook and the role they played.”

They felt that clearer guidelines should be provided and some idea of the thinking and reasoning behind some of the activities. Two respondents stated that observing an actual workshop was particularly useful.

- 3. Have you been involved in recruiting farmers to come to the workshops? How?**

Most of the facilitators had had to become more involved to differing degrees when the industry groups were not very proactive.

Only one respondent had not been directly involved in workshop recruitment but had provided contacts and forwarded information through their own networks.

4. Who else (people, organisations) assisted with recruiting farmers to come to the workshops?

Both the industry groups and the local health services were mentioned. Two respondents commented that the seed funding, which was directed towards the industry group, should have gone to the health service as they did most of the work:

“The health agency did a great job of ringing around people they knew in the area when their industry groups fell through or couldn’t be bothered and expected the money for nothing.”

One respondent pointed to the value of the local media, particularly radio.

5. Would you suggest any improvements to the way the workshops are promoted/farmers are recruited?

The majority of comments related to media promotion. These included less control placed on the type of publicity and more coordinated publicity between DPI and WDHS. The use of “good news stories”, of previous workshop participants was mentioned by three respondents.

Other suggestions included the use of respected locals to promote the workshops and more use of DPI extension activities or promotion. One respondent suggested that the practical implications of poor health for a business might be a useful approach.

One respondent thought that the industry groups needed to be better briefed so that they could promote the workshops more effectively.

There was also a concern that the recruitment letters “are not very inviting or tailored around what the participants get out of it”. The letters appear to concentrate on the ethics requirements for the research project rather than promoting the workshop.

6. What do you feel you have been able to contribute to the SFF workshops?

- Three respondents suggested that their knowledge of various farming industries and types of people and broader problems was invaluable for the health professionals who may not have a good understanding of these people and their issues. They were able to explain things in terms that farmers can understand:

“I have watched some health staff struggle to explain certain concepts...many nurses simply can’t explain this in agricultural terms”.

- Three respondents mentioned their organisational skills and support in running and planning the actual workshop days, including technical skills.
- Three respondents referred to their experiences in facilitating groups and being able to offer another perspective when groups weren't working.
- One respondent referred to the networking skills and opportunities for joint networking for health professional and other DPI staff.

7. Have you learnt anything from your involvement in the SFF workshops so far?

Five of the six respondents said they had gained a greater awareness of their own health and in some cases had instituted changes to their own eating and health regimes. Three respondents mentioned gaining knowledge about men's health issues more generally. One also pointed to new networks and different groups beyond their own work.

8. What works well in the workshops?

Almost unanimously the facilitators pointed to the situations where interaction took place rather than the participants being talked at:

“When the presenter actually took time to listen and respond to the participants and let them put personal comments or questions”.

The table discussions worked well when people got the chance to talk about things they'd learnt and “have a chat about what they've just heard and what they have experienced in their lives.”

9. What could be improved about the SFF workshops?

Suggestions covered three major areas: training for presenters; how the workshops are structured time-wise and the topics covered.

- **Training of presenters:** Three respondents felt that the health professionals needed more formal training in how to present the work and facilitate groups.
- **Workshop length and timing:** suggestions covered running the workshop during the evenings and taking account of milking times, etc.; more time was needed to personalise action plans and limiting the one to one sessions when queues are long; similar workshops in the same areas should be better coordinated; more time given to discussion rather than cramming all the different topics into the day.
- **Specific topics:** One respondent suggested that summary sheets for food shopping guides would be useful and practical explanations about GI levels in foods with possible substitutes. One facilitator suggested that in general there needs to be greater flexibility by WDHS in how the workshops were run.

Appendix 6 – Feedback from Local Health Agency Managers

Two management-level representatives of local health agencies that have delivered multiple SFF workshops were contacted for this report. One responded by email and one commented over the telephone.

1. How did your organisation first become involved in the SFF program?

One agency was in the process of drafting a new health promotion plan, and so was actively looked for a program that would fit within that. They attended a WDHS presentation for more information and were impressed that it was an evidence- and research-based approach. The other agency heard about the program through their local health network.

2. How important was the seed funding to your decision/ability to be involved?

For the agency that deliberately included SFF as part of its own planning, they incorporated funding for one location in their internal budget, but for two others, the seed funding was critical. For the other agency, the seed funding was critical; as they would not have been able to run the workshop without it.

3. How many workshops has your health service delivered?

One had delivered seven, the other, five.

4. How comfortable were your health professionals with delivering the workshops? Please choose a rating from 1 not comfortable, to 5 very comfortable.

Both managers rated the comfort of their staff to deliver the workshops highly (4 or 5 out of 5).

5. How important was the training for health professionals (provided by WDHS) in how to deliver the workshops?

Both managers cited the training as the key reason for the confidence of their staff. One mentioned that their staff were acute care specialists, and so health promotion had been a very new area for them. The other felt that the staff would not have been at all comfortable without having had the training.

6. What has your organisation/staff/you gained from being involved in SFF?

The two managers noted a range of benefits from their involvement in the SFF program, both for their own organisation and their communities:

- An evidence based program that specifically targets farm families – which is something they have not had before
- Access to a new group of people (farm families in their area)
- A way to assist farm communities in a time of hardship
- Through word of mouth from SFF participants, increased awareness of health in the community – and more people coming to other health promotion events run by the agency
- Social benefits for community members coming together at workshops
- Increased engagement of men in health promotion programs
- Short term outcomes in health for participants; for example changed eating habits
- Pressure on local food providers to provide better and healthier options
- Networking with other health agencies
- Increased skills for their staff

7. How does the SFF program align with your aims for the health of your rural communities, as well as any health promotion activities you are doing?

Both agency managers stated that SFF aligned very well with their plans for health promotion; one especially so, as they had incorporated the SFF workshops into their plan from the outset. The other noted the fact that they would not otherwise have had a budget to run an activity of this kind, without the SFF funding.

8. What other opportunities are there for the DPI and health services to collaborate in the future?

One agency representative commented that they were keen to continue their involvement in preventative health measures with the farming community, to address the tendency of this group to dismiss their health and present late for treatment. The other agency manager stated that they personally had not had much contact with DPI (even though their staff involved in the workshops had), and that they thought future collaboration with DPI would need to be built around robust, relevant programs, rather than a relationship simply for the sake of one.

9. Further comments

One respondent added a comment regarding the successful partnership model of the program, stating that both health agencies and DPI staff made highly valuable contributions to the program. They had felt in the beginning that DPI staff had not fully appreciated the skills of local health workers, but that they now saw the importance of having the local agencies closely connected to the program.

Appendix 7 – Interviews with Local Industry groups

Five representatives of local industry groups that have been involved with SFF workshops were interviewed by telephone.

1. Approximately how many active members does your group have?

Three groups have 18-32 members. Two large groups – one with 250 and the other, as the dairy arm of VFF, would be in the thousands.

2. What are some of the key issues your group works on?

For the smaller groups: a combination of social and common interests (sheep; bush fire recovery). One group formed purely to be able to hold the workshop in their area. Larger groups: new migrant communities and sustainability of fruit growing industry; and for the dairy industry – water and various lobbying issues that affect the industry.

3. How did you hear about the program?

Three of the five heard about it through DPI co-ordinators, etc. One had been involved with the SFF pilot program and one proactively looked for something dealing with men's health.

4. What motivated you to become involved?

The health issues the workshops highlighted were the main reasons for involvement, which the groups felt were particularly important to address during a time of drought. For the DPI staff member who initiated the workshop for the Fruit Growers Association, it was a concern for migrant farmers' health. One respondent mentioned their previous experience with the pilot program. The seed funding was also noted by two respondents, one saying they wouldn't have participated otherwise.

5. Were you involved in recruiting participants to come to the workshops? How did you do this?

All respondents were involved in recruitment, mainly done on a personal basis by ringing people: "Rang them all and asked them to come", or "I just badgered them into it!"

6. How easy or difficult was it to get enough farmers together to run the workshop?

There was a mixed response to this. Where people in the area had heard about the successes of previous workshops it was much easier. Otherwise it "took a bit of pushing".

7. Who else recruited farmers to attend? How did they do this?

Four groups had no extra help apart from their own members. The fifth was helped by the local health service.

8. What improvements, if any, would you suggest to the way that the workshops are promoted and farmers are recruited to attend?

Most felt that effective recruitment required a personal approach, ringing people to convince them to attend. One noted that their position as local residents was important to the success of this approach:

“We could have a bit of a joke with them about how we thought they needed to start running around the block, whereas [the local health agency professional] was not in a position to do that.”

One person suggested community radio and information at community venues, suggesting that “the best promotion is through satisfied farmers promoting it to others.”

9. Either from your own perspective, if you attended a workshop, or from feedback from other farmers that went, what were the good things about the SFF workshop?

All respondents were very enthusiastic about their experience of the SFF workshops. Two respondents mentioned information about buying healthy food and food labelling. Two referred to the opportunity to talk about men’s health issues: “the men particularly said the prostrate stuff...because you can talk about it with other men.” One respondent felt that that goal setting and follow up was helpful.

10. Would you suggest any ways that the SFF program could be improved?

One respondent questioned the length of the program and another suggested that people might be asked beforehand what issues they wanted addressed, to better tailor the material to the existing knowledge of the group. Another felt that more hands-on training, videos and short stories might help: “more real life stories where farmers got the benefit out of doing the workshop.” One suggested on-going follow up through newsletters to “keep it in the minds and send it to past participants.”

Appendix 8 – Interviews with Previous Participants

Five previous participants were interviewed by telephone.

1. How long ago did you go to your first SFF workshop?

Three of five of the previous participants spoken to had attended their first SFF workshop in 2003, one had attended in 2004, and the other *'about 2 or 3 years ago'*.

2. Looking back, how would you rate your health and wellbeing at that time?

Four previous participants commented that their health at the time of the first workshop had been good, although one added that they were perhaps stressed. For one participant it prompted a medical check-up that led to the discovery of a life-threatening condition.

3. What did you enjoy about the workshops?

Previous participants enjoyed the learning aspect of the SFF workshops – *'understanding what was happening'*, and the realisation that farming activities are dangerous.

The physical assessments or tests were something previous participants also enjoyed, as it made the ideas visible to them.

The fact the workshop was done as a couple was also seen as a positive aspect – the respondent who mentioned this felt it reflected the way farm businesses were run, and meant they could add working together on their health to that. Another previous participant also mentioned that doing it with their partner was good, as it meant they could support each other.

The groups involved in the workshops, and the presenters who ran them (*'professional and efficient'*) were another positive aspect for previous participants.

4. What did you learn from the workshops?

For previous participants, general health lessons were common as a result of the workshops – awareness of health issues such as heart disease and general wellbeing, including exercise and healthy eating and nutrition, including less alcohol and red meat. These reminders were seen as good reinforcement. One previous participant was also convinced by the up-to-date statistics on health issues such as obesity.

Some said it reinforced things they already knew, another that it had informed them about things they would never have sought information on. A male respondent noted they were more aware of the need for prostate and breast cancer check-ups, and also appreciated the discussion of depression, which is not normally talked of publicly.

One participant said they thought the method for learning about the health issues for the opposite sex was clever:

'I thought the swap, where the women learnt about the male health and the men learnt about the female health, I thought was a really shrewd move'.

5. Did you make any changes in your lifestyle as a result of attending the workshops? What were they?

Two previous participants noted that one of the changes to their lifestyle as a result of attending the workshop was reading the labels on their food more. Another change noted by one was an annual cholesterol check and breast screen. One couple noted more regular health checks for the husband, and the fact they talk about their health with others more often – mentioning prostate checks to males they know and recommending a check. They noted *'If you're informed about something, you've got some information about something...it gives you confidence'*.

Exercise was mentioned by two previous participants as something they were more aware of and proactive about, with one noting they encouraged it in their children. These participants also noted an increased awareness of safety on the farm, with one noting that they refer to their workbook on the odd occasion. This person also noted the program has merit for those in the self-employed sector, as they may not have the capacity to follow health issues through.

The previous participant who had discovered a life-threatening condition was unsure whether the changes in their lifestyle were a result of the workshop or the medical treatment they received. They are eating more healthily, exercising more often, drinking less alcohol and are listening to indicators that something is not right, such as fatigue, and getting it checked out. They noted stress was difficult due to seasonal conditions.

6. What impact did these changes have on the way you feel physically?

Four of the five previous participants commented more on what they are doing as a result of what they learnt in the workshops, than changes in the way they feel. It is assumed that increased exercise etc equals improved a feeling of improved physical health.

The changes included:

- *I think I've been more eager to reach out - if I have a health concern, I'll go and see someone about it.*

- *I have made an effort and I am doing yoga - and I don't know if I would be doing things like that anyway - we are getting old anyway*
- *Far more aware - the knowledge of being aware of your blood pressure, makes you more aware to be able to think about your own health - so it's probably just little subtle changes*
- *Well you certainly feel fitter and more energetic after exercise - the exercise is a good walk or a bike ride. And I am sure mentally we feel sharper and more at ease if we follow the guidelines that have been reinforced - we drink less alcohol - we try to reduce consumption - it is not every night.*

One couple responded that they already had plans in place for scaling back their workload in their business, so this was the reason for their improved health, rather than involvement in SFF.

7. What impact did these changes have for the way you approach your work?

Awareness of the importance of issues raised in the workshops, such as the balance of work and stress, were increased through previous participants' involvement in the workshop. Two respondents mentioned they did not make changes as they worked off farm or were unable to work due to health issues.

8. What impact did these changes have for your family?

For those with children at home, nutrition was an important change for the family – reading labels and also talking to the children about nutrition. One family noted they ate more fruit and vegetables rather than 'rubbish' food, another that a treat is okay occasionally but not all the time, and that the children are encouraged to exercise. An awareness of stress resulted in one family factoring in a weekend away for themselves now and then, and another family felt it reiterated the importance of taking time off for your health – it gave them reasons for not rushing and working '*until you dropped dead!*'.

9. Do you do anything differently in the way you manage your farm?

Time off for them and their staff was a difference which resulted from previous participants' attendance at SFF workshops. One participant mentioned they also gave their employees the opportunity to attend courses, though at the time they shared the SFF information with their staff – in future the staff themselves may attend. That the workshop reiterated the importance of health and safety issues was also mentioned by previous participants, and that they were responsible for farm workers health as well as their own.

The visual material from the workshops highlighted the need for protective equipment, and one participant also now keeps sunscreen under the seat in the ute.

10. Has this created any change in the success of your business?

Participants noted that healthy farms need healthy people. However, they mainly felt that the lifestyle changes they had made were of a general nature, and while this had had positive effects on their physical and mental health, that this was not quantifiable in terms of impact on their business:

'mentally the course has helped run a successful business even though it doesn't come out in dollar terms'.

Another respondent said that it helped their on farm relationships, and 'on a farm it's all about personal relationships, and about commitment, so that helps'.

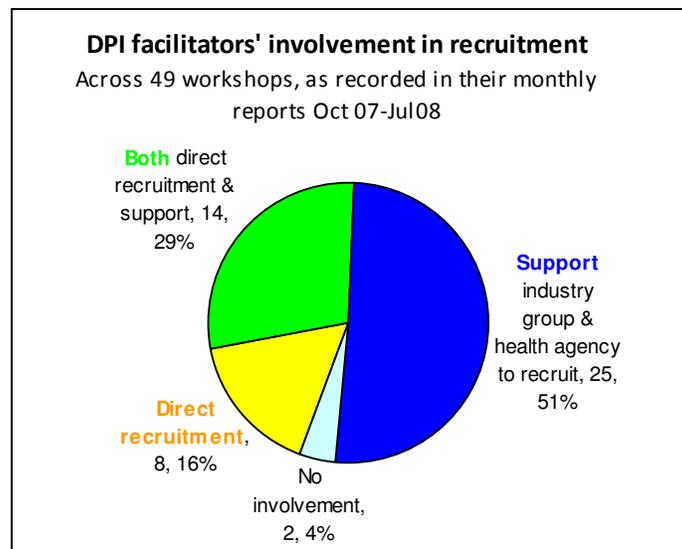
Appendix 9 – DPI Facilitators’ involvement in recruitment

DPI Facilitators provided monthly reports to the DPI Project Manager about their activities, specifically, what direct and indirect role they had played in recruiting participants to SFF workshops. Records from all eight facilitators, made between October 2007 to July 2008, were submitted to Roberts Evaluation for consideration in this report.

Facilitators’ role in recruitment

The involvement of facilitators; direct, supportive, and a combination of both, is presented in the chart below (Figure 5). In 8 (13%) of the 49 workshops included in the reports the facilitators directly recruited workshop participants. In 14 (23%) workshops the facilitators both directly recruited participants and also supported the industry group and/or health agency to do the recruitment. In 25 (51%) of the workshops, the facilitators supported the activities of the industry group and/or health agency, without doing any direct recruitment themselves. There were only 2 workshops (4%) where the facilitators had no involvement in recruitment.

Figure 5. DPI facilitators’ involvement in recruitment



Direct farmer recruitment by DPI facilitators

Of the 49 workshops recorded in the facilitators' notes, in 22 cases they had directly recruited participants.

This included activities such as:

- Talking to key local contacts (eg. heads of industry groups) (noted in 19 instances)
- Drawing on other DPI staff to ask for contacts or ask them to recruit (18)
- Presenting to industry groups (13)
- Sending out promotional material; fliers, emails etc (13)
- Directly contacting potential participants, usually by phone (5)
- Collecting consent forms (4)

Note that the number of times the activities were listed in the facilitators' records is not equivalent to the number of workshops. This is for two reasons. The first is that coordinators recorded more than one activity per workshop. The second is that coordinators made multiple entries for single workshops because the time leading up to a workshop spans more than one month.

Activities facilitators have done to support the program co-ordinator and /or industry representative in farmer recruitment

In 39 of the 49 workshops noted in facilitators' records, facilitators had supported the industry group and/or health agency to recruit farmers, by:

- Ongoing contact (phone calls, emails, meetings); to check the progress of recruitment, plan strategies, and encourage industry and health agency representatives in their efforts (39 comments). It appears that in most cases the facilitators have had a high degree of contact with health professionals prior to the workshops.
- Providing the health agency/industry group with names of people to call (16)
- Providing draft emails or promotional material for the health agency/industry group to circulate (8)

A number of comments were also made about supporting the health agencies with organising the delivery of the workshops; explaining their roles, helping with paperwork, setting the start times for the workshop agendas, and organising the venue and catering (11 comments).