

National Male Health Policy Supporting Document

**SOCIAL DETERMINANTS AND
KEY ACTIONS SUPPORTING MALE HEALTH**

The National Male Health Policy has a focus on males with poorer health outcomes. This document discusses the social determinants of health because these contribute to poor health in some groups of Australian males. It does this by considering issues such as income, education, employment, social injustice experienced by Aboriginal and Torres Strait Islander males, relationships and violence.*

What's in this document?

This document first looks at various **issues** to do with social determinants of male health:

- The importance of social determinants
- Income
- Education
- Employment
- Injustice experienced by Aboriginal and Torres Strait Islander people
- Relationships, including fathering
- Social networks, and
- Violence.

It then looks at **action** that is being taken:

- Government action – policies and initiatives, and
- Community action – working together.

The importance of social determinants

The importance of the social determinants of health, particularly the need to improve the educational attainment of boys, was consistently raised throughout

* Most of the discussion refers to 'males', but on occasions the term 'men' is used to remain consistent with wording used in research papers. Wherever possible, male data is used but, when not available, data has been used for both males and females for particular population groups or issues where inferences for male health can reasonably be drawn.

the Policy consultation process. Professor John Macdonald¹ has proposed a 'social determinants of health' approach as a framework for conceptualising male health policy and service planning. He argues that factors such as social gradient, stress, employment and social support provide context for male lives that should be taken into account by health services when males present for health care.²

Education, employment and income are key measures of socioeconomic status, and critical for health equity. As the World Health Organization (WHO) report *Closing the gap in a generation* states, 'the lower the socioeconomic position, the worse the health'.³

The Marmot Review, *Fair Society, Healthy Lives*, discusses the social gradient of health, which shows that the lower a person's income, the worse is his or her health. One of the review's key messages is that health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health. The review also points to the economic benefits for society by reducing health inequities by, for example, reducing lost productivity and dependence on welfare payments caused by ill health.⁴

The impact of injustice on Aboriginal and Torres Strait Islander male health, and the impact of relationships and violence, were also repeatedly raised in the consultation process.

Income

Income is a key social determinant of health and a key measure of socioeconomic status. The WHO *Closing the*

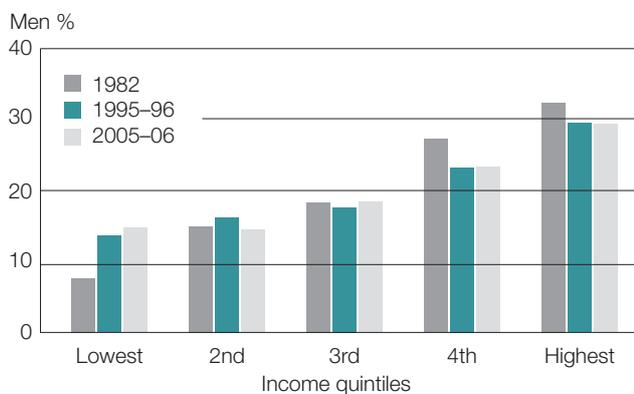
gap in a generation report states: ‘Poverty and low living standards are powerful determinants of ill-health and health inequity’.⁵

The report examines the adverse impact of the conditions which often accompany poverty, such as ‘crowded living conditions, lack of basic amenities, unsafe neighbourhoods, parental stress, and lack of food security’. It also highlights the significant intergenerational consequences of poverty and how socioeconomic risk factors compound over the life course to produce high rates of illness and premature death.

Poverty is an issue in Australia, and the Australian Social Inclusion Board (2009) reported on the number of Australians at risk of poverty (defined as living in a household which has an income below 60% of national median income). In 2005/06, one in five Australians lived in households which met this definition of being at risk of poverty.

The Australian Bureau of Statistics (ABS) analysis of gross personal income quintiles for males aged 18–64 shows that from 1982 to 2005 shows the number of males in the lowest income quintile increased, while the proportion of males in the top two quintiles decreased (see Figure 1 below).^{6, 7} In 2005–06, 15 per cent of males were in the bottom income quintile and 29 per cent were in the top quintile.

Figure 1: Proportion of males aged 18–64 years in gross personal income quintiles (1982 to 2005–06)⁸



Groups at risk of poverty

Males in some population groups may experience higher levels of poverty than other Australian males, for example Aboriginal and Torres Strait Islanders, those with a disability, males from non-English-speaking backgrounds, or those living in rural or remote areas:

- In 2006, 37 per cent of Aboriginal and Torres Strait Islander households had incomes in the lowest economic quintile (less than \$313 per week).⁹ In 2004–05, 48 per cent of Aboriginal and Torres Strait Islander peoples (15–64 years) received government pensions and allowances as their main source of personal income, compared to 17 per cent of non-Indigenous people.¹⁰

- In 2003, the median gross personal income per week of people with a disability living in households, aged 15–64 years, was around half that of those without a disability, and median gross personal income decreased with increasing severity of disability.¹¹
- In general, socioeconomic disadvantage tends to increase with remoteness. Two-thirds of the population in remote and very remote Australia live in the most disadvantaged areas, compared to one-quarter of the major cities population.¹²
- In 2006, around 48 per cent of people born in non-English-speaking countries had a weekly income less than \$400 and around 60 per cent of people who are not proficient in English had an income level less than \$400 per week. This compares to around 31 per cent of people born in Australia.¹³

Single parent families, jobless families, older people and non-aged singles were also among the groups more likely to experience poverty.¹⁴

As a means of addressing the impact of poverty, including on health, the *Closing the gap in a generation* report emphasises the importance of the provision of social security systems and a minimum income that is ‘sufficient for healthy living’.¹⁵ It notes that nations with more generous social protection systems, such as family support policies and programs, pensions, and sickness, unemployment and work accident benefits, ‘tend to have better population health outcomes’, including lower mortality rates in infants and older people, and absolute mortality levels among disadvantaged groups.

Education

Education is one of the central measures of socioeconomic status, and is a key social determinant of health.¹⁶

Higher educational attainment is linked to better health outcomes through its impact on income, employment, living conditions, knowledge and skills.^{17, 18} Higher levels of education can provide better employment opportunities, higher income, better living conditions, and the knowledge, skills and financial means to access health services and to live a healthy lifestyle.

The OECD report *Education at a Glance 2009* found that, across OECD countries, adults with higher levels of educational attainment are more likely than those with lower levels of attainment to report at least good health and higher indicators of social cohesion.¹⁹ These findings generally remained after adjusting for gender, age and income, highlighting the role of educational gains outside the effect of education on income.

Education also has ‘strong intergenerational effects’, with parental education being a significant determinant of child educational attainment, health and a range of other outcomes.²⁰

As a means of addressing health inequalities, the *Closing the gap in a generation* recommends a strong focus on early childhood development, including early childhood education.²¹ The report describes early child investments as 'powerful equalisers', with interventions having the largest impact on the most disadvantaged children. The report also recommends quality primary and secondary schooling 'that incorporates attention to children's physical, social/emotional, and language/cognitive development'.²²

Investments in early childhood development and in education can enable people to achieve their full potential socially, emotionally, cognitively, physically and economically, and reduce current and future costs for health care, welfare, and judicial and prison systems.²³

Early childhood

A recent Australian Government report suggests that around 30 per cent of all Australian children are missing out on early childhood education in the year before schooling.²⁴ Disadvantaged and Aboriginal and Torres Strait Islander children have the lowest attendance rates in early childhood education programs.²⁵

Primary and secondary schooling

The 2009 National Assessment Program results for Years 3, 5, 7 and 9 Australian students show that more than 90 per cent are performing at or above the national minimum standard in reading, writing, spelling, grammar, punctuation and numeracy. However, across all years tested, girls are generally performing better than boys

in literacy and boys are generally performing better in numeracy.

The results for Aboriginal and Torres Strait Islander students and Northern Territory students are of considerable concern. Across all years and for all subjects tested, the results for Aboriginal and Torres Strait Islander students (in 2008) and the Northern Territory (in 2009) were around 20 to 30 per cent lower than for other students and other states and territories.²⁶

Similarly, attendance rates by Aboriginal and Torres Strait Islander students in the Northern Territory are around 20 to 30 per cent below other students, as outlined in Table 1.

Australia's Year 12 school completion rates are also of concern. Table 2 below shows that in 2008 the completion rate for males was lower than for females (noting that many boys leave school early to transfer to trade training), and it decreased as socioeconomic status decreased. It also decreased as geographic location became more remote.

While completion rate data for Aboriginal and Torres Strait Islander boys is not available, the retention rate of Aboriginal and Torres Strait Islander boys from the Year 7 to Year 12 was only 43 per cent (compared to 50 per cent for girls).²⁹

Employment

Employment and working conditions are key determinants of health and health equity, and central

Table 1: Government school attendance rates, Northern Territory, 2007 (%)²⁷

Students	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Primary ungraded	Secondary ungraded
Indigenous	71	72	73	75	75	75	75	75	71	69	74	69
Non-Indigenous	91	93	93	93	93	93	92	92	89	88	N/A	95

Table 2: Estimated Year 12 completion rates, 2008^{28*}

	Male (%)	Female (%)	Total (%)
Completion rates by socioeconomic status			
Low socioeconomic status	50	66	58
Medium socioeconomic status	56	70	63
High socioeconomic status	72	82	77
Completion rates by region			
Metropolitan	62	74	68
Provincial	51	69	60
Remote	43	60	51
Total	59	72	66

1 These figures are estimates only and express the number of Year 12 completions (Year 12 certificates issued by State/Territory Education Authorities) as a proportion of the estimated population.

measures of socioeconomic status.³⁰ As noted above, employment, income and education are closely linked as determinants of health. Employment largely determines financial security, and higher educational attainment generally enables people to gain higher-paid, more secure employment, and better health.

Closing the gap in a generation lists the benefits of employment as including ‘financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards – each important for health’.³¹

However, major structural change in the economies of developed nations, including Australia, has been occurring since the 1980s. These changes have resulted in a significant loss of manufacturing and manual labour jobs, a decline in full-time employment, and a rise in part-time and contract-based employment, particularly in the service industry.

These changes have had a significant impact on the health and wellbeing of many males, particularly disadvantaged males. *Closing the gap in a generation* outlines the evidence that poorer mental and physical health and higher mortality rates are associated with unemployment, informal work, temporary work, and non-fixed-term temporary contract work, compared to permanent work.³²

Non-permanent forms of employment are associated with lower levels of pay, access to training, career opportunities, employment benefits, and employment security.³³ The WHO report states that ‘workers who perceive work insecurity experience significant adverse effects on their physical and mental health’.³⁴

In relation to part-time work it should be noted that its availability is beneficial when it provides flexibility for workers with, for example, caring responsibilities. However, when full-time employment is desired and a part-time wage is insufficient to meet living costs, part-time work can be detrimental to health and wellbeing.

Long-term unemployment is particularly associated with poverty and social exclusion, and a loss of purpose, self-confidence, self-esteem, status in society, and social networks, which are all vital for good physical and mental health.³⁵

Importantly, a loss of full-time, secure employment can have a significant impact on the ability of males to fulfil the role of family provider, a key gendered role in our society, which is for many males crucial to a sense of health and wellbeing.

Key employment statistics for Australia indicate the following:

- In March 2010, 78.1 per cent of males aged 15–64 and 67.6 per cent of older males aged 55–64 were employed.^{36, 37}
- Employment rates of Aboriginal and Torres Strait Islander people, however, were much lower than for

other Australians. In 2008, almost 54 per cent of the Indigenous working-age population was employed compared to 75 per cent of the non-Indigenous working-age population. The employment gap between Indigenous and non-Indigenous Australians aged 15–64 stood at around 21 percentage points in 2008.³⁸

- Employment rates were also lower for people born overseas. For example, in March 2010, for males aged 15 years and over, the employment to population ratio was 65.8 per cent compared to 70.4 per cent for males born in Australia. However, for workforce-age (15–64 years) males the rates were almost identical – 78.3 per cent for overseas born and 78.6 per cent for Australian born.
- In 2006, 30.9 per cent of employed non-Indigenous people aged 15–64 were employed part time, compared to 40.8 per cent of employed Aboriginal and Torres Strait Islander people in the same age group.
- In March 2010, 5.8 per cent of the male labour force was unemployed and 1.0 per cent was long-term unemployed. 24.7 per cent of the teenage male labour force were unemployed and looking for full-time work, while the unemployment rate for males aged 20–24 years stood at 9.0 per cent.^{39, 40}
- At the time of the Census in 2006, the unemployment rate for Aboriginal and Torres Strait Islander males aged 15–64 was 17.6 per cent in major cities, 15.7 per cent in regional areas and 7.3 per cent in remote areas, and 14.3 per cent Australia-wide.⁴¹ The comparable figures for the unemployment rate among non-Indigenous males aged 15–64 years were: 5.0 per cent in major cities, 5.4 per cent in regional areas and 3.0 per cent in remote areas. The Australia-wide unemployment rate for non-Indigenous men aged 15–64 in 2006 was 5.1 per cent.
- In February 2010, 26.2 per cent of the male labour force aged 15–24 years were under-utilised while 8.6 per cent of males in the labour force aged 55 years and older were under-utilised in trend terms.⁴²
- The long-term unemployed or under-employed were more likely to be lone parents, people over 50 years, Aboriginal and Torres Strait Islander people, people with disabilities, and migrants with English as a second language.⁴³

Injustice experienced by Aboriginal and Torres Strait Islander people

Evidence shows that Aboriginal and Torres Strait Islander males generally have lower levels of education, employment and income than Australians in general, leading to a significant adverse impact on health outcomes. Other social determinants of health, such as inadequate housing and barriers to accessing services,

also impact significantly on the health and wellbeing of Aboriginal and Torres Strait Islander people.

However, it is also recognised that the injustices experienced by Aboriginal and Torres Strait Islander peoples, such as dispossession, racism, marginalisation, cultural alienation, child removal from families, and institutionalisation, have had a major impact on their health status and contributed to community and family sexual and physical violence and breakdown.^{44, 45}

Grief, loss and intergenerational trauma have resulted in a significant gap between the overall level of social and emotional wellbeing for Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

In 2008, 38 per cent of Aboriginal and Torres Strait Islander Australians aged 15 years and over reported having a family member removed.⁴⁶ The Western Australia Aboriginal Child Health Survey found that children of Aboriginal carers who had been forcibly separated from their natural family by past removal policies and practices, or removed from country to a welfare institution or a mission, were twice as likely to be at high risk of clinically significant emotional or behavioural difficulties as children whose primary carer had not been forcibly separated from their natural family.⁴⁷

These injustices have had a significant impact on the roles played by Aboriginal and Torres Strait Islander males. Dr Mick Adams outlines how Aboriginal males had:

active roles with authority and status within their extended families, language groups and allied social groups. They were custodians of traditional knowledge and were responsible for the maintenance of customary obligations. Men interpreted their kinship and religious systems to ensure that family and clan members understood their roles, and their rights and their responsibilities within different social and cultural contexts.⁴⁸

Many have been displaced from traditional lands and cultural responsibilities and 'have lost the roles that generated prestige and self esteem (or relational esteem)', including the ability to provide for others, which 'confers honour and respect'.⁴⁹ For many the 'father-son and uncle-nephew forms of nurturance and authority have been eroded'.⁵⁰

Father Brian McCoy (2008) discusses the impact on the traditional 'holding relationship', *karinyirninpa*, of Western Desert Aboriginal and Torres Strait Islander males:⁵¹

... kanyirninpa provides a geographical and social space where older men provide knowledge, protection and nurturance to those who are younger. Through that process, and under the authority of older men, a young man begins to understand his place within the desert society, and discovers a confidence and ability that he can 'step out', hold and grow up others.

However, the absence of kanyirninpa, brought about by, for example, disconnection from traditional lands and from fathers who have themselves experienced grief and trauma, 'affects the personal and social' and leads to a feeling of being lost.⁵² 'The one who feels 'lost' is unable to live 'within the demands of relatedness and the limitations of autonomy' and can experience extreme forms of autonomy, loneliness and isolation, which significantly impact on the social and emotional wellbeing and health outcomes of Aboriginal and Torres Strait Islander males.⁵³

While this provides the important political, cultural and social context to the poor health of many Aboriginal and Torres Strait Islander males, it is equally important to note that today many are fulfilling important roles and responsibilities as elders, husbands, fathers, sons, grandfathers, grandsons, brothers, uncles, nephews, providers, teachers, mentors and custodians of the land.

There are also outstanding Aboriginal and Torres Strait Islander male achievers and leaders in fields such as education, medicine, the law, art, music, sport and business.

Many Aboriginal and Torres Strait Islander males are making significant contributions to their families, communities and the nation, and, as Dr Mick Adams states, positive role models need to be emphasised and shared to strengthen family and community ties.⁵⁴

Mr John Little, in his keynote address to the Aboriginal Male Health Summit 2008, stated that, 'This Summit is about reversing these imposed images of the disempowered Aboriginal male'.⁵⁵ Aboriginal and Torres Strait Islander leaders are calling for Aboriginal and Torres Strait Islander males to act – to take control and embrace their roles and responsibilities, including in relation to their health.⁵⁶

Revised Principle One of *A National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males* contains a statement on the roles of Aboriginal and Torres Strait Islander males:

Reconstructing male empowerment and self-determination

The positive roles Aboriginal and Torres Strait Islander males hold in regard to the traditional practices, obligations, parenting and spirituality is acknowledged, recognised and respected.

These traditional practices, obligations, parenting and spirituality are important to enforcing and maintaining and improving male health and wellbeing.

These roles recognise Aboriginal and Torres Strait Islander males are responsible for ensuring a positive influence is kept and maintained in their self-being, family and community context.

(See supporting document *National Aboriginal and Torres Strait Islander Male Health Framework, Revised Guiding Principles*.)

Relationships, including fathering

Good relationships are vital for the health and wellbeing of males. Throughout the Policy consultations, participants raised the importance of relationships in general, and issues relating to:

- Committed couple relationships and relationship breakdown
- Fathering, including the loss of access to children after relationship breakdown, and
- Social networks rather than social isolation.

This section will outline some of the issues which relate to these types of relationships and how they can impact on the health and wellbeing of males.

Committed couple relationships

A 'well functioning and stable' marriage or committed couple relationship brings many benefits to individuals, families and communities, including enjoyment of life, 'greater resilience to stressful events, better physical and mental health, and greater work productivity'.⁵⁷

Relationships Australia suggests that 'respect, companionship, mutual emotional support, sexual expression, and economic security are important features of successful committed couple relationships'.⁵⁸

However, the high rate of marriage and de facto relationship failure has a significant impact on families and communities. As a result of relationship problems and breakdown, individuals and families may experience emotional distress, loss of contact with children, domestic violence, loss of work productivity and significant economic costs, which also have a major impact on communities.⁵⁹

Research has also consistently shown that males who are married have better physical and mental health outcomes than men who are divorced, bereaved or single.⁶⁰ In addition to providing emotional and physical support, women have been found to have a role in monitoring men's health and encouraging men to visit a doctor.⁶¹

The Men in Australia Telephone Survey (MATeS) found that married males aged 40 years and over were more likely to visit a doctor or discuss erectile dysfunction with a health professional than never married males, and more likely to have a prostate-specific antigen test than divorced or separated males.⁶² Research has also shown that males who are married or cohabiting report taking more care of their own health, leading healthier lifestyles and seeking help from health professionals.⁶³ Fatherhood also had similar impacts on male health.

Clearly it is in the interest of all concerned to prevent relationship problems and breakdown through identifying and addressing causal factors. There are some well-established risk factors for relationship breakdown, such as 'parental divorce or violence in the family of origin' and 'poor communication and conflict management'.⁶⁴

There are also well-known circumstances or transition points during which relationship problems may develop, particularly for couples with risk factors for relationship breakdown. The report *Australian Couples in Millennium Three* (2000) lists some of the difficult times for couples as 'the initial transition to marriage or cohabitation, the transition to parenthood, times of crisis, major illness, and retirement ... after separation and when re-partnering, particularly when forming a stepfamily ...'⁶⁵

The provision of relationship information, skills training and counselling can help couples to overcome risk factors and difficult times.⁶⁶

Fathering

The importance of fathering to male health was raised throughout the Policy consultation process and in a number of submissions. Issues raised included the need for more support for fathers, the need for father inclusive services, the impact of work on fathering, and the significant impact of separation from children after relationship breakdown.

Caring and involved fathering is crucial for children's health and wellbeing, and has a strong intergenerational effect, including through fathers providing a parenting role model for their sons.

It is becoming more apparent that the role of fathers in families is changing. Fathers are increasingly playing a greater role and becoming more active in their children's lives. Positive and consistent father-child interaction brings the support and protection needed to increase social, emotional and cognitive development. Children often have an increased sense of well being, a clearer sense of their identity and greater resilience to adversity. Research shows that these outcomes are true for boys and girls, whether or not they live with their fathers.⁶⁷

One of the unique contributions of fathers to parenting is their preference for interactive rough-and-tumble play that provides children with bursts of physical and social stimulation.⁶⁸

A good relationship between fathers and children also has a positive impact on fathers themselves, partners and communities.⁶⁹

The vast majority of fathers including separated and divorced fathers, are already doing a great job in raising their children, and many fathers want to be more involved and to build their fathering skills. The 2003 Australian Survey of Social Attitudes found that 90 per cent of males and 91 per cent of females agreed or strongly agreed that 'a father should be as heavily involved in the care of his children as the mother'.⁷⁰

However, research also shows that fathers who are hostile, violent, abusive, uninterested or uncaring can have a significant adverse impact on their children's health and wellbeing.⁷¹

High levels of family breakdown and single parent families, and few male teachers, can also mean that

boys may not experience the benefits of a male role model. The absence of an active, involved loving father in children's lives can have a detrimental impact for both boys and girls.

Boys growing up without the influence of a consistent and present positive male role model are more likely to experience poor educational outcomes, increased involvement in drug and alcohol abuse and involvement in crime, and increased suicide risk.⁷² Girls are more likely to experience early onset puberty and teenage pregnancy. One study found that 'positive fathering produces well-adjusted, confident and successful daughters who relate well to other men in their lives'.⁷³

A number of consultation participants and submissions raised concerns that community services are not catering for the needs of fathers.⁷⁴ Barriers to fathers gaining the full benefit of services and support include:

- Gender stereotypes that assume that 'only mothers really look after children'
- Fathers believing that services are 'for women', and not knowing about services which can help them, and
- Services only being open during week days while males may be working.

Concerns were raised in consultations about the lack of support available for new fathers. It has been noted that 2–8 per cent of men experience post-natal depression, and that support is needed for fathers, particularly in rural areas where there is little support.⁷⁵ A number of participants requested that state and territory government Maternal and Child Health Centres become Parent and Child Health Centres.⁷⁶

The 2002 ABS Child Care Survey shows that 30 per cent of employed fathers of children aged under 12 years were able to care for their children by making use of family-friendly work arrangements, up from 24 per cent in 1993.⁷⁷ However, despite many males wishing to be more involved with their children, the demands of full-time work, which may mean long commuting times and long, inflexible hours, can prevent this. A 2004 study found that fathers working more than 48 hours per week reported 'more negative effects of work on family life' than those working 35 to 40 hours per week.⁷⁸

As outlined above, separation and divorce can adversely impact on male health and wellbeing, and this can be heightened when contact with children is lost or reduced. Research has shown that loss of contact, or reduced contact, with children can result in disappointment, grief and anger, and may put men at higher risk of physical and mental health problems and suicide.⁷⁹

Social networks

Healthy social networks provide males with similar positive benefits to successful marriages or committed couple relationships, such as enjoyment of life, more resilience, better physical and mental health, and higher work productivity.⁸⁰

Loneliness is associated with lack of social support and friendships. Males at all ages tend to experience feelings of loneliness more than women, from early adulthood until old age. This is particularly the case for males who live alone or who are single parents.⁸¹ Males can become socially isolated and lonely when connections are lost with friends, family, work mates and community support networks. These connections can be lost for many reasons, such as through illness, disability, moving house, separation and divorce, retrenchment, retirement, and bereavement.

Older males are particularly vulnerable to social isolation, as they often live on their own, may not have access to transport, and are no longer in the workforce. However, older males have much to offer their peers and younger generations through their friendship, skill-sharing, mentoring, and father and grandfather roles.

While some males may feel that they do not need friends and social networks as much as women, it is essential to make the effort to maintain interests and social contacts. This can include socialising with family and friends, voluntary and charity work, being members of sporting clubs and community organisations, attending church or other religious gatherings, or being involved in interest groups or groups such as men's sheds and gyms. It is also essential for family, friends and communities to make contact with males who have become socially isolated.

Violence

Violence is responsible for a range of adverse outcomes, including the poor physical and mental health of victims of violence. While it is acknowledged that most males do not engage in violence towards others, males can be both perpetrators and victims of violence. In addition, while people from all social classes can be perpetrators or victims of violence, there is a significant link between violence and adverse social and economic circumstances.

Domestic and family violence is often raised as an issue impacting on healthy family functioning, affecting both males and females. Males' experience of violence is different to that of females, and this section will focus on violence that males experience, particularly young males, where violence is frequently linked to the use of alcohol and drugs.

Males' experience of violence

The ABS *Personal Safety Survey* (2005) found that in the 12 months prior to the survey:⁸²

- 11 per cent of men experienced an incident of violence
- 10.4 per cent (779,800, or 1 in 10 men) experienced physical violence, 6.5 per cent (495,400) experienced a physical assault, and 5.3 per cent (392,800) experienced a threat or attempted assault

- 0.6 per cent of men (46,700 men) experienced sexual violence (including being threatened or assaulted). The most likely perpetrators were family members or friends (44 per cent), followed by another known person (35 per cent) or a stranger (33 per cent).

Strangers were more likely to physically assault men than women (65 per cent of men compared to 15 per cent of women who had been physically assaulted). Males who were physically assaulted by a male perpetrator were more likely to have been assaulted at licensed premises (34 per cent) or in the open (35 per cent). Of the 79,500 men who experienced physical assault by a female perpetrator, 77 per cent (60,900) of the incidents occurred in a home.

From the age of 15, 0.9 per cent of men (68,100) experienced current partner violence. Of those who had been physically assaulted, 4.4 per cent (from the age of 15 years) were assaulted by a current partner or ex-partner.

Aboriginal and Torres Strait Islander people's experience of violence

Aboriginal and Torres Strait Islander people are much more likely to be the victims of violence. Child abuse and neglect are also major problems. Trends in these areas are not encouraging and suggest these problems may have become worse over the past decade. The high level of violence in Indigenous communities must be seen in the context of colonisation, post-colonial history and discrimination, and subsequent markers of disadvantage such as low income, unemployment, lack of access to traditional lands, and substance use. It has been noted that 'violence is the result of the complex interplay of individuals, relationship, social, cultural and environmental factors'.⁸³

In April 2009, Australia endorsed the United Nations Declaration on the Rights of Indigenous Peoples. For more than two decades before its adoption, Indigenous Australian leaders had contributed to the development of the declaration. In supporting the declaration, the Government pledged to uphold the human rights of Indigenous peoples based on principles of equity, partnership and good faith. Through the declaration, the Government also reaffirmed its commitment to upholding the rights of vulnerable people, including women and children, to live free of violence, abuse and neglect, and to the rights of all Indigenous people to lives that are safe, secure and free from intimidation.⁸⁴

Factors impacting on violence

Age was a significant factor in the experience of violence. Males aged 18–24 were most likely to be physically assaulted (43 per cent of males who had been physically assaulted).

Unemployment, socioeconomic disadvantage in general, and living in remote areas are associated with experiencing higher levels of violence.^{85, 86}

In 2002, 24 per cent of Aboriginal and Torres Strait Islander people aged 15 years and over reported they were a victim of a physical assault or threatened violence in the last 12 months.⁸⁷ For those aged over 15, the rate of violence was higher for 15–24 year olds and for those who:

- Had experienced a high number of stressors (42 per cent higher, for those with 11 or more stressors, than those with none)
- Were unemployed (17 per cent higher than the employed)
- Were removed from their natural families (15 per cent higher than those who were not)
- Lived in low-income households (8 per cent higher than those in high income households), and
- Had a disability (7 per cent higher than those without a disability).

People with disability aged 15–24 years are also significantly more likely to be the victim of a violent crime.⁸⁸

Excessive alcohol and illicit drug use are known risk factors for becoming a victim or a perpetrator of violence. The *Personal Safety Survey* found that:⁸⁹

- 79 per cent of 18–24 year old men who were physically assaulted by another male stated that the perpetrator had been drinking alcohol or taking drugs, and
- 34 per cent of 18–24 year old men also said that they had also been drinking or taking drugs.

Alcohol and illicit drug use are higher risk factors and higher causes of burden of disease and injury for males than females in Australia.^{90, 91}

Alcohol can lead to violence, by, for example, reducing self-control, increasing impulsivity, confidence and levels of aggression. Alcohol can also hinder the assessment of risks, the recognition of early warning signs, and physical self control, which may increase vulnerability to violence.⁹²

According to the *State of Australia's Young People* report, 28 per cent of males aged 18–24 reported that alcohol jeopardised their safety (compared to 15 per cent of women in the same age group), and 8 per cent of men reported that alcohol led to problems with the police (compared to 2 per cent of women).⁹³

Increased violence and crime is also associated with petrol sniffing in Aboriginal and Torres Strait Islander communities.⁹⁴ Summaries of case studies demonstrate that between 39 per cent and 58 per cent of offences in one year were described as involving petrol sniffing.⁹⁵ It is estimated that around 2000 to 6000 Aboriginal and Torres Strait Islanders are involved in petrol sniffing.⁹⁶

Bullying in schools

Bullying in Australian schools is widely recognised as a problem, with over 20 per cent of males and 15 per cent of females aged 8 to 18 years reporting being bullied at least once a week. According to the 2006 Victorian Child Health and Wellbeing Survey, around 24 per cent of parents reported that it was either certainly or somewhat true that their child was bullied.⁹⁷

In Australia, there is currently no agreed definition for bullying, yet the most commonly cited definition is the 'repeated oppression, psychological or physical harm, of a less powerful person by a more powerful person or group of persons'.⁹⁸

Children who are bullied may have higher absenteeism, lower academic achievement, physical and somatic symptoms, anxiety and depression, social dysfunction, and alcohol and substance use.^{99, 100}

Impact of violence

Violence has a far-reaching adverse impact on families and communities, not only in terms of physical and mental health outcomes but also in relation to health and welfare service costs and reduced productivity.¹⁰¹

Over the period 2002–2006, Indigenous Australians died from assault at 10 times the rate of non-Indigenous Australians. Assault is the leading cause of injury causing hospitalisation for Aboriginal and Torres Strait Islander people, responsible for 22 per cent of injury hospitalisations for males and 32 per cent for females in the two years to June 2006. After adjusting for the age differences in the two populations, hospitalisations for injuries caused by assault is eight times as high for Aboriginal and Torres Strait Islander men than other men.¹⁰²

In 2005–06, the hospitalisation rate for assault for young males (15–17 and 18–24 year olds) was around four times that for young females, and for young Aboriginal and Torres Strait Islander males was more than three times that of other young males.¹⁰³ Hospitalisation rates were twice as high for young people (15–24 years) living in the most socioeconomically disadvantaged areas as compared with the least socioeconomically disadvantaged areas.

In 2005, deaths rates of males aged 12–24 due to assault were more than three times higher than young females and were highest among 18–24 year olds.¹⁰⁴

In 2003–05, assault death rates:¹⁰⁵

- Of Aboriginal and Torres Strait Islander 12–24 year olds were much higher than for other young Australians
- Increased with remoteness for 15–24 year olds, reflecting Aboriginal and Torres Strait Islander death rates, and
- Were around three times higher for 15–24 year olds living in the most socioeconomically disadvantaged

areas as compared to those living in the least socioeconomically disadvantaged areas.

Impact on perpetrators

Violence also has a negative impact on perpetrators, and this may contribute to the cycle of violence. The Irish National Men's Health Policy cites work with male perpetrators and states that 'male participants experience a cycle of adverse health outcomes, including mental health issues and addictions, arising from their violent behaviour'.¹⁰⁶ This may be an important consideration for violence prevention initiatives, for both male and female perpetrators.

Government action – policies and initiatives

Income

The provision of income support in Australia is supplemented by a wide range of services, concessions and programs. Australia's social security, health and education systems combine to provide a higher level of income security and living conditions than exists in many other countries. In addition, Australians generally enjoy better health and longer life expectancies than most people in the world.¹⁰⁷

Nevertheless, the Government is aware that there are groups of Australians on low incomes who are experiencing multiple disadvantage. The Government has undertaken two key actions to address these issues in Australia: the social inclusion agenda and the Secure and Sustainable Pensions package:

- *Social inclusion agenda*

The Australian Government has committed to addressing the social and economic disadvantage which contributes to the poor health outcomes experienced by disadvantaged groups of males. The Government's social inclusion agenda aims to ensure that all Australians have the opportunity and support they need to participate fully in the nation's economic and community life. This means ensuring that everyone has the capabilities, opportunities, responsibilities and resources (including good health) they need to:¹⁰⁸

- *Learn* – Participate in education and training
- *Work* – Participate in employment, unpaid or voluntary work, including family and carer responsibilities
- *Engage* – Connect with people, use local services and participate in local, cultural, civic and recreational activities
- *Have a voice* – Influence decisions that affect them.

Six social inclusion priorities have been identified:

- Addressing the incidence and needs of jobless families with children

- Improving the life chances of children at greatest risk of long-term disadvantage
- Reducing the incidence of homelessness
- Improving the outcomes for people living with a disability or mental illness and their carers
- Closing the gap for Indigenous Australians, and
- Breaking the cycle of entrenched and multiple disadvantage in particular neighbourhoods and communities.

A number of priority locations in Australia, which currently experience or are at risk of multiple forms of disadvantage, have also been identified for targeted action.

The *Australian Public Service Social Inclusion Policy Design and Delivery Toolkit* has been developed to ensure that all Australian Government departments and agencies incorporate the Government's social inclusion principles and priorities in all relevant aspects of daily practice. The toolkit and more information about the Government's social inclusion agenda are available at www.socialinclusion.gov.au.

The toolkit provides a six-step guide to ensuring that the needs of disadvantaged people are better met:

1. Identify groups at risk of exclusion
2. Analyse the nature and causes of disadvantage and exclusion
3. Strengthen protective factors and reduce risk factors
4. Work with other agencies to coordinate efforts across government and other sectors
5. (Re)design delivery systems and promote changes in culture
6. Establish a clear implementation plan and monitor delivery.

The toolkit is a valuable resource for all policy developers, program managers and service deliverers in identifying and addressing the needs of males who are most at risk of poor health. It also encourages officials to coordinate efforts across government and other sectors to promote social inclusion and good health.

- *Pension reform*

The Secure and Sustainable Pensions package was announced in the 2009–10 Budget. The reforms principally focus on addressing levels of adequacy and system sustainability to ensure the Aged Pension can continue to be a safety net for Australians into the future.

The 2009–10 Budget provided greater financial security to Australia's 3.3 million age, carer, disability,

war widow/ers and service pensioners. The Government's \$14.2 billion pension reform package is:

- Ensuring that pensioners receive an adequate level of support, with a minimum payment increase for all pensioners and greater ongoing certainty about payments
- Making the pension system simpler to understand and more flexible, so that pensioners can plan and budget more effectively and securely, and
- Building a pension system that is sustainable, both now and into the future.

Under this package, the Government is providing an additional \$32.49 a week for single pensioners on the full rate of pension and \$10.14 a week for pensioner couples (combined) on the full rate of pension. Pensioners who receive the Age Pension, Disability Support Pension, Carer Payment, Veterans' Service Pension, Income Support Supplement, War Widow/ers Pension, Bereavement Allowance, Wife Pension and Widow B Pension will all benefit from pension reform. The package will also provide additional support of \$1.8 billion to Australia's 500,000 carers, recognising the important role they play.

Education

The Australia Government is undertaking an *Education Revolution* to improve the educational attainment of every Australian child and to address inequalities in educational outcomes which may lead to, among other things, social exclusion and inequitable health outcomes.

Enabling people to have the resources, opportunities and capability to learn is a key way of achieving the Australian Government's vision of a socially inclusive society, in which all Australians feel valued and have the opportunity to fully participate. Initiatives in the education field cover several areas:

- *National Early Childhood Development Strategy – Investing in the Early Years*

In July 2009, the Council of Australian Governments (COAG) endorsed the National Early Childhood Development Strategy, *Investing in the Early Years*. The strategy will help all levels of government to build a more effective and better coordinated national early childhood development system to support the diverse needs of Australian children and their families. It covers children from before birth to eight years and aims to improve the health, safety, early learning and wellbeing of all children and better support disadvantaged children to reduce inequalities.

- *Universal Access to Early Childhood Education*

The Government is making a major investment in early childhood education by providing \$955 million over five years to 2012–13 to ensure that every child has access to a quality early childhood education program before beginning formal schooling, by 2013.

The state and territory governments are responsible for delivery of preschool education, and will use different approaches to achieve better access and greater participation, including addressing barriers such as distance, cost, cultural appropriateness and convenience for working families. This initiative will significantly benefit disadvantaged and Aboriginal and Torres Strait Islander children. For example, all Aboriginal and Torres Strait Islander four year olds in remote communities will be provided with access to an early childhood education program.

- *Indigenous Early Childhood Development National Partnership*

The Commonwealth is providing \$293 million to establish 36 Children and Family Centres targeted at Indigenous families and other children under the National Partnership Agreement on Indigenous Early Childhood Development (the National Partnership will provide \$564.4 million over 6 years).¹⁰⁹

- *Primary and secondary schooling*

The Government is committed to an education system that pursues excellence for all Australian schools and where every child receives the highest quality education.

This commitment has been backed through both a national agenda for school reform and unprecedented investment. Major reform priorities set by the Government include raising the quality of teaching in our schools, ensuring all students are benefiting from schooling (especially in disadvantaged communities), improving literacy and numeracy outcomes, and improving the transparency and accountability of schools and school systems at all levels.

The Government is implementing National Partnership (NP) Agreements with the states and territories to improve literacy and numeracy outcomes for all students, especially disadvantaged students, including boys and Indigenous students:

- The Government has committed funding of \$540 million through the NP Agreement on Literacy and Numeracy to support states and territories to implement evidence-based practices that will deliver sustained improvement in literacy and numeracy outcomes for all students, especially those who are most in need of support.
- Through the \$550 million Improving Teacher Quality NP agreement, the Government is committed to developing effective workforce planning and supporting structures to identify teaching performance and to reward quality teaching at the national level.
- The NP to assist Low Socio-economic Status School Communities provides \$1.5 billion in funding over seven years (2008/09 to 2014/15) to support education reform activities in up to 1500 low socioeconomic status schools across the country.

This funding will be matched by state and territory co-investment over the life of the partnership.

The Government is also working with the states and territories through the Ministerial Council on Education, Early Childhood Development and Youth Affairs to develop an Indigenous Education Action Plan aimed at closing the gaps in education outcomes between Indigenous and non-Indigenous students, particularly around literacy and numeracy and Year 12 and equivalent attainment.

Case study: The Clontarf Foundation

The Clontarf Foundation is a not-for-profit organisation improving the health, employment, education and life skills of Australia's teenage Aboriginal and Torres Strait Islander males. In 2009, 1530 young males participated in the Foundation's programs.

The foundation believes that failure to experience achievement when young, coupled with a position of underprivilege, can lead to alienation, anger and more serious consequences. To tackle these issues the foundation offers young Aboriginal males the opportunity to succeed through Australian Rules Football.

The foundation's programs are delivered through a network of academies, each operating in partnership with a school or college. Football is used to attract Aboriginal and Torres Strait Islander young males to school and then keep them there. In order to remain in the academy, members must consistently endeavour to:

- Attend school regularly
- Apply themselves to the study of appropriate courses, and
- Embrace the academy's requirements for behaviour and self-discipline.

As well as delivering a football program, staff (many of whom are ex-AFL players) act as mentors and trainers to address many of the negatives impacting on participants' lives.

On completing the program, graduates are assisted by specialist employment officers to find employment and are given support until they become comfortable with their new jobs and surroundings.

This program has proven to be successful in attracting young males to school and retaining them, and also in having them embrace more disciplined, purposeful and healthy lifestyles.

For more information visit www.clontarffootball.com

Under the new National Education Agreement and funding provided to the non-government sector through the *Schools Assistance Act 2008*, all students will have greater educational opportunities through increased funding. Under these arrangements state and territory education authorities have increased flexibility about how they use significant additional Australian Government funds to improve outcomes for all students, including addressing health and wellbeing.

Employment

The Government has several initiatives underway that are designed to help individuals in need of assistance to find employment. The Jobs and Training Compact is a direct response to the recent economic crisis.

During the recent economic crisis and in an ongoing capacity, the Government has several initiatives underway that are designed to help individuals in need of assistance to find employment:

- *Jobs and Training Compact*

The Government has developed the Jobs and Training Compact, which aims to support young Australians, retrenched workers and local communities get back to work, to increase their skills base, or to learn new skills needed to obtain jobs as the labour market recovers. The overall compact comprises separate compacts with three target groups:

- *Retrenched Workers* – The Government's \$438 million Compact with Retrenched Workers provides immediate support to Australians who lose their jobs because of the global financial crisis. From 24 February 2009, workers who lose their jobs due to reasons attributed to a downturn in business have been eligible for immediate access to intensive employment services.
- *Local Communities* – The Compact with Local Communities established the \$650 million Jobs Fund and Local Employment Coordinators in employment areas that were most in need of support.
- *Young Australians* – The Government has invested \$100 million in a new Apprentice Kickstart program to support up to 21,000 young Australians entering traditional trades during the 2009 summer. The new program comes as a result of the October 2009 final Keep Australia Working Report which showed that people starting trade apprenticeships dropped by more than 20 per cent during the economic downturn compared to the same time the previous year.

- *Keep Australia Working Forums*

These forums were announced by the Minister for Employment Participation on 14 July 2009. The forums have been progressively held in 20 priority employment areas across Australia. These areas were identified as being hit particularly hard by

the economic downturn because of their location, industry composition, demographic profile and economic performance. The forums provided a unique opportunity for business leaders, local governments, employers, training and Job Services Australia providers within these priority employment areas to discuss ways of maximising opportunities for local businesses and workers and to generate ideas that will facilitate opportunities to Keep Australia Working.

- *Job Services Australia*

Job Services Australia is the Government's \$4.9 billion national Employment Services. The introduction of Job Services Australia represents a significant shift in policy for the delivery of Employment Services.

Job Services Australia is a flexible, integrated model which folds seven separate Employment Services programs into one. The new services commenced on 1 July 2009, and have over 2100 sites across the nation. Job Services Australia provides tailored services for job seekers based on individual needs (including special help for retrenched workers and youth).

Under Job Services Australia all job seekers actively develop an Employment Pathway Plan tailored to their specific needs. There are also provisions for encouraging and supporting opportunities for achieving sustainable employment for Aboriginal and Torres Strait Islander Australians.

- *Innovation Fund*

The Government's \$41 million Innovation Fund complements Job Services Australia and supports the funding of projects that offer innovative place-based solutions to address barriers to employment for groups of the most disadvantaged job seekers. This includes people in locations with entrenched disadvantage, the homeless, people with mental health conditions, Aboriginal and Torres Strait Islander Australians and job seekers in jobless families.

Round 1 of the Innovation Fund saw \$20.4 million approved for 33 new employment and training projects. Many of these projects will provide assistance to long-term unemployed job seekers. Round 2 funding of \$6.1 million will support 14 new projects targeting people with mental health conditions, homeless people, Indigenous job seekers and families experiencing generational poverty.

- *National Mental Health and Disability Employment Strategy*

As part of the social inclusion agenda, the Government has developed a National Mental Health and Disability Employment Strategy. The strategy aims to address the barriers that are faced by people with disability and/or mental illness that make it harder to gain and keep work. Initiatives have been developed to ensure Australians with disability and mental illness

have improved opportunities to search, find and maintain employment, including:

- Investment of \$1.2 billion in Disability Employment Services which will provide more personalised services for job seekers and more support to employers
 - A \$6.8m commitment to pilot employment incentives that will provide job opportunities for 1000 people with disability in receipt of the Disability Support Pension, and
 - A new Employment Assistance Fund that brings together resources from the Workplace Modifications Scheme and the Auslan for Employment program, making it easier for employers, people with disability and employment providers to access assistance.
- *Working towards Closing the Gap on employment outcomes*

Mainstream and Indigenous employment services will be essential to meeting the closing the gap between employment outcomes for both Aboriginal and Torres Strait Islander and non-Indigenous Australians. The Government has set a target of halving the difference in Aboriginal and Torres Strait Islander and non-Indigenous employment outcomes within the next decade. This means creating approximately 100,000 extra jobs for Aboriginal and Torres Strait Islander Australians.

The reformed Indigenous Employment Program commenced in July 2009 and represents an investment of \$750 million over five years. The funding is for a wide range of activities with employers and communities including recruitment, training, and economic development.

- *The National Green Jobs Corps*

As part of the clean sustainable skills package, the national Green Jobs Corps is a \$79.3 million investment by the Government in 'green skills'. The National Green Jobs Corps commenced on 1 January 2010 and continues until 31 December 2011. It will provide 10,000 environmental work experience and training places for young Australians aged 17 to 24 who care about the environment and have an interest in developing skills to work in green industries.

Injustice experienced by Aboriginal and Torres Strait Islander males

The Australian Government acknowledges the importance of addressing the broad range of social determinants influencing health outcomes for Aboriginal and Torres Strait Islander males, including the injustices of the past.

The health and wellbeing of Aboriginal and Torres Strait Islander peoples is a high priority for the Government. This section outlines two of the major actions the Government has undertaken to address the gap in life

expectancy and health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

The Prime Minister has made significant national statements in relation to injustice faced by Aboriginal and Torres Strait Islander peoples:

- *Apology to the Stolen Generations*

On 13 February 2008, the Prime Minister, the Hon Kevin Rudd, formally apologised to the Aboriginal and Torres Strait Islander Stolen Generations on behalf of the Parliament of Australia. The apology is an essential action addressing the social determinants of health. A holistic view of health includes the impact of the injustices of the past and the adverse treatment of Aboriginal and Torres Strait Islander peoples by other Australians.

- *Closing the Gap*

In his February 2010 Ministerial Statement on Closing the Gap, the Prime Minister referred to his formal apology made two years ago and said that:

If we are to make a break from the failures of the past, we must all play our part.

- Governments, first, must take responsibility for addressing their past failures in Indigenous affairs.
- Second, Indigenous Australians must take greater responsibility for change – change begins in the lives of individuals and families, spreading across local communities.
- Third, Australians across all walks of life must take responsibility for re-setting relations between Indigenous and non-Indigenous Australians.

The Prime Minister also stated that for the first time there was a national agreement between state and territory governments on closing the gap.¹¹⁰

In 2008, the Council of Australian Governments (COAG) agreed to six targets for closing the gap between Indigenous and non-Indigenous Australians across urban, rural and remote areas:

- To close the gap in life expectancy within a generation
- To halve the gap in mortality rates for Indigenous children under five within a decade
- To ensure all Indigenous four year olds in remote communities have access to early childhood education within five years
- To halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade
- To halve the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020, and
- To halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.

The Government recognises that a multifaceted and sustained approach addressing factors both within and beyond the health system, particularly the social determinants of health, is required to address Indigenous disadvantage. This is why COAG has committed an unprecedented \$4.6 billion to tackle disadvantage through early childhood, schooling, health services and economic participation, healthy homes, safe communities, governance and leadership.

In 2009, COAG acknowledged that while the report *Overcoming Indigenous Disadvantage: Key Indicators 2009* shows that there has been 'some progress against the Closing the Gap targets, such as infant mortality, employment and home ownership, overall the gap between Indigenous and non-Indigenous Australians remains unacceptable'.¹¹¹ In response to the report, COAG agreed that effective implementation of the existing National Agreements and National Partnership Agreements was vital and agreed to a range of strategies being adopted or developed to ensure that happens.

The Aboriginal and Torres Strait Islander Healing Foundation Ltd, incorporated in October 2009, is a national, Indigenous-controlled, not-for-profit organisation established to support community-based healing initiatives to address the traumatic legacy of colonisation, forced removals and other past government policies. The Australian Government was pleased to support its establishment, recognising the importance of cultural renewal and identity to healing.

Relationships, including fathering

The Australian Government, under the Family Support Program, funds a range of services to help maintain and strengthen family relationships. Where relationship breakdown does occur, Government action is focused on helping people to minimise its impact, particularly in relation to children. These services include:

- *Family Relationship Advice Line – 1800 050 321* – A national telephone service established to assist families affected by relationship or separation issues.
- *Family Relationships Online* – www.familyrelationships.gov.au – Provides families (whether together or separated) with access to information, ranging from building better relationships to dispute resolution, and about a range of services that can assist them to manage relationship issues, including agreeing on appropriate arrangements for children after parents separate.
- *Family Relationship Centres* – 65 centres have been established throughout Australia to provide information and confidential advice for families, to help strengthen relationships and deal with relationship difficulties. Separated families can access information, advice and dispute resolution to help people reach

agreement on parenting arrangements without going to court. Family Relationship Centres can be contacted by calling the local numbers provided at www.familyrelationships.gov.au

- *Mensline Australia* – A telephone counselling and support service which specialises in helping Australian men in crisis. Qualified professionals work with men to provide counselling, information and referral, and help men to manage family and relationship problems, such as separation, divorce and parenting. It receives 80,000 calls a year, and has received more than a half a million calls since it began in 2001. Call 1300 78 99 78 (24/7) or visit www.menslineaus.org.au
- *Keys to Living Together* – Kits (including a DVD and magazine) that form a suite of interactive relationship education resources providing information, tips and practical activities to assist families in building stronger and healthier relationships. *Keys to Living Together* focuses on key transitions (becoming a couple, having a baby, repartnering, 'instant' families). For a free copy of kit call 1800 050 009 or email keys@fahcsia.gov.au

The Australian Government will invest \$6 million over three years to provide support and services to Aboriginal and Torres Strait Islander males in their roles as fathers and partners and to encourage them to actively participate in their children's and families lives, particularly in the ante natal and early childhood development years. It has been shown that strong fathering not only increases the health and wellbeing of children, but also increases the self-esteem and identity of fathers within their family and community, contributing to their improved social and emotional wellbeing.

As outlined below, the Department of Families, Housing, Community Services and Indigenous Affairs is supporting adoption of father-inclusive practice in the general practice of all family relationship services to increase the responsiveness and accessibility to men and fathers attending these services. Men accounted for 48 per cent of clients seen by these services in 2008/09, and this figure is expected to rise. Initiatives include:

- *Father Inclusive Practice and Introduction to Working with Men*

The Government has funded the development of two guides to help services and community organisations to work in a way that is more inclusive of men and fathers. The guides have been developed in direct response to identified needs from the sector.

Father Inclusive Practice is a practical, user-friendly workbook designed specifically for service providers to think about ways of implementing father-inclusive practices. The guide values the roles of men as fathers, uncles and 'pops' in maintaining strong and effective family relationships and improving childhood development outcomes.

Introduction to Working with Men is a resource designed for practitioners who are new to working with men. It provides information for engaging with men across a variety of disciplines and provides insights, skills and best practice models.

Copies of the guides can be downloaded from www.fahcsia.gov.au/sa/families/pubs/Documents/father-inclusive/sec3.htm and www.fahcsia.gov.au/sa/families/pubs/Documents/working_men/sec1.htm

- *Fathers at work – parental leave*

The Government will introduce a comprehensive Paid Parental Leave (PPL) scheme for new parents who are the primary carers of a child born or adopted on or after 1 January 2011. An eligible person will receive taxable PPL payments at the level of the Federal Minimum Wage for a maximum period of 18 weeks. In most cases, the person will receive the payment through their employer. If a primary carer (usually the mother) returns to work before they have received all of their PPL entitlement, they may be able to transfer the unused part of their PPL to another caregiver (usually the father) who meets eligibility requirements. To find out more visit www.familyassist.gov.au or call 13 6150.

- *Support networks*

In 2009 - 10, the Government is providing almost \$0.5 million in funding to individual Men's Sheds, under the Volunteer Grants Program and the Community Capacity Building Program, administered by the Department of Families, Housing, Community Services and Indigenous Affairs.

Case study: Men's Sheds

Men's Sheds provide an opportunity for men to enjoy the company of other men and contribute to community life, including through activities such as making toys or furniture, building or fixing things. Men can learn new skills or share their skills.

The sheds are popular with older men as a way of establishing friendships and social networks, and engaging in purposeful activity, but men of any age and background, including men who are unemployed or experiencing depression or social isolation, are also attending.

Men's Sheds address social isolation, which has an impact on health, and also provide an important opportunity to raise awareness about health issues and services.

In 2009, it is estimated that there are 40,000 individual users of men's sheds throughout Australia.

For more information contact the Australian Men's Shed Association (www.mensshed.org, 1300 550 009) or (Mensheds Australia Ltd www.mensheds.com.au, 02 9890 8351).

Since 2008, The Department of Families, Housing, Community Services and Indigenous Affairs has provided around \$760,000 to support local men's sheds.

Recognising this important role, the Australian Government will invest \$3 million over four years to support the Australian Men's Sheds Association develop national infrastructure aimed at ensuring its future sustainability. This investment will result in a series of projects that will impact at the local level.

Violence

The Government is committed to reducing the level of violence in Australia and has a zero tolerance approach to all forms of violence. A number of initiatives address issues of violence as they related to males:

- *Time for Action*

In 2008 the Government established a National Council to Reduce Violence against Women and their Children, to provide advice on the development of an evidence-based national plan. *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009–2021* (available at www.fahcsia.gov.au) recommends that the Government take leadership on a long-term plan to reduce violence against women. The report identifies six key outcome areas, and proposes strategies and actions in each area.

While primarily focusing on responses to women who are victims of family violence, many of the *Time for Action* initiatives benefit both males and females. For example, teaching young people to develop respectful, non-violent relationships is likely to reduce violence generally. *Time for Action* also acknowledges males can be victims of intimate partner violence who need tailored support programs and services.

The report highlights the role many men already play in stopping the cycle of violence, and recommendations to foster this include funding mediation and conflict resolution training for non-violent males and females in Aboriginal and Torres Strait Islander communities.

- *Respectful Relationships programs*

The Government is investing \$9.1 million over five years to test and evaluate a range of Respectful Relationships programs, which aim to teach both young males and females skills to develop respectful relationships whether these are intimate relationships or relationships in general. Up to 8000 young people are expected to benefit from these programs. Independent evaluations of the programs will be conducted to build on knowledge about effective approaches and identify promising models that can be implemented across all Australian high schools.

- *Bullying in schools*

The Government takes issues of bullying and violence very seriously and believes student wellbeing and safety are essential for academic development. All students should be able to learn and develop in safe and supportive environments.

Recognising the links between student wellbeing and safe learning environments, the Government is currently reviewing the National Safe Schools Framework (NSSF). The NSSF emphasises the need for teachers to have appropriate training in positive student management, and the need for schools to respond proactively to all incidents of victimisation or abuse. Through the review, linkages will be drawn with other wellbeing and child protection issues. Further information is available at www.safeschools.deewr.gov.au.

The Government has also worked with state and territory education authorities to develop the Bullying. No Way! website – www.bullyingnoway.com.au. This interactive website provides valuable information for parents, students and teachers on strategies to address bullying, harassment and violence.

Another new website, www.cybersmart.gov.au, is an important initiative under the Australian Government's Cybersmart education program. The website represents a single access point for cybersafety advice across a range of target audiences: children, parents, libraries and schools. The site includes comprehensive and practical advice for parents,

interactive learning activities for children and information about safe social networking for teens. It also includes a link to the Cybersmart Online Helpline for young people who have had negative experiences online, such as cyberbullying. The Helpline service is operated by Kids Helpline.

The Government has also provided funding to the Alannah and Madeline Foundation to conduct a National Pilot aimed at addressing cyber-bullying in Australian schools. The pilot, which will involve at least 150 schools across Australia, will help confront safety issues in e-communications, including cyberbullying, and aim to identify content, website and back office support improvements to be made to the in-schools change framework and supporting program. The foundation is to report to the Government in June 2010.

Community action – working together

MEN in GREEN day

The Men's and Family Centre in Lismore, NSW, sponsored a MEN in GREEN campaign in International Men's Health Week 2009. The campaign aims to complement campaigns addressing violence against females by everyone, particularly men, publicly declaring their support for, and commitment to, healthy and respectful relationships. On a designated day, participants were encouraged to wear something green as a public statement of their commitment. More information can be found at www.menandfamily.org.au/meningreen.htm

Male Health Summit 2008

The Department of Health and Ageing provided funds to Central Australian Aboriginal Congress (Congress) through the Northern Territory Emergency Response – Improving Child and Family Health Measure for the Male Health Summit, 2008, in the Northern Territory.

The summit aimed to create a safe and supportive environment for Aboriginal men to discuss and develop a shared understanding of the effects of child abuse and neglect on victims, families and communities. Over 400 Aboriginal men participated in the Summit, which resulted in the 'Inteyerrkwe Statement' acknowledging the hurt, pain and suffering caused by Aboriginal men. This statement was widely distributed immediately following the summit and is available at www.caac.org.au/malehealthinfo

Endnotes

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Note:

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