

HEALTHY MEN FAMILIES NATION



Men and Fathers Health Summit
17 June 2009
Parliament House Canberra

Dads 4 Kids
Fatherhood Foundation Initiative

Welcome

We welcome you as a delegate, or parliamentarian, to the inaugural Men & Fathers Health Summit at Parliament House Canberra. Your presence here today is open testimony to the need to turn the tide of men's ill health in Australia.

Our challenge today will be for us to be very open and honest with each other, to hear not only each other's words but also each other's hearts. The 12pt Plan and National Strategic Conference on Fatherhood (August 2003) were born out of the ability to listen and walk in one another's shoes, to show honour and respect for one another.

These are the keys to the positive outcomes we wish to achieve for the mothers, fathers and children of our nation. The 12pt Plan was launched in a true bipartisan fashion when a Mark Latham MP said, "We don't want a men's movement that blames women, we want a men's movement that works with men and women to develop better identity, better relationships, a stronger fathering role in our society and to develop win-win outcomes, where as a society across both genders, we can make advances and make successful changes."

The Dads4Kids Fatherhood Foundation is a Harm Prevention Charity. Fatherlessness is a source of harm to children and families that carries a significant health cost. Dr Bruce Robinson estimates the cost of fatherlessness to Australia to be in the vicinity of 13 billion dollars per year.

The goal of the Dads4Kids Fatherhood Foundation is to promote excellence in fathering and increase the number of children growing up with an involved, committed, responsible and loving father. Healthy men make healthy fathers. Healthy fathers produce numerous beneficial health outcomes for their children but men's poor health is becoming a great burden to our children.

Children are losing their fathers disproportionately to their mothers. Men's suicide is reaching epidemic proportions and the overall health situation with indigenous men is far worse than for non-indigenous men.

The government is to be congratulated on its announcement of the formation of a National Men's Health Policy. Thanks to Senator Cory Bernardi and the members of the Senate Select Committee into Men's Health for their report.

There is a clear consensus emerging amongst the delegates at the Men & Fathers Health Summit that the government needs to set up an office to action and fund a broad-based preventative health strategy for men and fathers. It is our hope that both the government and the opposition will take up many of the recommendations found in this document.

Special thanks to James Adams, Fathers4Equality for collating this document.

We appreciate the sacrifices made in coming to this forum; we all lead very busy lives. We look forward to your contribution to the health of men, boys and fathers in Australia.

The Men & Fathers Health Summit is all about your passion, your willingness to listen, your creative ideas and openness to change.

Yours for positive change
Warwick & Alison Marsh

Delegates Creed

1. *Blame not, judge not, and make no assumptions.*
2. *Listen intently and carefully. Look from the listener's perspective.*
3. *Identify the kernel of truth in every argument, especially those you totally oppose.*
4. *Treat everyone with honour, respect, dignity and sensitivity.*
5. *Always relate to the big picture of progressing men & fathers' health in Australia.*
6. *Let the past be a reference, not a pivot for the future.*
7. *Look for common principles.*
8. *Put differences in context.*
9. *Deal with issues, not personalities.*
10. *Pursue unity with diversity.*

Protocols for Speaking

Time is critical and it is essential that everyone keeps to their allotted times:

3 minutes each.

A bell will sound at the 3 minute mark. Please wrap up your presentation within 30 seconds.

The said delegate/speaker must end at the second bell.

If you allow 150 words per minute in your presentation you should be able to plan to keep within your time slot.

Time permitting the afternoon will be allocated to general discussion on some of the subjects raised in the morning sessions. During these times it is critical for delegates to keep comments short, get to the point and stay on track. We cannot hope to solve all the world's problems in our short time together but we are making a start.

The summit chairman will seek to work with the parliamentary attendees to facilitate their input and give opportunity to each spokesperson to deliver a brief synopsis on the Men & Fathers Health Summit. Delegates are free to introduce their invited local member to the summit delegates in the briefing session.

Parliamentarian's schedules are extremely demanding during 'sitting period' and we ask that all delegates be considerate of this. Please bear in mind that our parliamentarians must feel free to come and go as they please. Let us be sure to acknowledge this opportunity given to us by parliamentary leaders to share our goals and dreams and be considerate of the time available for discussion at the Men & Fathers Health Summit.

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Programme

- 9.00 am - Meet at Front/Public Entrance Security Desk
SHARP
- 9.25 am - Move to Room 2S1
- 9.30 am - Welcome to Country & Blessing - Ps Peter Walker
Opening - Tony Miller
Greeting - Senator Cory Bernardi
Introduction - Warwick Marsh
Delegates commence 3 minute presentations
- 11.00 am Morning Tea and Thank Yous to special guests
- 11.30 am - Delegates continue with 3 minute presentations
- 12.30 pm - Media Conference – Room 2S1 (stay in room)
Main Spokespersons: Professor John Macdonald
Dr Elizabeth Celi
Dr Tim O’Neill
Assist Spokespersons: Tony Miller
Rick Welsh
Jim Herbert
Peter Walker
- 1.00 -
- 2.00 pm - Lunch in Staff Cafeteria (buy your own)
- 3.15 -
- 4.15 pm - Opposition & Other Members Briefing Session
- 4.00 -
- 4.30 pm - Afternoon Tea
- 4.30 -
- 5.30 pm - Government & Other Members Briefing Session
- 5.30 pm - Conclusion of activities of the
Men & Fathers Health Summit

Towards a Men's Health Policy

There is a lot of research which indicates that, looking at the health of populations, the major factor influencing health is social equity. People live longer in societies where wealth is more equally distributed – there is no doubt of this. In our own country poor and disadvantaged men have poorer health outcomes and lower life expectancy than better-off men AND WOMEN. This is not only to do with the degree of access to affordable and appropriate health care, though this is important. Good health is rooted in social structures like secure and properly remunerated employment, good housing, education and structures which remove discrimination. Poor health is rooted in the opposite: in lack of opportunities, poor housing, insecure and risky work situations. This is what we mean by the importance of the social determinants of health. The classic example of this is the poor state of Aboriginal men's health which everyone acknowledges needs fixing.

There is a need to improve men's health in Australia. We are all agreed on this. To help achieve this objective, the forthcoming men's health policy needs, of course, to look to improved access to health care, and the call for men-friendly health services by the discussion document is very welcome. In addition, the policy needs to look beyond telling men to change their behaviour. Health behaviour and health status are rooted in the social economic and emotional contexts of men's lives that we have mentioned. These facts are well known but a department of health on its own has limited potential impact on all of these factors. Even over medicine departments of health have only a certain amount of influence, given the amount of prestige our society gives to the technical sides of health care.

For all these reasons, as Professor of Primary Health Care, Co-Director of the Men's Health and Information and Resource Centre at UWS and President of the Australasian Men's Health Forum I strongly encourage the government to have a men's health policy which doesn't just exhort men to behave better, nor just improve some – even important – aspects of technical medicine, but a policy which call for some strong mechanism or structure, like an Office for men's well being. We need some coordinating structure which advocates for better services for men, yes, like improved services for young fathers and isolated older men,

but also advocates for the well being of boys in schools, for gay men's health, for the health of retired men, the rights of Aboriginal and Torres Strait Islander men.

I support the call for improved women's health services where these are needed. Gender equity means accepting that men and women have different health needs and both must be addressed

In the Introduction to the discussion paper on the new women's health policy it is written:

The health of Australian women is important. Women take on a myriad of responsibilities, as mothers, grandmothers, sisters, daughters, wives and partners. Many combine paid work and raising families in an increasingly busy society. Often it is the women in households who have the main responsibility for looking after the health of other family members. Despite many improvements in women's health – Australian women's life expectancy is amongst the highest in the world – not all women in Australia have benefited equally. We need a new approach to improving the health and wellbeing of all women in Australia, especially those with the highest risk of poor health. By improving the health of all Australian women we will improve the health of the whole community.

<http://www.aodgp.gov.au/internet/main/publishing.nsf/Content/whdp-09~whdp-09-intro>

I agree totally and in the spirit of population health, can apply almost the same words to men's health:

The health of Australian men is important. Men take on a myriad of responsibilities, as fathers, grandfathers, brothers, sons, husbands and partners and workers. Many men work long hours in difficult circumstances, often commuting long distances to support their families. Despite many improvements in some men's health – non-Indigenous Australian men's life expectancy is amongst the highest in the world – not all men in Australia have benefited equally. We need a new approach to improving the health and wellbeing of all men in Australia, especially those with the highest risk of poor health. By improving the health of all Australian men we will improve the health of the whole community.

An independent Men's Health Office

At any time, my reference to 'men's health' holistically encapsulates men's physical, psychological, spiritual and social health and how it interacts within their social, familial and cultural environments.

Three themes underpin the recommendations below and serve to *raise an alert during decision making*;

1. Men's health is wrapped up in men's identity. His roles within his family, social and professional life are of legitimate importance to his identity and subsequently his health.
2. A significant risk factor among social determinants of the 21st Century is that of misguided Feminism. The perceptual bias against men that has developed in the last 2-3 decades is contributing to unproductive social paradigms, negatively affecting men as a gender, influencing service provision and ultimately their health. This ultimately has flow on repercussions to women's health.
3. Re-value and re-educate society, overtly and respectfully, of the contribution of genuine and respectful masculinity to our sons, daughters and social relationships.

Proposals for advancing the status of Australian Men's Health

1. Social awareness and education campaigns targeted appropriately and respectfully to Australian men and boys

- a. Challenge the perceptual bias that has developed in the social psychology of our community toward men and negatively affecting their identity and health status. ***If this social psychology phenomenon is ignored, money/ resources toward men's health and manhood projects will be ill spent and currently effective services/programs for men devalued and under-utilized.***
- b. Address the bias in the many and current representations of domestic violence, including the current "Enough" family violence campaign. *Male victims and female perpetrators requiring anger management training are being ignored.*
- c. Present accurate and fair representation of gender research in professional documents and importantly, in the public domain.

2. Public men's health forums and events

- a. Supportive of normal manhood and masculinity. Men friendly, no blame, no judgement.
- b. Proactively direct the public to current services and programs that are known to address the many factors supporting and enhancing men's health through men's identity. For example, Men's Sheds.

3. Establish collaborative links and part funding with an *independent* Office for the Status of Men's Health and Masculinity, with the ability to legitimately engage with Australian men and collaboratively liaise with Government. This Office is to be responsible for, but not limited to,

- a. the strategic and comprehensive development of Australia's first National Men's Health Policy (NMHP), ***before it's finalization***
- b. Being a primary and key liaison point regarding the distribution of Government funding toward men's health services and research.
- c. Active in reviewing men's health services, programs & social awareness/education
- d. Active in academic and research funding circles, particularly addressing the methodological limitations of gender studies to date
- e. Proactively and strategically assist health services and other relevant programs to practically implement men-friendly approaches and procedures.
- f. Incorporate simple and relevant education within the training curriculum of health services, e.g. domestic violence shelters, helplines & future medical and psychology students.

4. Appoint special advisors as a collaborative team in Men's Health

- a. Specifically, co-advisors already active in professional arenas that contribute *positively* to a strengths-based model of men's health and manhood. Specifically, medical, psychological, family systems, family law and research. Specific specialists for these roles can be recommended.

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Men's Health, Social Isolation and Loneliness

The Current Health Status of men

Over the last 50 yrs we have done very well with Australian health outcomes:

- *Life expectancy for men is 79 yrs – a little more than a year behind the worlds best*
- *Life expectancy for women is 83.7yrs – the highest in the world*

So why are men worried about the state of their health? We agree with H D Thoreau: “Most men lead lives of quiet desperation”

Issues in men's health by decades of life, changes in Australia in the last 50 yrs

Improving

*Heart Disease, Motor Vehicle Accidents
Infectious diseases incl. pneumonia
Other accidents, Smoking > age 30yrs
Cancer survival rates*

Increasing problem areas

*Smoking - aged <30yrs
Abortion, Family Breakdown Issues
- Poor relationship formation
- Lone parenting, under-fathering
Homelessness, Mental Health Issues
Depression, Suicide, Substance Abuse
Drugs, Alcohol, Hepatitis C.
Sexual Integrity Issues
- Promiscuity, STIs
- Sexual abuse
Obesity (incl. childhood), Diabetes
Work related stress.
Cancer – colon, prostate, skin
Conditions of old age:
Renal failure, Dementia, Dependency, loneliness*

Physically orientated illnesses are all improving, except those which emerge by aging. The increasing problem areas are largely **sociologically determined** and are the conditions of “quiet desperation”.

Social Status

Those most at risk include:
Unborn, Indigenous, Migrants, Refugees, Mentally ill,

Socially isolated (including homelessness), Disabled, Elderly, Criminal Record.

In each of these areas men are most disadvantaged and bear a particular burden of disease, mental illness and social disaffection.

The Outstanding Common Factor

One dominant factor stands out – the loneliness of men occasioned by increasing poverty of family formation and breakdown in Australia..

The harm done to the emerging Australian male through the absence or under-performance of fathers and the lack of fathering skill passed on to sons, is now shaping Australian men's health more than any other single factor.

That the majority of Australian households are single adult households (cf social researcher Hugh Mackay,) indicates the resulting breakdown in social order.

Family breakdown is particularly hard for men who find themselves doubly disadvantaged by the failure of the Family Court of Australia to recognise the “Presumption of shared parenting” thus many Australian fathers of their deepest desires and responsibilities – to father their growing children effectively.

Is it any wonder that Quiet Desperation stalks the minds of an increasing number of Australian men and their lost boys?

Government Response?

Answers sought by men for this growing despair are multifactorial: Spiritual, Social, Psychological and Physical. There are no quick fixes.

No government can effectively work in this area without a long term coordinated response across all government agencies.

More than a decade ago the Office for the Status of Women championed the cause of suffering women.

Isn't it time to prevent such tragedy by attending to the desperation of men? It is now time for an **Office for the Status of Men and Fathers** to coordinate this critical response.

Learning from others - the Irish Men's Health Policy

The Irish Men's Health Policy proposes a number of relevant principles. Some of these have already been noted by DoHA as central to the Australian Men's Health Policy. Others are not as yet noted, but are worthy of consideration by DoHA and Minister's office in finalising the Australian Policy.

The one of most importance for our immediate purposes is Principle 5. Adopting an intersectoral and interdepartmental approach

This recognizes that the causes of ill-health and the factors that promote good health are often the responsibility of Departments other than Health, and that a means for coordination exists. This should be aligned with planning for implementation (eg how are we to get child and family nurses to develop strategies for working with young dads?)

Areas such as employment, housing, families, sport and recreation all have much to contribute to male well-being and health improvement. Simply asking, or even requiring, various departments to be cognizant of how their policies may impact on males is not adequate. In order to ensure consideration across departments a coordinating mechanism of some sort needs to be established.

This may be a unit within government (although locating such a unit in one government department may restrict its potential influence) - or it may be an Advisory body / Council established and funded by government to provide advice and suggestions across different instrumentalities to oversee the "bedding down" of men's health in a system which has shown an inability to adequately recognise male health needs.

I believe that this coordinating mechanism SHOULD NOT be named to reflect a parallel to the Office for the Status of Women. This would be seen as antagonistic by many women, and have little chance of success if it has negative potential for politicians. I also suggest that the term "male" rather than "men's" be used in any title for the body, to reflect our concern with boys.

Similarly, the coordinating body SHOULD NOT contain specific reference to "fathers" - who are a subset (albeit a very important one) of male health issues - in the same vein that it would appear rather absurd to add "mothers" to the Office for the Status of Women.

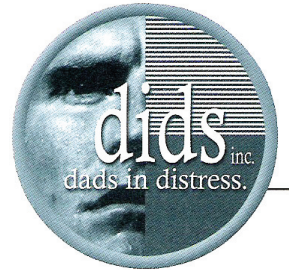
Finally, the coordinating body should be formed from senior departmental officers from relevant departments, along with representatives from peak bodies in the community, such as AMHF, and receive sufficient resourcing to enable effective function.

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Dads In Distress, is in distress

The Dads in Distress organisation welcomes this Government's initiative in formulating a National Men's Health policy but is disappointed with the Senate Select Committee's recommendation regarding the non-establishment of a government agency to promote and protect the status of men. Unfortunately the status of men in this country has long been in decline, especially that of divorced or separated males. Many divorced males feel disenfranchised in today's society. We have the opportunity now to change men's lives forever or we can leave it for another generation to suffer the consequences of what we have left behind. The Dads in Distress organisation believes there needs to be made available, funding for appropriate research into male suicide especially around divorce and or separation and that Government adequately funds groups that provide suicide prevention or intervention programs. Suicide in this country especially male suicide is at epidemic levels. Suicide is suicide it matters little be it male or female, it is still a tragedy. All agencies including ours need help to cope and with the economic crisis, families are only going to come under more pressure. And while the Family Law Court looks the other way when it comes to enforcing its own orders in custody disputes the outlook is glum for divorced and separated men. Relationship breakdown, separation, divorce and denial of contact with one's own children is one of the primary drivers of depression, social isolation and suicide in males in the western culture. Although the Government has announced a National Men's Health Policy, nothing seems to be forthcoming in strengthening those services that have been doing the work for years.



We ask that the current Government funded Domestic Violence initiative, refocusses the campaign to educate the public that domestic violence is non gender specific. It affects everyone, especially our children. The current deficit male model campaign does little to engender a positive outcome from males and rather further denigrates the majority who are doing the right thing. A more balanced equitable approach would do much in lifting the psyche of the majority of males who at present feel disenfranchised from society by means of divorce or separation.

We ask that refuges or crisis accommodation be established for men and their children in the early stages of divorce or separation, and who are uprooted from the family home. Many men and their children revert to unsuitable housing simply because they do not have the means whilst experiencing the early stages of divorce or separation. Again, this is a primary driver which affects the health and wellbeing of the divorced or separated male.

And finally we ask that Government look into the lead times in accessing services such as Family Relationship Centres and Child Contact Centres. If we are committed to saving marriages and child- parent relationships then the lead time in gaining access to any service needs to be as short as possible. Delay affects not only the health of males but that of women and most importantly that of our children.

A Life-Long Solution for Improvement

It is good to be here in Canberra with all the notable people working in Australia alerting the public to men's health and the suicide rate in Australia, particularly with regard to male suicide and early death rate from various causes; I feel that the ideas, solutions, management etc are well documented and all seem very good.

After 7 years of involvement with Dads in Distress, 5 years with the Family Law Reform Association, the Wesley Suicide Prevention Program and networking with other organisations it would appear that the basis of tackling men's health - both physically and emotionally are being taken in hand and just needs some impetus to put it all together efficiently to get a policy to achieve good results. The basic and most fundamental need is to have an office for men and fathers to drive and fund a national health policy.

I do regard this issue of men's health like a disease, and whilst we have a disease and look for cures, I really feel that prevention is always a good way to go. If you look at the prevention pathway, you have to go back to the teenage years where I feel, mentoring and skills training for mentors among peer groups - starting from first year of high school when children emotionally leave home and depend upon peers and so called 'heroes' for guidance. This is the time when important life decisions are made and resilience is taught. As we have seen, a lot of these decisions have been disastrous.

Going back to primary school, this is a good time to explain to children about moods/emotions and what they mean and how to become resilient. A good program is 'Dr Moods' where children can explore their emotions and what they mean. This program can be accessed on www.moodschool.com.

For the parents of preschoolers, there was an excellent program for prevention of physical

and emotional problems of children 0-5 years of age; giving parents more confidence in their skills and understanding of their child/children.

Going back still further to the actual pregnancy, a period where men and women can actually learn to talk to each other, learn to help each other and not just learn to 'rub backs' and say 'push'.

I feel with the programs of the interested parties represented at the meeting, being discussed and implemented; implemented in a much more efficient manner, lacking fragmentation; that indeed we may be able to make 'family court buildings' into museum pieces. It is to be hoped that whilst nothing is perfect, the above programs may be able to reduce a lot of the hardship experienced in our society today.

The above comments can be discussed in greater detail if needed

Men's Sheds: Education, Research, Understanding Men

The Australian Men's Shed Association (AMSA) welcomes the development of a National Men's Health policy as well as the opportunity to have direct input to the Senate Committee on Men's Health. The Association is a grass roots organisation with a membership consisting of over 300 community based organisations serving the requirements of over 30000 men. AMSA views men's sheds as a preventative health measure by providing men with a place of belonging in a comfortable environment as well as being an excellent platform for other men's health initiatives such as the "M5" and "Pitt Stop" programs to directly access men from. The Association has strong views of the need for similar type of programs to be included within the development of the National Men's Health Policy recognising social belonging and well being an important factor of men's health.

Men's Sheds are viewed as a place for older men such as retirees; this is in some way true of the majority of sheds, but in a time of increasing unemployment sheds are playing a more important role in the lives of younger men participating in shed programs that qualify them for Centrelink mutual obligation. The role of providing men with a place of meaningful belonging and companionship through a shed is proving itself invaluable with "out of work" men in the prevention of associated depression.

Meaningful purpose in life and community belonging are important values for men, men in social isolation are subject to suffering depression and can be leading indicators to alcohol and substance abuse. We can use the hypothetical of "Men go to the pub and therefore have an unhealthy alcohol intake, leading to alcohol abuse then through financial constraint leads to them following the addiction in isolation, the question needs to be asked what lead the man to the pub on such a regular basis in the first place, companionship would quite often be the answer".

So as a preventative measure it would be suggested by the Association to look at supporting organisations that create a place of belonging for men, a place for men to socially interact, this not just the men's shed concept but has been seen for many years in sporting and special interest clubs.

The Association would also welcome identifying the need for education for men on how to cope for life after the career has ended. In recent years we have seen the development of support programs for our elite sportsmen on how to deal with life issues after retiring from the sporting world with the aim of reducing post carer bad lifestyle choices such as gambling alcohol and drug addiction, but what about the average worker shouldn't he be subject to the same sort of post carer depression, hasn't he also lost the same support network and social environment. We hear the term regularly "he retired from" shouldn't we educate to change this to "he retire to".

The Association also welcomes the recommendations of the Committee into further Prostate Cancer research and would suggest a way of combating the early prostate cancer detection would be to develop a Prostate self testing unit that could be easily accessible or mobile screening units similar to those used for the detection of breast cancer.

A strong view is held to create more comfortable environments for men in relation to accessing health services even most GP clinics are very female orientated even down to the reading material found in the waiting room, nowhere else shall you see so many men reading "New Idea" or "Women's Day" magazines. The Association has produced a National newsletter that circulates shed information ranging from shed specifics to tools and techniques, this publication also always includes a section on Men's Health that is proving popular, the Association recognises several men's health specific publications but would suggest the production of a publication that provides quality health information and news combined with stories of general interest for men and there families.

The Association also supports and recommends the concept of an "Office or Ministry" for men as a high priority to further develop and to drive men's health and other male related initiatives.

David Helmers
Executive Officer
Australian Men's Shed Association

Shed Happens

We have met for the past six years on the first Monday of the month with 80 to 150 men in attendance. The boys feel welcome in the 'blokie' environment of the Truck Depot, and we serve top Steak-burgers and Tim Tams.

The blokes are able to hear three or four others share the innermost parts of their being without being judged or preached to – just calling it how it is – good, bad, happy or sad. A speaker knows when he's ready to share, and this allows him to speak from his heart.

Two fantastic conclusions are –

- a) the admission of a weakness in front of other blokes helps lift the burden.
- b) They say "If it helps some other poor bugger – then I'll do it".

The overall encouragement is that every man gets to know he's a champion and to be the real deal he was created to be. Men learn from men as "iron sharpens iron."

Twenty years teaching Aussie blokes to drive trucks, one on one for eight to ten hours, makes a Shed night an extension of my day to day business. Therefore I am able to pass on some keys as to how an Aussie male ticks.

Our "Shed Happens" concept continues to provide for many thousands of men and boys throughout our country by way of meaningful connection and relationships with other men.

"Shed" empowers men to get in touch with their own feelings and needs as well as those of others and to realise we can help each other by hearing.

I strongly support the plea to Government for a sponsored office and body to drive and fund a broad-based approach to men's health incorporating the broad spectrum of physical, emotional, social and spiritual needs that affect health and I am honoured to be part of this group for the betterment of the Australian male.

Ian Watson (Watto)

The Family is core to the health of men and boys

My thanks and deep appreciation goes to Warwick Marsh, founder of Dads4Kids Fatherhood Foundation for affording me the status of Honorary Delegate to the Mens and Fathers Health Summit 2009 to be held at Parliament House Canberra, 17th June 2009. It is a privilege and honour to be asked to contribute and convey my recommendations through my lived experiences of being a father of two children and advocate of shared parenting and children's rights in Australia. My concern for children and fathers, the poor state of fatherhood and attrition of families and family life, the pervasive view that children are a burden when all life is a miraculous gift, all give impetus to my work for the betterment of families.

I congratulate the Government on recognising the need for a national Mens Health Policy. The absence of a policy by any Australian Government until now is testament to the degree to which men and boys health has been ignored as a specific issue. This group comprise half the Australian population yet lack a Government agency to focus on and coordinate the health needs of males.

Not all health problems are fixed by administering pharmaceutical medicines. The social determinants of health and welfare are less tangible, less visible to legislators but core to addressing the prevention and treatment of poor health, onset of diseases and morbidity. They are also key enablers (and disablers) of health, happiness and resilience in our boys in transitioning to men, becoming responsible participants in society as leaders, workers, mentors and fathers. Sadly the dignity of men and fathers has been violated by an insipid culture of demonizing and scape-goating of males. It is most apparent in the illicit negative portrayals of men in the media as clumsy buffoons to be laughed at or violent perpetrators to be hated. Our society and culture projects hate, derision and bullying towards males consciously and subconsciously without regard for the impact that rejection and ridicule has on self esteem (self image). The promotion of negative stereotypes does egregious harm to boys during the years of their formation. It erodes their personal dignity and confidence and it cripples the realisation of their full human potential and happiness. It is the reason why so many men ignore their own health, and is symptomatic of their own low sense of self-worth. It comes as no surprise then that young men who miss out on a close relationship with

their fathers through separation, divorce and subsequently inadequate contact through inequitable court orders, lack faith and belief in their own value as persons and fail in their adult relationships. These young men fill our prisons. They cycle through unemployment, drugs and alcohol, crime and imprisonment with little real assistance and rehabilitation in what is the prison-industrial-complex feeding of the misery and misfortune of boys and young men who have lost direction and meaning in life. A Government Agency, if enacted, would be staffed by creative and dedicated men with considerable expertise and experience in the mix from participation/affiliation with grassroots organisations, community groups and associations, professionals including medical specialists and faith-based organisations dedicated to improving outcomes for boys, men and fathers.

An office or a Ministry for Men and Fathers should be formed with the power to drive organisational change in Government and require our institutions to respectfully operate with regard for men's concerns. In the broad range of social determinants of men's health and well being the following issues deserve particular attention and proactive improvement through legislation and implementation of father-friendly policy, procedure and advocacy for positive reforms in the way our institutions engage men.

Specific Recommendations for matters to be addressed by an Office/Ministry for the Status of Men and Fathers or similarly described Government agency:-

Strengthening the legal requirement to attain the richest benefit of shared parenting outcomes for children of separated, divorced and never married parents, to ensure children enjoy an equal or substantially equal relationship with both parents through their early and formative years.

The Best Parent is Both Parents: Phase out the Family Court system which bodes against children's best interests through its determination of the singular "best parent" rather than facilitating post-separation co-operative parenting models of



shared care; shared responsibility and shared residency where practicable and sought by willing and fit mothers and fathers. The Family Court makes orders but has forgotten the legal principle that orders which are injunctions, should be used sparingly to injunct the freedoms of parents as little as possible. The joint custody of children before the divorce should continue as far as practicable and desired after divorce and not be impeded except in extenuating circumstances that would otherwise harm children.

Lessen the invasion of the State into the private of the home and the family – too many “experts” position to determine the best interests of children when their primary educators and day-to-day carers and real experts are the children’s own parents.

Require all arms of Government and the judiciary to treat the marriage entity equally whether the parents are married or apart. It is a constitutional requirement that equal treatment be afforded to both halves of the marriage partnership which should mean equal regard and equal treatment for mothers and fathers and their needs in raising their children.

Equal treatment of men and women throughout domestic violence campaigns which should recognise and address equally the problems of domestic violence perpetrated by both men and women in similar magnitude and numbers of incidents as documented in the Australian Bureau of Statistics Safety Surveys.

On separation, that any intervening or helping agencies should not routinely treat marriages as failed and unviable. A proactive approach to saving marriages should be the initial and primary focus for couples in distress. Only if a marriage is proven to be unviable should other services then be provided to facilitate the least traumatic dissolution of the marriage by the parents.

For Government to desist from de-gendering the language of legislation, eliminating words such as “mother”, “Father”, “Spouse” and “Marriage” on the specious pretext of avoiding discrimination of same-sex couples. The language of motherhood, fatherhood and marriage should be preserved and strengthened to help preserve the esteemed institution of marriage and the natural family. It is necessary to maintain the legal language of the natural family to preserve the Marriage Act and for Australia to correctly adhere to the words and original meanings of the United Nations Declaration of Human Rights, the primary human rights document of responsible nations.

Strengthening marriage law: A reasoned widespread public debate about no-fault divorce has never occurred in Australia. The 1974 no-fault divorce law is a product of lawyers and never received the support of the Australian public. The term “no-fault divorce” is a misnomer – the change in law rendered marriage as a non-binding contract which lead to easy and frequent divorce. People tend to behave as the law teaches them is acceptable. The children of Australia have been rendered fatherless and harmed for over 35 years by a legally sanctioned culture that predisposes parents to abort their marriage rather than actively work to improve and save it. Over 1.3 million children live away from one of their biological parents. Reform of marriage law and marriage education would mitigate positively against the tide of fatherlessness.

Edward Dabrowski

Father of Zosia (13) and Josef (10)

Federal Director Shared Parenting Council of Australia

Affiliated Children’s Rights Council USA

West Australian convenor of Dads in Distress



Ministry for Men and Boys Health and Wellbeing

The Shared Parenting Council of Australia is excited about the prospect of a substantial effort to improve men's health. We are honoured to have been invited to this gathering, the first National Summit on Men's Health. We are also pleased to have contributed to the recent Senate Inquiry which considered Men's Health issues.

The SPCA works mostly in the area of Family Law, Child Support, Local Court proceedings and related legislation reform to effect Shared Parenting outcomes. Our interest now focuses on two key areas of men's health.

The social determinants of men's health

The delivery mechanism to enable any reforms and measures to be effectively deployed.

As has been determined by the Senate committee and from the many submissions received, Men's Health not only relates to the Physical aspects of health but most significantly relates to the complete feelings of loss, displacement, confusion, anger, hopelessness, despair, loneliness and worthlessness prevalent in so many Australian males, particularly after separation and divorce.

There are a number of cases where suicide has been thwarted through quick action in assisting fathers of all ages through early intervention activities undertaken by the SPCA. The latest coronial determined statistics showed there were 1880 suicides in Australia in 2007, 77% were male. This is an appalling figure that must be addressed.

The importance of a properly funded and resourced delivery mechanism for the proposed men's health policy strategy cannot be understated. There is much to do in a number of areas related to delivering any final policy.

The recent Senate Select Committee on Men's Health Report, acknowledged several submissions to the Committee calling for the establishment of a government agency to promote and protect the status of men. Regrettably the Committee chose to dismiss this without any explanation. The urgent call for Government action is omnipresent nonetheless.

The Shared Parenting Council believes that without a proper department to issue the Policy, process and procedures along with some rigor on the overall delivery, the measures and initiatives may never get traction or be delivered across all agencies and involved organisations.

There will be numerous legislative impacts required on areas like education, which are currently State based. This will require strong direction from an established Federal Governmental organisation that can process what is required and get on with the job of delivering such changes to effect the appropriate National health policy components.

Delivery of resource materials will need to be coordinated with state based partners and organisations.

One example is education, where the delivery of a national men's health policy will require consultation and amendments to State law as well as an over-arching, federally delivered policy, to implement additional measures that impact on boy's education and also encourage and facilitate male teachers joining the workforce. Directions will be required to ensure all educational institutes, schools and related learning centres are aware of and are carrying out the policies to effect real on the ground change to boys learning outcomes and well being.

This will not be an easy task and without a department or organisation tasked by Federal Government to lead the reforms much will be left to lie in the bottom drawer.

The task is ahead of us. We ask our Government to accept the mandate and the responsibility to implement a Ministry for Men and Boys Health and Wellbeing. It requires great vision and great commitment to effect the changes - movers and shakers only need apply.

Wayne Butler

Executive Secretary

Shared Parenting Council of Australia

Men's Health

The health of Australian men is, on most measures, significantly worse than the health of Australian women. This reflects, to a significant extent, the provision of a wide range of services to Australian women that are not available to men. The amelioration of this discriminatory state of affairs will require a number of corrective policy measures.

One useful initiative would be the establishment of an Office of Men to provide a counter-balance to the activities of the Office for Women, which comments - to the specific advantage of women - on all proposals put to Cabinet. The recent announcement by the Government of paid "parental" leave, but (contrary to the recommendation of the Productivity Commission) only for mothers, is a timely demonstration of the need for the type of balance that could/should be provided by an Office of Men.

A Longitudinal Study of men's health, similar to the Longitudinal Study of women's health that has already been underway for 15 years, should be undertaken. A program of structured annual health check-ups for men would also be of considerable value. The mental health issues of men need to be better understood, particularly in relation to the kinds of problems that frequently arise in families.

The Australian Prostate Cancer Bioscience should be given supportive funding at an appropriate level, and the level of funding for men's health overall should quickly rise to parity with funding for women's health.

Three key principles in the formulation of a Men's Health Policy have been identified as gender equity, a plan to address needs across the whole life course, and a focus on prevention. The

"deficit model" of male behaviour should be rejected as an explanation of men's poor health, and analysis directed to the objective conditions faced by men in their lives. A holistic approach is needed to improving men's health, not simply focusing on traditional medical issues.

The policy in relation to men's health should identify priority areas for action, including ways to ensure men take more action relating to issues of concern: preventable cancers, suicide prevention and mental health; sexual and reproductive health; violence, accident and injury prevention; and alcohol abuse and illicit drug use

The matters taken into account in improving men's health should include provision of life-saving drugs at a reasonable cost to patients, physical fitness, emotional and spiritual issues, families, marriage, divorce, and children, paternity leave, fatherhood support services, unemployment issues, education, men and boys' "rites of passage", dealing with false violence and sex abuse claims, grandfather's access rights, discrimination against men in the judicial system, incarceration, men's reproductive rights, awareness of men's health and welfare issues, the current severe bias in domestic violence publicity, and male-friendly crisis services (including for homeless fathers and their children)

All initiatives under the above policy should be adequately funded, as they currently are for women.

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An independent agency

Men's Confraternity welcomes the opportunity to make a submission to the Men's and Fathers' Health Summit 2009. The current government's decision to formulate a national Men's Health Policy is warmly welcomed; however the recent Senate Select Committee on Men's Health report, sought as part of this process, completely misses both the degree to which men's health has deteriorated and the magnitude of the task at hand.

Whilst acknowledging several submissions to the Committee calling for the establishment of a government agency to promote and protect the status of men, the Committee chose to dismiss this saying, "*The committee does not believe that this is necessary*" without one word of justification. It is the submission of Men's Confraternity that this agency is entirely necessary and required as a matter of urgency.

Whilst campaigning for men's health as an issue in its own right and trying to avoid the gender comparative arguments of the women's and feminist movement, it is nonetheless the case that the male gender has been under attack for several decades now. This gender hatred inflicted on males has resulted in decades of neglect and complacency towards males that cannot be undone by simply providing more funding for prostate cancer research and support.

The issues affecting men's health are far more complicated and socially rooted. Issues of depression, suicide, vehicle trauma, relationship breakdown, drugs, alcohol, violence, imprisonment and higher levels of morbidity and mortality generally are linked very heavily with the apathy towards men and the social rejection of masculinity and fatherhood. The degree to which these two foundations of our society have been vilified and obfuscated cannot be overstated and requires the complete and dedicated resources of a highly funded inter-government agency to put into place process and policies to combat the feelings

of loss, displacement, confusion, anger, hopelessness, despair, loneliness and worthlessness prevalent in so many Australian males.

Men's health and wellbeing requires immediate and committed action.

Only a specific agency tasked with working independently with all other government departments could hope to deal with the task of correcting the neglect and complacency that has become ubiquitous. Health; early childhood / primary / secondary / tertiary education; children's / community services; media advertising; housing; homelessness; employment; disabilities; aging; veterans' affairs and; political and legal reform are only a select few of the areas under the control of a multitude of government departments that need to be reformed.

Not only that, there are countless community and volunteer organisations that are working at the coal front to support and encourage men that are woefully under-funded or not funded at all. How has it got this bad? It has got this bad because for far too long we have listened to and believed anti-male rhetoric.

Real but mostly imagined male fallibilities are now evidence of males' evilness. Men deserve it; men need to change; it's men's own fault; men should take better care of themselves. The reality is that our society and our government should be taking better care of our men.

Brett Kessner

President

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Children need the love and care of BOTH parents

Awareness and Education – Keys to Men’s Health

Foundation 49's vision is 'to reduce the number of men dying from preventable conditions by raising health awareness and encouraging regular check-ups'. To achieve this vision Foundation 49 focuses on being a health promotion organisation whose primary aim is prevention and early detection. At the present time, we believe we can best influence change in health-seeking behaviours in boys and men through the following:

Public Awareness

1. Health is multifactorial. Consequently, it is important to address social, environmental and cultural factors as well as biological and medical factors that influence health and wellbeing. Key social determinants of health include socioeconomic status, race ethnicity, gender and geographic location, and all must be addressed in any awareness campaign
2. Men’s health should not continue to be viewed as sexual and reproductive health only but part of a broad picture of physical and mental health.
3. There needs to be a move away from assumption that all health problems in men are a result of "masculinity" and "men behaving badly".
4. A "social determinants of health" approach should be used.
5. Positive role models together with media campaigns and initiatives need to occur to change community perceptions of the stereotyped images of men as individuals unconcerned about their social, emotional and physical health.

Education Programs

1. Education programs should be focused on both the community and the health professionals.
2. Steering or reference groups for health professional and community-based education should be established to guide education and resource development.
3. Program design and delivery should involve men in the decision making process, utilising knowledge of male culture, language and environments.

4. Education programs for health should start at school.
5. Whilst not exclusively, men’s health education should be delivered where possible, by men due to a mutual understanding of culture and language style.
6. A comprehensive education program, that preferably is easy to deliver across the internet and telephone for those who do not have internet access. One could envisage the development of a “Men’s Health Line” with a website containing education modules for both the general population and the medical profession.

Routine Health Checks

A structured, comprehensive annual health check for men should be introduced. The proposed health check should be designed to be carried out in a range of contexts - general practice, the workplace and through community health programs. Consideration should also be given to providing a specific Medicare item which provides adequate time for the consultation and minimises the cost to the patient.

An age-specific health check, such as The Decades of Life program, would be most appropriate as it would engage men of all ages. It recognises that men of different ages have different health concerns. For example, younger men face a high risk of injury from motor vehicle accidents, while for older men diseases such as prostate cancer are a greater concern. The program allows men to focus on the aspects of their health that are of greatest concern to them.

Gary Richardson MBBS FRACP
Foundation 49

Why is men's health suffering?

Fatherlessness

Boys growing up without a father are twice as likely to have psychosomatic health symptoms such as pains, headaches and stomach aches¹, to have had intercourse before 16² and to smoke at 16³; more likely to have circulatory problems (70%) and to show signs of mental illness (56%)⁴; more likely to be incarcerated⁵ increasing the risk of death by 4 times with extra deaths from suicide, drug and alcohol abuse and homicide.⁶

Health prevention for men requires consistent support for the importance of fathers for boys' wellbeing. The presumption of equal shared parental responsibility incorporated in the Family Law Act 1975 (s61DA) must be more consistently applied in such a way that boys spend equal, or at least significant and substantial time, with their fathers (s65DAA).

Boys' education

Boys' school experiences may have adverse impacts on their development and social integration. Major problems include learning difficulties, delinquent behaviours, alcohol and substance abuse, depression and suicide, auditory processing problems, poor literacy, disengagement with schooling, academic underachievement and failure to complete secondary schooling. Alienation from learning for many boys will have

flow-on effects on their economic, social and emotional well-being for life.⁷

By 2006 only one out of five primary school teachers were male. Many boys may graduate from primary school without ever having a male teacher.⁸

In order to allow schools to redress the lack of male teachers, the Sex Discrimination Act 1984 should be amended to exempt the offering of scholarships for this purpose.

Marriage

Marriage socialises men in ways which impact favourably on men's health. Married men drink less, fight less, are less likely to engage in criminal activity; and are significantly more involved and affectionate with their wives and children than men in cohabiting relationships.⁹ Males aged between 20 and 69 who have never married experience death rates two to four times higher than those who are married.¹⁰

All public policy needs to be evaluated in terms of its impact on encouraging marriage. Relationships education in primary and secondary school should positively promote marriage as beneficial to the wellbeing of men, women, children and society.

1. O'Neill, R., 2002, *Experiments in Living: the Fatherless Family*, Civitas, p.7 citing Cockett and Tripp, 1994, *The Exeter Family Study: Family Breakdown and Its Impact on Children*, University of Exeter Press, p 21
<http://www.civitas.org.uk/pdf/Experiments.pdf>.

2. *Ibid.*, p 8.

3. *Ibid.*, p 8, citing Ely, M., West, P., Sweeting, H. and Richards, M., 2000, "Teenage family life, life chances, lifestyles, and health: a comparison of two contemporary cohorts", *International Journal of Law, Policy and the Family*, 14 (1), pp 1-30.

4. *Ibid.*, p 10, citing Lundbert, O., 1993, "The impact of childhood living conditions on illness and mortality in adulthood", *Social Science and Medicine*, 36, pp 1047-52.

5. Harper, C., & McLanahan, 2003, S., *Father absence and youth incarceration*, Center for Research on Child Wellbeing.

6. Department of Health and Ageing, 2008, "Development of a National Men's Health Policy: an information paper", p 19 citing Kariminia, A, Butler, T, Corben, S, Levy, M, Grant, L and Kaldor, J, 2007, "Extreme cause specific mortality in a cohort of adult prisoners - 1988 to 2002: a data-linkage study", *International Journal of Epidemiology*, Vol 36;
[http://www.health.gov.au/internet/main/publishing.nsf/Content/18C92B67F5A5C423CA25750B000E6C6C/\\$File/info-paper-2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/18C92B67F5A5C423CA25750B000E6C6C/$File/info-paper-2.pdf).

7. *Ibid.*, p 9, citing Cresswell, J, Withers, G, & Rowe, K, 2002, *Boys in School and Society*, Australian Council for Educational Research.

8. Australian Bureau of Statistics, 2006, *Schools*, p 4;
[http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/9DDA83611950C66FCA25728B000CFC92/\\$File/42210_2006.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/9DDA83611950C66FCA25728B000CFC92/$File/42210_2006.pdf).

9. *Why Marriage Matters, Second Edition: Twenty-Six Conclusions from the Social Sciences*, 2005, Centre for Marriage and Families.

10. Mitchell, B. "Marriage Linked to Longer Life Spans," *The Age*, 1 November 1997.

Divorce

Separated (compared with married) males were six times more likely to suicide.¹¹

Divorced men are nearly ten times as likely to kill themselves as divorced women. There is an assumption that the bond between a woman and her children is stronger than that between a man and his children. Custody of children is more likely to be given to the wife. The father loses not only his marriage, but his children. Events spiral into anxiety, and depression, reduced self esteem, and a sense of 'life not worth living'.¹²

Divorced men having increased risk of a range of cancers: esophageal (2.49), anal (2.13), upper aerodigestive tract (1.69), lung (1.35), liver (1.27), and pancreas (1.20).¹³

Most divorces are initiated by women.¹⁴ The Family Law Act 1975 leaves men vulnerable to unilateral divorce in the absence of any fault. It is time to seriously review the fundamental injustice of this system.

Office for Men and a Minister for Men's Issues

Given the existence of an Office for Women, and a Minister for the Status of Women, and in the light of identified gaps in government policy and services addressing the needs, including the health needs of men and boys, there would be merit in establishing an Office for Men and a Minister for Men's Issues with a brief for whole of government influence similar to that exercised by the Office for Women. In particular such an office should focus on developing policies to address fatherlessness, boys' education, the promotion of marriage, and the reform of family law in the light of existing adverse impacts on the health and well-being of men and boys.

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11. Cantor, C.H, Slater and Penelope J, 1995, "Marital Breakdown, Parenthood, and Suicide", *Journal of Family Studies*, Vol. 1, Issue 2, p 91-102.

12. Kposowa AJ, 2003, "Divorce and suicide risk", *Journal of Epidemiology and Community Health*, Vol 57, p 993; <http://jech.bmj.com/cgi/reprint/57/12/993>.

13. Hemminki, K and Xinjun L, 2003, "Lifestyle and Cancer Effect of Widowhood and Divorce", *Cancer Epidemiology Biomarkers & Prevention* Vol 12, 899-904, <http://cebp.aacrjournals.org/cgi/content/full/12/9/899>.

14. Wolcott, I and Highes, J, 1999, *Towards understanding the reasons for divorce*, Australian Institute of Family Studies, p 15; <http://aifs.gov.au/institute/pubs/WP20.pdf>.

The Interconnectedness of Men's Health Issues

Pathways strongly supports the Senate Select Committee's recommendations on specific physical health issues such as prostate disease, annual health checks, and encouraging personal responsibility in boys.

We applaud the recognition of the social determinants of men's health status that underly poor men's health and wellbeing outcomes, and we encourage you to go further to the heart of the matter.

There is strong evidence that the psycho-social factors (addressed in a *rite of passage*) in physical health conditions (such as coronary heart disease(CHD)) are of a similar order to the more conventional CHD risk factors such as smoking, dyslipidaemia and hypertension. And, there is strong and consistent evidence of an independent causal association between mental disorders ... anxiety, affective disorders, depression, drug and alcohol abuse and lack of quality social support.

Pathways to Manhood - Rites of Passage

Pathways Foundation was founded in 2002 as a harm prevention, not for profit charity; a social enterprise delivering proven, innovative community based *rites of passage* programs to boys (12-15) and their families. Boys attend with their father or mentor.

Pathways to Manhood is our core program (we have one for girls too) with a long track record, it is proven, research demonstrated, having high impact on the physical and mental health issues facing our youth.

Pathways *rites of passage* programs deliver pro-social benefits to individuals, families and communities, they address mental, social and cultural determinants of health and wellbeing, including attitudes to masculinity, self-esteem, isolation, stoicism, emotional shutdown, alienation, father-son relationships, and taking responsibility for one's health.

Boys are informed about healthy behaviours and healthy manhood. Dangerous risk taking, attitudes to women, drug and alcohol abuse are addressed and hard lessons learned are powerfully passed down between generations through the stories of mature men who the boys respect and listen to.

Programs break down heroic masculine stereotypes underlying lack of self care, build empathy and quality social support between men, between adolescents and between the generations. Stigmas about opening up and talking about yourself, your issues and feelings are addressed – this is the start for boys of moving to health and wellbeing.

Pathways programs promote the conditions for healthy young adults, healthy father-son relationships and families, mentoring, respect, responsibility and awareness.

Pathways addresses the interconnectedness of men's health issues in a powerful pro-social intervention that encourages people to take responsibility for their health.

Recommendations for Men's Health Policy

In the same way that recognition of attachment theory has in recent years impacted on baby and parenting Federal Government policy, so a recognition of the importance of a community based rites of passage in an adolescent boy and his mother and father's lives needs to be built into preventive health and social policy and funded to build awareness of need, delivery capacity, and affordability of opportunity for every adolescent boy.

Specifically, we call for a Medicare item, &/or a Government subsidy (like the Baby Bonus) for attending an accredited Rite of Passage program; funding the awareness of rites of passage; incentives to undertake training as a Rites of Passage facilitator; funding Pathways Foundation to broaden the availability of rites of passage.

We also suggest that the Commonwealth Government initiate discussions with State Governments to introduce rites of passage programs that encourage boys and men to take responsibility for their health and wellbeing.

Geoff Price. CEO Pathways Foundation

(B.Com. Dip IC&F Therapy) Author "Puberty Boy" Allen & Unwin 2005

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Bureaucrats are not ‘Parents’

Economic, social and political issues all affect men’s health. As such, family law and child support legislation currently adversely affects both the mental and physical health of both parents and, in particular, the health of fathers.

The *Family Law Act* had 116 pages of legislation, when it was first passed by Parliament in 1975. The Act now consists of 695 pages – almost seven times the original amount. There is mentioned in one section that “*the parents are encouraged*”. However nowhere in the *Family Law Act* does it say that “*parents shall decide*”.

The original *Child Support Act* had 109 pages when it was first passed by Parliament in 1988. Its direct successor, the *Child Support (Registration and Collection) Act* now consists of 289 pages of legislation. Similarly the original *Child Support (Assessment) Act* had 179 pages in 1989. Today there are 367 pages in the same *Act*.

This is more than a two fold increase.

These two (2) pieces of child support legislation have never used the words “*parents are encouraged*” or “*parents shall decide*”.

Under the Australian Constitution, there are three sources of power – the Legislature, the Executive and the Judiciary. Each one is held to account by checks and balances of the other. However a fourth power has developed in Australia – the Bureaucracy. This Bureaucracy is elected by no one. In practice, it is accountable to no one.

For example, proposed child support legislation is put forward to Parliament by the *Child Support Policy* unit. Very little, if any, of this proposed legislation is ever changed. This *Child Support Policy* unit is part of the *Department of Families, Housing, Community Services and Indigenous Affairs*. It occupies level 8 of Juliana House, in Woden, ACT.

On the first and second floors of Juliana House is a unit called “*Office for Women*” – formerly the “*Office of Status of Women*”. On the immediate floors are the “*Children’s Policy*” unit, the “*Women and*

Children Policy” unit, the “*Family Policy and Research*” unit and the “*Children and Parenting Support*” unit. Finally there is the “*Safety Taskforce*” located in Brisbane.

Government bureaucrats think that they are the third parent and that we, as parents, are not capable of making decisions that affect ourselves and our children.

Bureaucrats are not “parents”. Nor are they the parents of the “children” referred in the legislation.

The real parents are the best people to determine what is in the best interests of the children – not the Government bureaucrats.

We need significant changes in policy and legislation to turn this around.

One solution is the implementation of a father friendly agency. It can be called an *Office of Status of Men* or it can be called an *Office of Well Being of Fathers and Sons*. This is immaterial.

However until the family law and child support legislation is turned around by such an agency, we will continue to be a nation of timid sheep. This is with a one-sided Government Bureaucracy as our shepherd.

John Flanagan

Non-Custodial Parents Party (Equal Parenting)

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17 June 2009

Get over it

"Getting over it" Separation Transition Services is honoured to welcome this opportunity to address some important Men's Health issues and make a submission to that effect. The Rudd Governments decision to implement a Men's Health policy is long overdue and must be applauded. An office for the "Status of Men" is vital as it provides a single point of entry for funding allocation to promote and protect the status of men and families. Men's problems are specific to men. We need to acknowledge this aspect and act accordingly with respect and dignity.

The sad indictment of the Senate Select Committee to dismiss an Office for the Status of Men as "Not believing this is necessary" waters down the fact that men are not valued and in effect disposable. Again it is vital to have an agency that works independently with no vested interests to the family law industry and feminist movements. When you help men, You help women and families and then the general community. It has a positive ripple effect which affects everyone in a positive way. When you disadvantage one gender it affects the other gender.. There are no winners. There are only losers and the losers are the children who grow to be adults and perpetuate the cycle.

With society's attitude to Men's Health and Mens' Parenting in general, it is no wonder we have a crisis at present. Families are disintegrating where it is becoming the social 'norm' to be from a single parent family. Intact families have protective measures that potentially allow children to thrive in an ever complicated world. By promoting Men's Health and Fatherhood issues we become pro-active and not reactive and that is for the benefit of all.

The biomedical models of health over the past 12 years have been evolving to value

health promotion as integral to sustaining a successful society. However the promotion and implementation of men's health reform is sadly lacking to the point of detriment. Countless millions are spent on women's issues with scant or token gesture funding for men's issues. Men in all the fifteen major causes of death, rate on top.

The implementation of an Office for The Status Of Men and families is imperative as it will provide a direction for urgently tackling various array of men's health issues. This urgency cannot be understated especially in the areas of suicide, mental health and family issues. We must stem the tide of anti-male rhetoric which is damaging men and families and when we ask men "What is it to be a man" we do not know what this is. Men's roles have changed markedly of the past three decades however our perceptions have not..Men are still seen as the protector/ providers and the women are still the nurturer/gatherers in our society.

An average of five males die everyday from suicide.

If we saved the males like we saved the whales then this world would be a better place.

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The Status of Men

Endeavour Forum is a women's organisation; we are deeply concerned about the status of men because men's well-being is inextricably linked with the well-being of women, whether as daughters or wives, and the well-being of society. We support the recommendations of the Senate Select Committee on Men's Health but we are strongly of the view that this Report does not go far enough because men's health is linked with men's inferior performance in education and the disadvantages men experience because of the Family Law Act.

1: There needs to be a government Office for the Status of Men to ensure the Senate's recommendations are implemented, to examine why male disadvantage in so many areas of life and how these disadvantages could be overcome.

Without such an Office there will be no monitoring to ensure the recommendations in the Senate Report are implemented.

2. As a Member of the Victorian Committee on Equal Opportunity in Schools, 1975-77, I became aware of the disadvantages men experience in so many areas of life and I wrote a Minority Report because I disagreed with the Committee that women were disadvantaged and oppressed by a 'patriarchal' society.

All life statistics show the reverse is the case: infant mortality, life expectancy, accidental deaths and injuries, suicide, homicide, homelessness, rates of imprisonment, alcoholism, drug addiction - all show men are disadvantaged compared to women.

3. Male disadvantage in education begins in primary school, where boys outnumber girls 4:1 in special learning classes and in illiteracy. There needs to be special incentives to encourage men to become teachers as role models for boys, many of whom may not have their fathers living with them.

An Office of the Status of Men could promote strategies in some schools and regions which have been successful in overcoming male disadvantage. Male underperformance in education will leave them unable to understand, let alone access male health programs.

Boys will better accept education on the problems of binge drinking and drug use from male teachers than from women.

4. The operation of the Family Law Act often involves great injustice to men as it is women who

initiate divorce proceedings in 60% - 70% of divorce proceedings.

Joint custody and joint parenting should be the default decision in regard to children. "Fault" could be a consideration in custody and maintenance decisions.

It is unjust that a wife leave her husband for a lover and gain custody of the children and half or more of the matrimonial assets. One of the greatest risks to children is the presence of an adult male in the household who is not their biological father; some women have serial live-in boyfriends.

5. We do not agree that routine PSA screening for prostate cancer is not useful in saving lives. Two recent high-profile deaths - Richard Pratt and Bud Tingwell - could possibly have been prevented had they had regular PSA tests starting at age 50.

While the PSA test is not perfect, a sudden rise in PSA is indicative, and a PSA test done at age 50 and repeated every two to three years would reduce mortality and morbidity. Women are encouraged to have mammograms every two years from age 50, there should be similar programs for men.

There is a need for specialist prostate cancer oncologists. Oncologists specialise in breast cancer, but for prostate cancer the profession is divided between urologists and general oncologists who deal with a wide range of cancers.

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Don't Blame the Victims

Men'sHealthSA believes that we cannot blame men until every reasonable effort has been made to provide men with both the necessary education to understand men's health issues, as well as the necessary resources to respond to their health concerns

This education must include a positive and affirming approach to men that doesn't belittle them, and doesn't ask them simply to conform to a desired health behaviour without explaining to them the importance and relevance of that behaviour.

This education must be provided in environments and contexts which are suited to men, which acknowledge the other commitments that they have to their families and their communities including their employment.

The necessary resources need to be accessible, both in practical and physical terms, as well as being linguistically and culturally appropriate.

These resources include access to face to face services as well as access to health information. Practical and physical access issues include location, opening times, and waiting times for services, particularly face to face services.

Culturally and linguistically appropriate may at time refers to specific ethnic groups, but more generally need to recognise that when men access health services or health information these must be provided in such a way that respects and values men, and encourages them to become engaged with their health care instead of (unintentionally) alienating them. Services and information must be provided in male friendly environments.

Many face to face services, including General Practitioners are essential to the improvement of men's health, however they are too often not practically or physically accessible, and nor do they provide culturally and linguistically appropriate information. Despite not being established as clinical environments, many men are turning to

their local men's shed to find and share men's health information, because these provide the right, and sometimes only, context for them to do so.

Services provided to men must be clearly identified as such. Many men do not feel that the health system provides a service that understands them or their needs. Mainstreaming men's health services does not give men any reasonable confidence that they will receive a service that understands them or their needs. This model has worked effectively with every other population sub group that has been targeted for improved health outcomes.

Funding and resources must be provided to drive and deliver men's health. Although many excellent efforts are being made at the local level to address men's health, men's health activity is as hoc, inconsistent and individually driven.

Men'sHealthSA believes that it is essential that a national men's health policy is established to bring together and consolidate the efforts made at the local level, and to provide them with a framework that can unify them and drive consistency. Ideally, such a policy would be established and then driven at the federal level.

All men's health endeavours should also include the health and wellbeing of boys, and should not be limited to health concerns that are physically unique to men (eg testicular cancer), but also health issues where men are over represented, such as mental health and suicide.

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Men'sHealthSA

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On “suicide-watch” the clock is ticking

Positive Federal and State action is required on the following issues if we are to witness a reduction in suicide deaths among men in their 20's-40's.

Four issues contributing to the tragedy of male suicide -

Begin high level government and community forums focusing on the necessity to establish a “Federal Office for the Status of Men” and provide **adequate funding** to allow it to function efficiently. There is a lack of equality at law (between men and women) and in service provision.

Provide for equal access to children by **both** parents unless evidence is produced to support reasons against one parent's suitability. The character of both parents should be considered here. (The view that a mother is always the most suitable person to care for children is not always the case.)

Remove easy access to AVO's and DVO's **without proper investigation** by issuing police in any claims made for such orders.

Remove the present obstacles which are contributing to the present under-recording of actual suicide deaths.

Recording of Suicide Deaths.

From the high record of suicide deaths (approx. 2500) in the 1990's. In mid-2000 the figure had dropped to about 1700's. How have we achieved such a marked reduction in Australia? (I address this matter further below.)

Many professionals and community groups have continued to work hard (in spite of reduced funding) endeavouring to reduce the tragedy of suicide.

New information is appearing after much research. It has not come from the medical, psychological, sociological fields but from the Attorney General's Dept. – Coroners in particular, university research and suicide prevention groups. It boils down to a problem of simple mathematics. It is how you gather the figures, of your suspected suicide and how you determine outcomes.

Finally the Coroner's figures are sent to the NCIS (the National Coroners Information System); from

there they are forwarded to the ABS (Australian Bureau of Statistics).

Are these coronial figures reviewed again and again, resulting in a reduction of coronial figures?

If so, why?

ABS FIGURES suggest that the suicide rate is under-recorded by:-

10%-15% in metropolitan and large regional centres.

25%-30% in rural and remote areas.

In endeavouring to collect more accurate suicide figures, develop a scaled form of recording, i.e:-

Positive – could require an inquest.

Possible – more likely to be suicide.

Probable – on what evidence? – or lack of it?

POLICE REPORTING PROCEDURES.

The new P79 forms, version 1.0 (03/2009) is, to date, the most advanced and thorough form of record information on a death.

Anyone of these subjects could hold vital information on a suspected suicide which could assist in delivering a positive finding (via an inquest) or on the balance of probabilities, concluding that the death was a suicide. The finding is made on the availability or not of information and is not cross-examined.

Suicide is the only form of violent death which does not require an inquest to be conducted. There is still a body but a positive finding on the death may not be recorded even though a police investigation, family interviews and other evidence is obtained.

Now a ruling is made on the balance of probabilities and the death may be attributed to a number of causes, i.e. medical, hanging, drug overdose, carbon monoxide poisoning, multiple injuries and accidental death. With these findings, no reference is made to self-inflicted or suicide death.

Ask the front-line workers – not the statisticians, for their assessments.

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Men don't have a Voice

The summit provides an opportunity to make a submission on the vitally important issue of formulating a National Men's Health Policy. Currently there are no Offices or Ministries devoted to Men's health issues at either state or federal level.

As a result Fathers do not have a voice. Just one consequence is that with the lack of funding, research on issues such as domestic violence towards men in Australia is non-existent despite ABS statistics showing its prevalence. This is reflected in the few, if any, Men's shelters in the community while Women's shelters refuse to expand their services to help men in trouble.

Domestic violence is too important to allow misrepresentations in statistics to go unchallenged because of the absence of an authority to challenge them. Too often now a shock finding is publicised and then repeated over and over in different media, and even by Government Agencies, without reference to the original source material.

An example of the problem was demonstrated recently in England where the statement that domestic violence kills more women in the age group 15-44 than anything else was quoted by among others the Police, the Guardian newspaper, the ten o'clock news on BBC, even the Home Affairs Select Committee and the Ministry of Justice. Proper investigation revealed that in 2007, 6000 women in that age group died. The biggest component was the 2,000 who died from cancers and tumours. Domestic violence is not identified as a separate cause but would form part of the 1100 deaths through suicide and other violence. World Health Organisation figures show that the biggest killer in this category is AIDS with domestic violence not in the top ten of killers. There is no reason to believe Australian figures would be markedly different from the English or world figures and the problem for us in Australia is the distorted response using scarce funds in the wrong areas.

While there is currently an Office for the Status of Women what justification can be provided for denying representation to the other half of the community?

The urgency is that men's health is at extreme risk with higher rates of suicide, particularly following family breakdown. More than half of the marriages in Australia end in divorce and it is women who initiate the majority of divorces. Typically men do not seek support as readily as women and can become isolated in the community. One moment they believe they are in a family, the next they have to replan their life while preparing to confront unsympathetic Family Court Judges and the Child Support Agency who record everything they say. These men need guidance and help.

There is a likely loss of contribution to the community by fathers following divorce because fathers may give up on their family in the absence of proper guidance as may be coordinated by an Office or Ministry of Men's health. Further, children do worse in fatherless families. The direct financial cost to the community in the absence of health support to fathers is that the payers, usually fathers, under the CSA regime have a far higher unemployment rate than in the general community and children are more likely to have to rely on social services. With proper guidance these effects can be reduced.

W E KABLE

Fathers in Families

To be truly healthy we have to feel good about ourselves. And to feel good about ourselves we have to know that we are valued and doing a good job.

But every day good fathers are told by the family law system that they are expendable and are denied the opportunity of doing their job as fathers. Every day good fathers are told by the child support system that their only value is one of financial provider to their children and the less they are allowed to see their children the more they pay.

Little wonder is it that these good fathers are driven to depression. And little wonder is it that society counts the high cost of this soul destroying system in the rise of mental health issues.

I had seen the fallout from separation and divorce purely from the mothers' perspective until about eight years ago. Ever since I have been appalled at the lack of fairness and equity for fathers in both the family law and child support arenas.

Mothers are treated as having rights, and fathers as having responsibilities. Mothers have the right to parent through having their children live with them. Fathers have the responsibility to financially support the mother's new family unit and be grateful to see their children at the discretion of the mother. And I have personally witnessed no change since the new legislation.

Fathers caught up in the Family Law system have to prove themselves as perfect fathers simply to do their job of nurturing and caring for their children even on a very part-time basis. Mothers have to fulfil no such requirement.

What does this careless disregard of fatherhood say to young men and boys? And what does it say to young women and girls?

Prior to the roll-out of the Family Relationship Centres I attended a workshop of 150 people or so

designed to provide guidance and feedback on the proposed implementation. I was struck, not so much by the fact that the participants were overwhelmingly female, nor that I was the sole delegate representing fathers' interests, but by the fact that the vast majority of delegates were there on full salary representing a plethora of government funded women's organisations and community organisations whose primary focus was women's issues.

With this sort of inequity how can we hope to improve the system?

Fathers are as valuable in society as mothers are. It takes both to provide that much needed balance.

In the 60s we may have needed a change for women. In some areas at least the pendulum has swung too far. We are stuck in the past. We need to redress this imbalance. We need the research on men's issues. Men and Fathers need a voice in the debate.

There is a desperate need in Australia for an Office representing the health and well being of Men and Fathers.

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Men's health is significantly different to women's health

It is important that Fathers-4-Equality first states that it respects and acknowledges the work of all fatherhood and families groups around Australia and the world, this is a very important cause as men and fathers and their families play a significant part in each culture and society.

Throughout human history men have played a significant leadership role in every aspect of human existence, a fact which remains till this day. Men and Women are different and should be treated as such without the cloud or confusion of equality being an issue. Men and Women are equal as human beings, but are not the same in behaviour and biological functioning. For us to move forward this very fact needs to be recognized, acknowledged and used to the advantage of everyone.

Men's health is significantly different to women's health, thus requiring an entirely different set of needs. Separated men are struggling in a system that is requiring them to work but then explaining to them that because they work they are unable to see their children after separation because they have work commitments.

The health and well-being of men and fathers has gone largely ignored and needs to be and is beginning to be addressed.

Fathers 4 Equality Recommendations

There is a need for an independent group who will extract information from various men's groups and organizations regarding men's and fathers health and present it to the government. This will not just be restricted to men's groups but also be open to information from other services such as legal services, women's groups and health organizations.. Women's and children's needs are represented in parliament, men's needs need to be treated with equal too.

There is a need for independent funding for men's health services as men's needs are different to women's needs as evidenced by biological and psychological and sociological facts.

Men's and Fathers health issues should be treated separately, just as Women's health issues are treated independently. Support in the way of funding should include funds to support groups that will enable these groups to provide stronger support to men and also provide data to the government on these issues. There needs to be an

increase in the amount of services provided to men and the promotion of these facilities.

Currently services such as lifeline and men's information lines refer people to the men's help groups which are the ones attending this summit. These are legitimate services that are provided to men and they should receive funding from the government.

There is a need for ongoing longitudinal studies on the effects of separation (and also on joint parenting after separation) on men/fathers and the effect of that on children to provide valuable information to health, legal and government services. The results need to focus on specific men's health issues and the effects of separation on the children. The Government and Legal System are ill informed.

There needs to be an increase in the quantity of men and boy's health studies in general. Suicide, work, depression and stress are major issues in men's health that need investigation.

There needs to be further studies and investigation into the health and well being of males. Research into the changes relating to men's health, for example, evidence is suggesting a change in testosterone levels that is directly related to men's health, well-being and leadership. Evidence suggests that Testosterone levels in men have dropped over the past twenty years coinciding with the rise in levels of depression and stress that coincides with the increase in separation.

There needs a study and a government investigation into the effects of the current family law court changes. Now that fathers are obtaining more time with their children, studies should be done on the positive effect this is having on both fathers and their children. The government and Legal System are ill informed.

Funding should be provided to promote men's health via various forms of media and health services. The current services are not adequately presented and promoted to the public due to a lack of funding, yet the services provided are more than adequate.

Why do more mothers obtain more custody of their children than the children's fathers. Is it because the workplace has more men, thus not allowing them the time during the day to meet the child's needs?

True, authentic manhood is fathering

True, authentic manhood is fathering. A father is stable, dependable, humble and provides safety.

Policy suggestions:

Acknowledge the importance of Fatherhood by establishing an official body to support and strengthen Australian Fathers, such as a Ministry of Fatherhood.

Increase funding for father based family initiatives. Focusing on prevention rather than cure, looking at the long-term benefits.

Re-evaluate media censorship - putting families first. Reinforcing the importance of safe parenting and families through monitoring the content of TV, Radio, Newspapers and the Internet.

Combat the national disease of divorce and single parenting. Acknowledge that after divorce or parental separation, every child has a fundamental right to equal contact with both the mother and the father, unless proven mitigation circumstances.

Introduce the word 'father' in government department language along-side the word 'mother' re-establishing the definition of parenting.

Education programs of 'boys to men'. Programs need to address the difference in boys and girls learning styles at schools. Establishing mentoring programs and programs to facilitate the transitions to manhood.

Education of fathers, equipping and empowering fathers to be an effective husbands, fathers and providers for their families.

Positive promotion of men's health through government and community support. Addressing issues of suicides, mental health illnesses, substance abuse, anti social behaviours and addictive behaviours such as gambling and pornography.

Establish an annual national campaign to promote fathering. Honouring fathers and promoting fatherhood, empowering and encouraging Australian fathers by creating positive images of men as fathers and highlighting the importance their role within a family.

Review of mens health areas, facilitating men to get help early. Addressing the issue of health services not being 'men friendly'.

Senate paper

The paper was a great sample of issues affecting mens health within Australia. The paper gave a cross sectional view of the issues involved with mens education, mens health and looking at the role of fathers within society today.

I have a personal hunger for the whole area of manhood. I agree that we need to review the way we educate young men, as the schooling system does not support the learning styles of young boys. Carried with that is the issue of masculinity bestows masculinity. We need role models and mentors to learn from and shoulder the responsibility of fathering. Highlighting the importance of marriage for life (father, mother and children) in our community. As mens issues are brought out into the public domain then health issues can be addressed such as cancer screening programs and suicide prevention programs.

The heart of the issue for me is 'MANHOOD IS FATHERING'. We need to address men as sons and not as a dispensable item. I believe that the cry of every man is the need for acceptance and affirmation from their fathers.

We as leaders need to respond with adequate assistance before our nations greatest asset becomes extinct.

Healthy Men is part of a Healthy Society

Men's Health is a new and rapidly developing area. As yet health services have only begun to consider the social determinants that lead to much higher risk factors for most leading causes of stress, illness and death for men than other social groups. In this submission there will not be an attempt to focus on health but will focus instead on the social forces that lead to men's life struggles. It is clear from many years listening to men's lives as part of the work of the Sydney Men's Network that the major social institutions poor policy leads to major life issues that lead over a life time towards the leading causes for disease and death in men.

To give an over view of the social forces on men, the major institutions in Australia today needed to be examined in detail and men's stories about what happens to men in those institutions needs to be listened to. While much more detail is needed to be able to "see" and take measures against the bad effects of institutions on men, understanding the overall nature of the issue is important and needs to be mentioned as a key area of men's health work.

Reference is made to more detailed discussion of the issues is found on the Sydney Men's Network web site at <http://www.mensnetwork.com.au>. Particularly in the articles "An Introduction to Men's Liberation" and "A Draft Policy for Men's Liberation".

The shape of the effect on men is worth mentioning. The effect of the institutions on men is over the whole of a life time. Men are set up to be "work objects" or maintained as "work objects". There is of course a very great deal of detail beyond this simple over view. It is understood that these large institutions also target many other groups for mistreatment in many different ways.

The institution of the family, schools, religions are where the basic setup of what it is to be male is begun. Fathers tend to get forced out of the family into work as conditions become more difficult. While fathers have to provide support to the family, most support for fathers, needs to be from outside the family As yet the dad is often the last family member to be supported in an organised way. Supporting dads is an effective way to support families.

The military institution defends Australia's place in the world economy and border territorial security. It is men who make up the main group who's lives

are lost in war. Even where war is fought in third world countries, with western world military men's lives lost in these wars. Much more is needed to bring veterans back to good health and well-being after serving their country. It is especially disgraceful for a society to treat it's military as "disposable":

The work place is where the basic social production occurs and men are raised to play the key life long role at work for the society. Almost all men's issues lead in some way to work. Even though historically the "International Working Men's Association formed in 1864, played a key role in the development of the left and trade unions, men's issues are still not a central focus of the left or unions. The work- life balance issue is a key issue for men in the work place.

The police, courts and prisons enforce the values and rules that society runs by. Men are the group who are mostly both in and the target of these institutions yet men's rehabilitation work gets only a marginal focus.

The institutions that are setup to allow men to keep going in the face of stress and other "life reducing factors" are the Sports, drugs legal and illegal and sex industries. While these institutions capture the main focus of attention of men, the energy and will to face and work through issues that lead to resolution of real issues remain diffuse. At best this primary men's focus just gives a little relief and exercise. The exercise from sport may well be sound and essential to health. The work that a man may do to resolve his life challenges and get real relief remains out of public focus. This ability to work through life challenges is the work of the Sydney Men's Network and other similar men's groups. The men that engage in this work towards real resolution of life issues make slow but steady progress. Those who work with men in men's groups are hopeful of men's ability to make real life changes for the better when those "life changing" resources are made available to them.

An initial men's health issue is raising the issues that effect men to public attention. Due to the wide spread nature of the large number of issues with poor Government policy towards men covering many areas of Ministerial responsibility an 'Office for Men and Fathers' is recommended so that government attention can be paid in an organised and coherent way to the issues that effect men and men's health.

Affirmative Action for Men and Boys

Fairness in Child Support (FICS) is a community-based group with a membership consisting primarily of separated parents who have been unable to continue to exercise their parenting responsibilities despite their desire to do so.

Our backgrounds and personal circumstances are diverse, but we share the common conviction that the constraints on our freedom to care for, nurture and protect our children are a direct consequence of wrongful government activity.

Our primary concern is the impact of this on the mental health and well being of separated fathers and their children.

The sudden loss of their children by fathers, on top of the stress of the separation, often leaves them in a vulnerable state in which their emotions are raw and their sense of identity and purpose is extinguished. The Child Support Agency (CSA) then compounds this suffering with a brutality and intrusiveness that too often produces consequences that are catastrophic. Among our former members are victims of suicide. We understand the processes that delivered them to this end. We believe that the CSA is complicit in their deaths and also in the deaths of many others.

Our goal

Our goal is to bring hope, health and purpose to men's lives by restoring their capacity to exercise their responsibilities as fathers. The benefits will flow on to their children and families.

This outcome will reverse the trend towards the defathering of society and enable the next generation of men to enjoy the dignity and purpose that fatherhood delivers.

The battle plan

FICS calls for affirmative action beginning with, but not restricted to, the establishment of an Office for Status of Men and Fathers. This agency would have the responsibility of assessing all legislation, both existing and proposed, for its impact on men and fathers. More importantly, it must also be given the authority to require appropriate amendments to the legislation where necessary.

We believe that a restoration of Fatherhood cannot be achieved without the abolition of the Child Support Agency. This is because the ideological basis of the Child Support Agency is fundamentally flawed. It is founded on the invalid premise that fathers, from the moment of separation, become incapable of making decisions about the care of their children. The fathers' authority is then delivered into the hands of rogue government bureaucrats running feral in a legislative landscape of unaccountability.

Like slavery, abolition rather than reform is the only reasonable and workable option. To exercise responsibility fathers need freedom and authority, not coercion.

A New Office and Way of Thinking

Currently in our society we have a situation where men's issues are seen as too overwhelming to address. This is reflected in government policy positions. Our lack of engagement with men's issues has an impact on women, children, men and the broader community. We need to begin the work of supporting men for everybody's sake.

As a society we do not understand men. This, for example, results in us misinterpreting men's fear as anger, and as a result we use the penal system to isolate them. We need to begin to understand men in the following ways:

We need to address men's specific needs rather than treating them as people in general. This strategy has been successful in the women's movement.

We need to see men's inability to express emotion as a result of social pressures to be excessively brave.

We need to understand the more a man is silent the more we need to give him a safe place to talk.

We need to understand that if a man is violent he was probably violated.

We need to treat his history of violence so he will be less violent.

In 2004 I completed a Masters in Cultural Psychology investigating men's issues and gender relationships, which allowed me to

develop strategies to address issues I had been seeing for years of work at the coalface with men. (my more recent studies have focused on understanding feminism/s)

I began this work in the late 1980s as a member of various local and national committees, community development projects and political events, eg; International Men's Day Rally, 1992. ANZ Men's leadership Gatherings, Men Against Sexual Assault, etc. During the mid 90s I worked with the NSW Dept. of Health facilitating groups for recovery from childhood sexual abuse. I was instrumental in implementing the Sydney Men's Phone Line and the re-launch of the Sydney Men's Festival. I have started at least 25 community groups to support men, and have been a member of many more. I am currently involved in supporting children to retain a relationship with their separated fathers.

We need to collect these understandings and from there educate our governments, our society, our communities and our individuals. We need to treat men as men, as we treat women as women. This is a matter of changing how we think. We need a dedicated office in the government to conceptualize this new way of thinking.

Graham North - Sydney 0488 267265

A Ministry of Fatherhood

The Dads4Kids Fatherhood Foundation would like to reiterate its support for The 12pt Plan.

The 12pt Plan emerged from a gathering of over 35 people who attended the inaugural National Fathering Forum at Parliament House, 10th February 2003. The 12pt Plan was released with bipartisan support by Mark Latham MP, the former Leader of the Opposition, with Larry Anthony MP, the then Minister for Children in the then current Coalition government.

The 12 pt Plan was reaffirmed at the National Strategic Conference on Fatherhood (NSCF) held in August 2003. The full text of the policy development and background were approved by the great majority of the attendees at both events and represent the voice of hundreds of men and father's groups across Australia today.

The 12pt Plan plus the NSCF policy document is provided at the end of the 'Healthy Men, Healthy Families, Healthy Nation' policy document.

In the last six years little has changed and there remains a desperate need for a coOrdinating body that will assist men and father's with their health.

Dads4Kids Fatherhood Foundation believes that good fathering is vitally important to the wellbeing and health of the children of Australia. Healthy fathers who train their children and model good eating and exercise habits provides the best way to prevent poor health outcomes.

For this reason the Dads4Kids Fatherhood Foundation requests that the Government give urgent priority to the establishment of an Office for the Status of Fatherhood or a Ministry of Fatherhood. Such an office, operating at peak efficiency, would save the Government over 13 billion dollars per year.

Our recommendations for the Men and Father's Health Summit are taken directly from the original 12pt Plan and are as follows -

That all levels of government:

Acknowledge the importance of fatherhood by establishing an official body to support and strengthen Australian fathers, such as an Office of the Status of Fatherhood or a Ministry of Fatherhood.

Increase funding for father-based family initiatives. The focus of government funding needs to be on

prevention rather than on cure in order to achieve long-term cost effective benefits.

Address the gross inequity in funding for men's issues compared to that currently available for women's issues.

Being male is associated with a number of health disadvantages. For males, this results in higher rates of:

- Hospital admissions for most injuries and illnesses
- Death by unnatural causes such as suicides and accidents
- Undiagnosed mental illnesses
- Higher rates of suicide
- Alcohol and drug abuse
- Addictive anti-social behaviours
- Addictive gambling problems

The Dads4Kids Fatherhood Foundation seeks to promote fathers' health and well-being and to reduce the health disadvantage of being male. This needs the assistance of the Government through increased government-funded initiatives.

The Dads4Kids Fatherhood Foundation emphasised that a large number of deaths, injuries and illnesses that men experience are preventable. In addition, the health and well-being of men and fathers is closely associated with social and economic disadvantage such as unemployment. This requires responses from both the government and non-government sectors.

The Dads4Kids Fatherhood Foundation supports the national strategies for the prevention of: suicide, accidents, substance misuse and gambling addictions. We urge that these strategies be implemented with greater emphasis to the unique needs of men and fathers.

Mark Jeffery

Dads4Kids Fatherhood Foundation



About Dads4Kids

The 12pt Plan and the National Strategic Conference on Fatherhood (NSCF) are the work of hundreds of groups and individuals. Many of the policy proposals were built around men's health. The policy directives contained in these recommendations were formulated in a bi-partisan manner with 100% consensus for The 12pt Plan Policy Proposals and over 80% consensus at the NSCF – quite a remarkable feat.

It is a credit to the government and the opposition that some changes to the Family Law System and the Child Support Scheme have occurred. We honour the parliamentarians on both sides who have stood for justice. Much more needs to be done in these areas. In the vast majority of cases, not much has changed when it comes to men and fathers' health in the last six years.

The Dads4Kids Fatherhood Foundation again offers these policy platforms on behalf of the hundreds of individuals and groups that helped formulate them, to our friends in parliament.

Yours for our children
Warwick Marsh

Fathers4Equality

Fathers4Equality is proud to assist in the collation of this document. Fathers4Equality is an incorporated association of activists dedicated to fairness and equality between the genders. We believe that children need both parents.

The greatest love of all is a parent's love for their child.

James Adams (PartTimeParent)

Twelve Point Plan

Strengthening and Supporting Australian Fathers

Preamble

The greatest resource this country possesses lies in the families of our nation. At the same time, the strength of our families depends on the quality of the relationships between its mothers and fathers. The quality of the relationships between mothers and fathers and their children will determine the destiny of Australia. The future of Australia lies in the character of her children. Equipping and supporting fathers and mothers in their relationships helps ensure that our children have the best possible future.

The National Fathering Forum believes that every child has the fundamental right to both a mother and a father. The best way to secure this right is to establish a loving and stable marriage between a man and a woman for life. This long-term relationship facilitates the rights of grandmothers and grandfathers to continued access and valuable input into their grandchildren.

The overwhelming conclusion of current social science research has shown that the best environment for children is a close, warm, sustained and continuous relationship with both biological parents. The best way to ensure strong families is to support strong marriages. This traditional family unit - a loving father, mother and their children - is the best way to nurture, educate and protect children. This is the best social security system the world has ever known.

However for a variety of different reasons, many fathers do not find themselves in a marriage relationship. Therefore irrespective of their marital status, we want to support all dads to fulfil their role as effective fathers.

Fatherlessness can be defined as the absence of an active, positive father-influence in the lives of children. Fatherlessness is both a natural and spiritual problem. It needs strategic and synergistic partnerships that should involve government, business, church, community, faith-based and secular charities and many others working together to strengthen and support Australian fathers.

History

On 10th February 2003, over 35 people gathered for the inaugural National Fathering Forum at Parliament House Canberra. Twenty-five delegates spoke at the Forum. The delegates represented a wide range of Men's Groups, Family Law Reform Groups, Education & Training Institutions, Academics, Social Researchers and Psychologists, Drug Rehabilitation Organisations, Prison Charities, Social Reform Networks, Church Groups, Journalists and Media, Family Focused Charitable Organisations and Fatherhood Institutions. All came at their own cost with the common goal to strengthen and support Australian fathers and 'to turn the tide of fatherlessness' that exists in Australia.

The forum delegates who presented papers are united by the common belief that fatherlessness and family breakdown are major social problems in Australian society. The following Twelve Point Plan was agreed upon by a consensus of the delegates. This policy document puts forward some key recommendations to address these problems.

The National Fathering Forum does not see this Twelve Point Plan as a final document. Rather we see it as the first of many proposals to promote discussion and contribute to a coordinated national solution to turn the tide of fatherlessness and strengthen Australian fathers.

We commend the Parliamentarians from the different parties in both Houses who supported the National Fathering Forum Open Session by their attendance and input on 10th February 2002. We invite further comment and look forward to the National Fatherhood Conference to be held on 18th & 19th August 2003 in Federal Parliament with a National Fatherhood Summit to be held in August 2004.

The Social Problem

One of the greatest challenges facing our nation is the social problems caused as a result of Fatherlessness. Australia's current birth rate of 1.75 births per female has fallen below the minimum population replacement rate of 2.1 births per female. Fatherlessness is a direct factor in this decline.^{1, 2 & 3.}

The problem of Fatherlessness has been estimated to cost Australia over \$13 billion per year⁴. Bill Muehlenberg in his article titled "*The Facts on Fatherlessness*" (refer Appendix) has identified the following social and psychological problems

- Poverty.
- Lower educational performance.
- Increased crime.
- Increased drug abuse.
- Increased mental health problems.
- Increased child abuse.

While not every child who grows up in a fatherless situation will experience either one or any of these problems, there is a much greater statistical likelihood that he or she would.

Studies into the potential impact of growing up without a father in the United States have produced the following statistics in relation to boys.⁵

Boys from a fatherless home are:

- more likely to commit suicide;
- more likely to commit rape;
- more likely to drop out of high school;
- more likely to abuse chemicals;
- more likely to end up in a state-operated institution;
- more likely to end up in prison.

The Socio-Economic Problem

While affirmative action programs have helped women overcome past unemployment problems, there is now a growing crisis in male unemployment. This is particularly prevalent among young and middle-aged men ⁶. Male unemployment has several related unwanted socio-economic impacts:

- Fathers, and therefore families, are put under severe pressures when dads are unemployed or under-employed.
- Many men in low socio-economic circumstances will not marry and will not have children.
- Unemployed younger men are not attractive potential marriage partners amongst their female peers.

The enormous dimensions of the problem require the engagement of all 3 tiers of government with the Commonwealth leading the way. For over two decades Government rightly has looked to overcome barriers to employment so that marginalised groups would have equality of employment opportunity. Gender, race, disability, cultural and ethnic identity are no longer the opportunity barriers they once were. Inadvertently however, from these proactive policies, a new disadvantaged group has emerged.

It is now time to reassess the relevance of outdated affirmative action policies and consider a return to merit based selection where only the best person for the job is offered employment.

A Challenge to Fathers

The National Fathering Forum calls on men everywhere to offer their commitment to the ideals of fatherhood. We exhort fathers to make their primary goal in life the care and nurture of their families. We applaud the fathers of our nation who are caring for their families and urge them to become 'the best dads in the world' for the sake of their children.

The National Fathering Forum also encourages fathers who are our political, civic, community and church leaders and all those in the public arena to work towards becoming fathers of excellence. We acknowledge that we need a change in some of our laws and an increased government focus on fathers and families as contained in this Twelve Point Plan.

Through a systematic sporting development programme, Australia has produced some of the best sportsmen and women in the world. We have the best sportsmen in the world, why not the best fathers?

The Twelve Point Plan

The National Fathering Forum has formulated a Twelve Point Plan to strengthen and support fatherhood and turn the tide of fatherlessness in Australia. This is divided into 3 major categories:

I. Government

That all levels of government:

1. Acknowledge the importance of fatherhood by establishing an official body to support and strengthen Australian fathers, such as an Office of the Status of Fatherhood or a Ministry of Fatherhood.
2. Increase funding for father-based family initiatives. The focus of government funding needs to be on prevention rather than on cure in order to achieve long-term cost effective benefits.
3. Address the gross inequity in funding for men's issues compared to that currently available for women's issues.⁷
4. Recommend that a national campaign be initiated to promote fathers and fathering, that is to be run annually.
5. Reduce inequality for low socio-economic fathers by increasing their employment opportunities.⁶
6. Acknowledge that after divorce or parental separation, every child has a fundamental right to equal contact with both the mother and the father, unless there are proven mitigating circumstances.
7. Examine all current and future legislation both federal and state in terms of how it impacts on fathers, marriages, families and children and make adjustments accordingly. This includes such things as the Family Law Act, Tax reform for families, Child Support legislation and much more.
8. Include the word 'father' in government department language along with the word 'mother' – bringing a resultant positive change of attitude within governmental bureaucracy towards fathers⁸. When the word 'parenting' is defined, it must state clearly that it means parental care by both mothers and fathers.

II. Education & Training

9. Education of Boys and Male Adults

The National Fathering Forum affirmed the view of a recent report⁹ to the House of Representatives Standing Committee on Education and Training that:

- While at school, more attention must be paid to the differing needs of boys and girls and their tendency to favour different learning styles. One should not be pursued at the expense of the other.
- From primary school through to tertiary education, the nature and importance of fathering should be recognised (and if needed, introduced) within the relevant curriculum standards framework.
- Boys need male role models and mentors who may be both (a) teachers/lecturers, and (b) peers. To facilitate this, there is a need to increase the participation rates of males as educators.

10. **Education of Fathers.**

Fathers, at various stages, need to be equipped and empowered through education programmes that will enable them to acquire the relevant knowledge and skills that they need to be effective parents.

The National Fathering Forum believes that:

- Just as boys and girls benefit by men positively modelling appropriate behaviour and respectful relationships with other men and women, fathers also benefit from the support they can receive from mentors in their communities.¹⁰
- There is a need for education programmes that focus on strengthening the father/mother relationship due to the effects of marital quality on fathering and child adjustment.⁸

III. Fathers' Health and Well-Being.

11. Being male is associated with a number of health disadvantages.^{11,12} For males, this results in higher rates of:
- Hospital admissions for most injuries and illnesses
 - Premature death by unnatural causes such as suicides and accidents
 - Undiagnosed mental illnesses
 - Suicide
 - Alcohol and drug abuse
 - Addictive anti-social behaviours
 - Addictive gambling problems

The National Fathering Forum seeks to promote fathers' health and well-being and to reduce the health disadvantage of being male. This needs the assistance of the Government through increased government-funded initiatives.

12. The National Fathering Forum emphasised that a large number of deaths, injuries and illnesses that men experience are preventable. In addition, the health and well-being disadvantages^{11,12} of men and fathers is closely associated with social and economic disadvantage such as unemployment. Men of Aboriginal and Torres Strait descent are particularly vulnerable to these health disadvantages. These issues require an urgent response from both the government and non-government sectors.

The National Fathering Forum supports the national strategies for the prevention of: suicide, accidents, substance misuse and gambling addictions. We urge that these strategies be implemented with greater emphasis to the unique needs of men and fathers.

Forward Programme

The National Strategic Conference on Fatherhood was held on August 18th & 19th, 2003 in the Federal Parliament, Canberra. We call on the government of Australia to hold a National Summit on Fatherhood to coordinate a strategic plan to turn the tide of fatherlessness in Australia today.

All enquiries should be directed to the Fatherhood Foundation, PO Box 440 Wollongong, NSW. 2520 or info@fatherhood.org.au

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National Strategic Conference on Fatherhood

On 18th & 19th August 2003, men and father's groups, family law reform groups, pro-family charity groups, government agencies and service providers, leaders and representatives from women and mother's groups; the total number of delegates represented a wide cross-section of the Australian community. The speakers included Adrienne Burgess from the UK, Hon Larry Anthony, Minister for Children, Hon Paul Calvert, President of the Senate, Robert Kelso, Brendan Sullivan, Bettina Arndt, Pru Goward, John Hogg, Mark Latham, later to become leader of the Opposition, Hon John Anderson, Deputy Prime Minister, Richard Fletcher, Ron Williams, aboriginal leader, Hon Ross Cameron, Paul Bartlett, Warwick Marsh and Richard Yiap. Many others, too numerous to mention, contributed significantly to the strategic policy summary as listed below. It might be noted that all these recommendations received an 80% voting approval that on many points was much higher. Almost everyone who came to the conference agreed that the restoration of fatherhood in Australia was one of Australia's most pressing social problems.

Strategies

1. **Mentoring for Men & Boys** – to resource, develop and improve national mentoring programs using existing and new groups for men and boys. Systematic research is needed to evaluate and disseminate the information already learned from existing men and fatherhood groups.
2. **Transitions to Manhood** – to recognise the importance of transitional stages in the life of men and the need to honour these stages. To develop ways of teaching these transitions to all males starting at the primary school level, throughout the course of life.
3. **Honouring Fathers & Promoting Fatherhood** – to recognise, empower and encourage Australian fatherhood by creating positive images of men as fathers and highlighting the importance of their vital role in society.
4. **Legislate for a Rebuttable Presumption** of joint physical custody and equal parenting with 50:50 residence as the starting point. This can be rebutted on the basis of proven mitigating circumstances.
5. **Marriage & Relationship Training** – to establish a continuum of formal education and training and support mechanisms across personal relationships from early childhood to adulthood including equipping people to deal with crisis in their relationships. The starting focus of this process is that we look at the marriage/relationship breakdown processes.
6. **Child Support Scheme Reform** – to replace or modify the current Child Support Scheme with a fairer, more equitable and flexible family support arrangement. Investigate the fundamental premise of the CSA.
7. **Funding for Fatherhood Services** – to obtain funding to establish a national information exchange focused on fatherhood services, programs and resources.
8. **Media & Community Partnerships** – to encourage, at the grass roots level, individuals and organisations to promote a positive image of fatherhood utilising media and community partnerships. This will require long term national coordination.

9. Positive Education on Fatherhood – to review all curriculum approaches/materials used in all schools and teaching/training institutions to ensure that they present positive fathering images.

10. Tax Deductibility for Fatherhood Support Groups

a. to petition the Government to provide tax deductibility for non-profit charitable organisations that are carrying out preventive & support programs educating men and boys in fathering and fatherhood.

b. to establish Australian Fatherhood Initiative as a tax deductible trust to support programs for mentoring men & boys in fathering and fatherhood

11. Increase Level of Male Teachers - Each state education body to have a target of 40% male teachers in each government school and childcare centre by 2010.

12. Prioritise Men’s Health & Wellbeing Services – to provide specific health and wellbeing services appropriate to men and fathers.

13. Education Services for Men’s Health & Wellbeing – to establish early intervention and education programs to promote men’s health and wellbeing.

14. Policy, Planning & Practice

We commend the Australian governments and all members of parliament for taking leadership with initiatives that support and strengthen families. We recommend that knowledge and understanding from programs such as Men and Family relationships be used to influence policy, planning and practice in mainstream services.

Personal commendation and recommendation from NSCF Delegates to Parliamentarians

We would commend the parliamentarians for their service and sacrifice for the people of Australia and recommend that they take one extra day a month off to spend with their families. This could be called the parliamentarians’ family day and could be a way of encouraging other high pressure professions to do the same.

Delegates - Men and Father's Health Summit

Wednesday 17th June 2009 - Parliament House Canberra

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