

THE MENTORING MEN

REGIONAL CONNECTION

A JOINT REGIONAL PILOT

**A mentor, a Table, or both:
bring more ways to connect
within reach in regional
communities.**

BUILT WITH PARTNERS

Back a proposed two-year
Mentoring Men and The Men's
Table pilot, shared pathways
and independent learning.





ILLUSTRATIVE LIFE-WORLD IMAGE

THE PARTNERSHIP IS THE MODEL

MORE REACH. MORE CHOICE.

Some men want a private, one-to-one relationship. Others want a regular group where they belong. Some would value both. Mentoring Men and The Men's Table propose working together to make each route easier to find.

Regional communities in any state could be considered. Locations would be chosen with funders and local partners around need, existing connections and readiness - then the two organisations would build practical pathways together.

PROPOSAL DEVELOPED WITH



THE MEN'S TABLE
Strength To Care

THREE PATHWAYS, WITH CHOICE

01**ONE-TO-ONE MENTORING**

MM would recruit, train and support local volunteers, match men carefully and supervise the work.

02**PEER-GROUP BELONGING**

The Men's Table would establish and support regular Tables and local hosts.

03**A COORDINATED OPTION**

Men could choose either route or both, with consent-based introductions and follow-up.

WHAT SUPPORT WOULD BUILD

LOCAL PEOPLE. SHARED FOUNDATIONS.

Your support would build local delivery, shared navigation and an independent evaluation designed from the outset.

01

REGIONAL DELIVERY

Back local coordination, outreach, mentor recruitment and supervision, Table establishment and host support. Build community leadership and peer-support capability.

02

WORKING TOGETHER

Develop shared intake, consent, navigation, referral tracking and outcome systems. Agree responsibilities, privacy, safeguarding and escalation across both pathways.

03

INDEPENDENT LEARNING

Fund a university-led evaluation from the outset, along with consistent data collection, participant follow-up and staff capacity to use the results.



CHOICE STAYS WITH THE MAN

There is no expected sequence and no requirement to use both services. Each organisation retains its own non-clinical role and safeguards; specialist, clinical and crisis needs are referred appropriately.

A PRACTICAL TWO-YEAR PILOT

START LOCALLY. LEARN TOGETHER.

A first contact may come through either organisation, a GP, a local group, a friend or a man's own enquiry.



EVERYDAY CONTEXT / ILLUSTRATIVE IMAGE

01

AGREE REGIONS

Choose sites with local partners, including Aboriginal and culturally specific organisations. Confirm governance, referrals and research arrangements.

02

BUILD PATHWAYS

Recruit local teams and volunteers, establish Tables, connect men with mentoring and support warm handovers with consent.

03

REVIEW FIRST

Examine outcomes, access, safety, local capability and the practicality of joint delivery before deciding where or how to expand.

THE INDEPENDENT QUESTION

WHICH PATHWAY HELPS WHOM?

Independent research would compare the three routes and test whether coordination adds value in different regional settings.

01

MENTOR ONLY

What do men value in a sustained one-to-one connection, and where does it fit best?

02

TABLE ONLY

What does regular peer-group belonging offer, and for whom is it useful?

03

BOTH ROUTES

Does a coordinated option make access, connection or follow-through better?

EVIDENCE BEFORE EXPANSION

A university research partner would refine measures, consent, ethics and comparison design. Proposed areas include loneliness, wellbeing, belonging, help-seeking, referral uptake, participant experience and local capability. Baseline and follow-up measures, interviews and service data would help explain change, but the added benefit of a joint pathway is a question to test. Findings would shape a practical toolkit and decisions about wider regional reach.



BRING THE PARTNERSHIP TO A REGION

TALK ABOUT A REGIONAL PILOT



ILLUSTRATIVE IMAGE

The two organisations would agree locations and responsibilities with funders and community partners. Local coordinators would support warm introductions and a practical service-navigation protocol covering referral and escalation.

Support could fund regional delivery, the shared infrastructure or independent evaluation. The two-year scope, partner capacity, research arrangements and reporting would be confirmed before delivery begins.

BACK CHOICE AND FOLLOW-THROUGH

Fund a regional pilot that gives men a mentor, a Table or both - and measures which pathways help, for whom and in which places.

This is a proposed joint pilot. Regions, research partner, study method and final scope would be agreed with supporters and local partners.

[TALK TO US ABOUT FUNDING →](#)

1300 583 925