

## **Submission to Senate Select Committee on Men's Health** **Funding for men's health services**

Dear committee,

Thank you for accepting my submission.

If you look at the recent history of service provision for men and women, you see a massive disparity. Women's services are relatively well funded and are very significant in scale. There are many thousands of individuals whose professional lives are based on providing services to women.

By comparison, there are very few (if any) people whose professional lives are based on providing services to men and fathers.

The result of this disparity, is that there is a strong 'culture' of supporting women, and a strong organisational belief in the need for services dedicated to women. This is superficially justified by commonly held myths about the male oppression of women, and re-addressing historical inequalities. It is also a strongly held ideological **belief** of many workers and administrators in the field.

The result of this organisational and personal culture is that any funding of men's health services, if provided to existing organisations, would be money poorly spent. Too much of the funding would be channeled into paying staff whose primary commitment is still women. Every day, they'll say "I'll do that tomorrow". But tomorrow never comes.

Hence their actual level of effort in helping men, will be negligible. Funding needs to be provided to dedicated organisations and dedicated individuals, whose responsibilities are ONLY to help men's health outcomes and health services.

Funding men's programs in existing organisations will also run the risk of being actively undermined by individuals with an ideological **belief** that opposes helping men.

For example, recently we saw a Queensland Domestic violence service being forced to return funding that was provided for men's services, because of their various objections to actually providing services to men and boys. It was not reported how many years they had been receiving and mis-appropriating this funding for men, in the provision of women's services.

### **Recommendation**

For these two reasons, for any funding to be effective in improving men's shocking health and well-being outcomes, all services funded for men and boys need to be SEPERATE.

All services need to have staff that are not also providing services to women. Organisations need to set up separate organisational areas and teams to manage service provision to men and boys.

**James ADAMS MBA**  
[www.Fathers4Equality-Australia.org](http://www.Fathers4Equality-Australia.org)