

Western Sydney Men and Family Relationship Network

***submission to* the Senate Select Committee on Men's Health**

The Western Sydney Men and Family Relationship Network (WSMFRN) is an interagency made up of representatives from over 30 community organisations, government departments, universities and other local agencies.

Representatives from the WSMFRN welcome any opportunity to expand on any of this submission to discuss men's and boys' health in Western Sydney, as part the Senate Select Committee's hearings.

Men and Boys in Western Sydney

Men and boys living in Western Sydney face different and unique challenges than other men and boys from other parts of Sydney. These local and unique concerns are often overlooked in policy and planning.

Western Sydney has the fastest growing population of all of Sydney, in particular the growth corridors in the Local Government Areas of Penrith, Blacktown, Fairfield, Liverpool, Camden, Campbelltown and Baulkham Hills¹.

Western Sydney consists of many diverse communities. Western Sydney has the largest number of Aboriginal people than anywhere else in the state, indeed more Aboriginal people live in the Western Suburbs of Sydney than in the entire Northern Territory. The needs of Aboriginal men and boys in Western Sydney are often over-looked by policy makers, as it is assumed that the needs of Aboriginal people in all parts of Sydney are the same as for Aboriginal people in the inner-suburbs.

The area from Liverpool to Canterbury in Western Sydney has the city's highest proportion of people born overseas¹. In spite of many newly arrived migrants and refugees living or being settled in the area, there are no programs for newly arrived refugee men as there are for women. This can add to recent arrivals sense of isolation and despair.

¹ Australian Bureau of Statistics and Smith, G., *Sydney A Social Atlas: 2006 Census of Population and Housing*. 2008, Australian Bureau of Statistics: Canberra.

There are a large number of men who have moved to Western Sydney because of the relatively lower house prices. If these men are fathers in intact families, they then spend much of each day commuting to work and back. This not only puts a strain on their relationship with their partner and children, it also has deleterious health effects, as it:

- ♂ increases their level of stress
- ♂ reduces the time available for the men to engage in exercise
- ♂ and makes it more difficult for them to visit health professionals and other services, as they are not home during normal working hours when these services are open.

There are also large numbers of men who move to the Western Suburbs following a separation or divorce, as (like their female partners) they find themselves in reduced economic circumstances. Not only do they face the same stresses as other commuters, but they are also often isolated from their children, family and other social networks. There is growing evidence that separation from children is a risk factor for suicide.

Level of Commonwealth, state and other funding addressing men's health

No level of government funding, Commonwealth, State or Local, exists at an acceptable level for men's health.

There have been a number of successful men's health initiatives in Western Sydney, from both Commonwealth and State government departments and community and church based organisations. These initiatives have however been mostly driven by passionate people with a concern for men and boys' health. These good projects are on the whole sporadic and ad hoc, with little or no formal coordination of networking. There is a need for area wide planning, policy and resources to coordinate and implement men's health initiatives, in order to avoid the current ad hoc and piecemeal approach to men's health service provision.

There is a need for male specific services for people working with Family and Domestic Violence. Current NSW Health Policy does not allow health services to work with male perpetrators of Domestic Violence and there are very few NGOs working with this group of men in Western Sydney. Anglicare Fathers and Children service did provide early intervention in Blacktown and Rooty Hill area, but this service no longer operates as it only received funded on a short term basis. There is a need for more one on one counselling, group work and Affect Regulation (Anger management). Such services also need to be offered at a time that working men can attend.

There is also concern about men who are victims of family violence, as anecdotal reports suggest that men are not accessing existing family violence services.

Current levels of resourcing and current workloads of men's workers are major barriers to sustainable improvements in men's health. The lack of

supportive and well resourced structures, such as exist for other populations, means that men's health initiatives are mostly short-term, stand alone projects, not well connected to other programs or policies. These projects last for only 1 or 2 years and are not refunded.

The Western Sydney Men and Family Relationship Network rejects the model of one-off pilot project funding for health and community men's projects and calls for the establishment of recurrently funded men's programs.

As important as adequate recurrent funding is for men's health, sustainable improvements in men's and boys' health is only possible when underpinned by a reliable and recognisable infrastructure. Such infrastructure should include:

- ♂ An evidenced based National Men's Health Policy, underpinned by a social determinants of health approach
- ♂ Men's officers in government and non-government organisations with responsibility for rolling out any policy
- ♂ Developing and supporting networks for people working with men, such as the Western Sydney Men and Family Relationships Network, through funding, administrative and secretariat support,
- ♂ Sustainability
 - Successful men's work is not silo based – there needs to be inter-sectoral collaboration
 - Need recurrent funding for men's work – not more short-term pilot funding
 - Develop an inter-sectoral unit for men, outside of the health system

Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community

Existing awareness campaigns, including more general campaigns such as the alcohol and obesity campaigns, are not good at reaching men.

Campaigns that fail to understand and take into account the context of men's lives will not work. For example, campaigns encouraging men to exercise more will fail unless the reality of commuting between one and four hours a day, and the resulting exhaustion are taken into account. Likewise, campaigns encouraging men to eat healthy foods will fail if they do not acknowledge the raising price of food, the increased cost of food in some supermarkets in Western Sydney, compared to other areas in Sydney, and increased job insecurity due to current the current economic environment.

Attitudes to men's health.

Although men's attitudes to their own health and wellbeing are, for some men, a barrier to them accessing health and community services. Services that have adopted 'male friendly' approaches working with men and boys however, report increases in the number of men who access them. This suggests that existing models of service delivery are a greater barrier to men's participation than men's attitudes.

Male friendly approaches include:

- using respectful and appropriate language when working with and talking about men and boys,
- creating an environment that is welcoming to men,
- changing service delivery so it is more suited to men's needs and styles of communicating.²

Men's and boys' health in Western Sydney would be greatly improved if existing providers of health and community services adapted the above practices. This can only be achieved by a commitment to ongoing in-service training around making services more appropriate to men and boys.

The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

There is a danger that services for men's health are only seen as treatment services. As vital as clinical and medical services are to improve men's health they are often dealing with illnesses and diseases that could be prevented through adequate funding and support of programs and community outside of the health sector. The social determinants of health are well established, and factors such as housing, education, social inclusion, family relationships and social networks all have major contributions to men's health.

Unfortunately there are very few programs working specifically with men and boys in these areas. There is only one full-time men's health officer employed in Western Sydney by any agency and all the men's and boys projects operating are short-term "pilot projects", which operate for one or two years and then are not refunded. Projects working with men and boys will only be sustainable when there is guaranteed recurrent funding available.

The hope that such short-term projects would be self-sustainable after a few years has proven to be false. The two predicted sustainable sources of income for these projects, client fees and corporate support, are unobtainable in many lower socio-economic areas of Western Sydney. This is particularly true for projects working with disadvantage groups of men, such as projects working with refugee men around issues of family breakdown. In these worsening economic times, when such projects are needed the most, relying on community and private sector support is not sustainable.

Approaches to improve men's health will only be successful through coordinated inter-sectoral approaches. Inter-sectoral interagencies (such as the WSMFRN) have a vital role to play in bringing together representatives from these (and other) sectors. There are very few effective men's health interagencies in Australia, and they only exist through the good will and

² King, A., Sweeny, S. and Fletcher, R. (2004). "A Checklist for Organisations Working with Men." Developing Practice 11: 55-66.

passion of individual workers and agencies, who work on them voluntarily. Modest financial support to these interagencies for secretariat and administrative functions would improve their efficiency in bringing representatives from the various sectors together, as well help in the implementation of policy and program initiatives.

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This submission is supported by the WSMFRN and:

- the Men's Health Information and Resource Centre, UWS
- Community Radio station SWR FM
- Rouse Hill Families Connect