canberra men's centre
working for men and our community

Submission to the ACT Legislative Assembly Standing Committee on Health and Disability inquiry into the early intervention and care of vulnerable children.

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A. PREAMBLE

This submission has been written with a focus on issues for working with men when children have been deemed vulnerable and at risk of harm. The nature of the risk may range from violence and abuse through to neglect or incapacity to care for the child. These men may be the source of risk, on their own or collectively with partners who are equally unable to ensure the safety of the child, or they may be the partners of women who present the primary risk to the child.

What all these men have in common is the need for the system (i.e. the organisations intervening to protect the vulnerable child) to understand and provide supports and protective measures as required simply by virtue of the man's presence and place in the life of that child, whether as a source of risk or as protector and carer.

The submission is brief because the issues I have raised are based on my professional experience in child and family welfare services over twenty-seven years and in men's services since 2004, rather than being drawn from research or other external evidence. I will be attending a session of the Standing Committee to speak to the submission and discuss some Canberra Men's Centre's activities and partnerships which are relevant to and illustrate these issues.

B. EARLY IDENTIFICATION AND ENGAGEMENT OF MEN LIKELY TO REQUIRE SUPPORT

Some of these factors will appear familiar, or at least have a feeling of common sense, when being discussed in relation to safety for vulnerable children. However, their relevance to ensuring necessary and sufficient assessment of men involved is not generally associated with the need to direct services to the men themselves, although this is often a secondary outcome of providing support and safety to children and their mothers.

1. Seriousness of the context

Has the man recently done something involving harm or indicating serious risk? Does he have a history of risk behaviour with this child and/or other children? This is the most obvious factor, but its implications for the man are not always clear. Beyond immediate safety interventions (hospitalisation, visits by community health workers or child protection workers, police investigation, removal of the man or the child from the family home), to what extent is the intervening system, or any of its critical component parts, motivated, much less obliged, to assist the man to deal with issues which make him a risk? What systemic factors determine the priority or level of effort given to this matter? Where it is to be pursued, what factors enable the decision that it will be a priority for the intervention?

2. Intellectual disability, mental health problems, patterns of drug and/or alcohol use

The presence of one of more of these issues is likely to mean that the man's needs for support may require specialist assistance, whether he's the source of risk or a central player in providing support to the mother or care and protection to the child.

3. Taking the man's history

Is there a history of conflict and violence in his relationship with the mother or in past relationships? This could simply be a measure of the man's propensity for violence which exacerbates his risk to the child, but if he doesn't pose a risk to the child

directly, the history may be a signal that in this situation he will require extra support because he doesn't have capacity to cope when his relationship is under stress, especially if he has any of the issues referred to in B.2 above.

Other factors impacting directly on the man's capacity to cope are well known - his experience of his own parents' parenting, family violence, child abuse, and other family-of-origin factors. If he has had significant experience of out-of-home care as a child, this may be part of his experience of the foregoing factors, but it can also lead to issues with accepting supports and services if they are offered through care institutions, which has important implications for planning support responses.

4. When the mother needs a high level of support or intervention

Where the child's mother has significant support needs or an intense response to interventions, the intervention's personnel and resources may inadvertently become directed mainly to her, leaving the man to some extent ignored or under-supported (especially if he is not seen as a source of risk). Even when this is acknowledged directly to the man, it is often communicated in a way which reinforces the sense of 'legitimate exclusion' when workers comment on how everyone is caught up in supporting the mother.

Men can often be subject to a 'Women and Children First' effect, in which they don't feel that they can demand too much attention because they believe at best that they have to wait their turn, or at worst, that they have to suffer in silence because that's their job. This can exacerbate men's cultural tendencies not to talk about their needs or ask for help, jeopardising their own well-being as well as their capacity to take a lead role in caring for their child or supporting the mother. When they find out that the workers are being driven to focus on the mother because of her intense needs, this can be just more evidence that she needs more help than him. She often does, but this is not an argument against ensuring proportional support.

If the mother is the source of risk to the child, an early assessment of the man's capacity for providing the level, intensity and complexity of support she requires should occur. In this case, the initial intervention response also needs to assess the level of support the mother will require as a warning indicator of the degree to which the system will tend to exclude the man. Support or intervention plans to ensure that a support process for him which addresses any need to provide him with 'carer support' should then be developed and put in place. Where practicable, this should not be a worker with a high level of involvement with the mother.

5. Social Isolation and support networks

A critical and often overlooked factor in assessing whether the man will require support from the intervention system is his level of social isolation and access to real social support networks capable of providing him with meaningful support. Genuine skill in assessing this type of support, especially in men's social networks, is not common. Skill in mobilising social networks to provide men with the required level of meaningful support is equally rare, especially when the support person needs to be able to give honest feedback to a man who is a source of risk to the child, or to call for help when he isn't doing as well as the child or mother needs.

C. ISSUES FOR ENGAGING MEN AND PROVIDING SUPPORT :

1. When intervening to protect children, agency staff need to develop strategies which promote men's engagement by maximising the number of opportunities for a man to ask for or accept offers of help. Given that many men see not asking for help as what men do to ensure that more resources go to the neediest ('Women and Children First'), workers should not treat this as necessarily a deficiency, but accommodate it in a more strategic approach, e.g. 'We want to help you to help your partner – make sure there's a safety net for you so you don't end up adding to her burden'.

2. Support services should be presented to men coming into contact with intervention services as if support is a regular part of the package, i.e. commonplace, tailored to each man's situation, accessed by and useful to all. In order to do this credibly, they should actually BE part of the system, e.g. planned visits to enable relationship building with a 'men's liaison worker'. This is a 'helper-free' title (cf counsellor or social worker) to avoid implying that the man needs help in case he's not ready to acknowledge this to himself or others. The liaison worker can be a pathway to counselling, skills training and support groups if and when the man accepts the need for that type of help, particularly if he has the professional skills to be the person to provide these as well. Having these services actually existing in the system will help men feel there's someone who's there for them, and that the system put them there out of its understanding of and respect for men coming into the system.

3. Establish men's support groups initially seeded with experienced volunteers to normalise a facilitated peer support process. These groups could be run by any combination of male and female group leaders, but with training and supervision provided at least in part by male group leaders with experience of running men's peer support groups.

4. Create a men's services network to provide 'men's practitioners' with peer support which can help maintain their focus on developing the knowledge and skills required for working with men, and provide a balance to approaches developed by services focussing on women and children, especially if men's practitioners are employed in agencies working predominantly with women and children. This needs a mutually respectful partnership approach with shared goals, to avoid interagency or client-identified conflict.

5. When planning for the creation of new support programs for men, governments should explore the capacity of existing men's services to provide these, especially where it is considered that maximising engagement of men referred is a priority for ensuring the welfare of the children involved. Supporting the growth of an adequately resourced community sector for men which can work in partnership with other community services, particularly those supporting women and children, is essential to this end.

D. DISCUSSION

We can't tell fathers they're important too and expect them to believe us if the lack of suitable system supports says otherwise. The support and intervention system must acknowledge the need for and give choice to men, not just push them into existing service streams. To encourage men's participation in safety interventions, we need to ensure that services provide male-positive environments, but it must be understood that

these can't be created by simply throwing training at staff, especially if the staff are mostly women.

It's hard for many in the community sector, whether dealing primarily with health, disability or other community services, to accept that there are sometimes significant constraints on women as support professionals when working with men - not all the time, as Canberra Men's Centre's own service experience can well attest to. However, we need to have alternatives when gender differences are an issue, and government services and the community sector must be responsive to this issue. When men say 'the social worker was nice enough, but she really didn't understand my point of view', the significance of this can't be minimised, especially when children's safety is at stake.

For men to be motivated to engage, they need to experience service providers as understanding and supporting men's issues as they are, not the ones they 'should have'. If cars and football have been core sources of identity to a man, workers who don't value these things should not feel that it's ok to look down on him. Staff need to be aware of the diversity of men, and the importance of the language they use – e.g. not assuming the 'blokey' approach is equally appropriate to all men. Unfortunately, this is often not the case, especially in services where the majority of staff are women.

Men who need to be engaged sometimes present as feeling rejected or vilified by many institutions, believing that there's a bias towards women/mothers and a concomitant anti-male culture within them. While this is often not the reality, and a convenient excuse for a proportion of men to refuse to engage, it can also be the case that women working substantially and for long periods with child protection and/or domestic violence matters have this work experience shape their professional and personal perspectives, which, quite understandably, often means that they are not comfortable working with men in risk families unless they're dependent and compliant. The fact that previous experiences with violent and aggressive men impose constraints on professional practice is not easily acknowledged or understood.

Systemically, the worst outcome of this process is an all too common underlying attitude that 'bad men don't deserve help'. The strength-based approach which is the order of the day (if not mandatory) elsewhere, can temporarily evaporate when this attitude to male clients, shaped by the prevalence of men as perpetrators of abusive and violent behaviour, influences a worker or an organisation to feel that it's acceptable to view a man with an unpleasant history as not deserving assistance, and acceptable to simply deny a man service when he is aggressive.

Staff have a fundamental right to having their employers look out for their safety and well-being, but this should never be an excuse for the support and intervention system to refuse to develop suitable alternatives. Men with significant histories of disadvantage and exclusion, including the issues referred to under B.2 above, can have only the strategy of aggressive behaviour to:

- deal with their frustration at not getting the response they want from the organisation (merited or not)
- call in a more experienced supervisor when in conflict with a staff member or
- get the system re-involved when being denied service.

For families with vulnerable children where the man's partner wants to maintain the relationship, this situation has to be managed better. This is not an unknown issue, particularly in the domestic violence sector, when women who may have been seriously assaulted want to reconcile with violent partners, but many services work in contexts where reconciliation issues are not at the forefront of their work, leaving them more open

to developing organisational cultures which at least tacitly condone excluding aggressive men.

Staff may accept this desire to reconcile with an aggressive or violent partner at a professional or intellectual level, but personal and political convictions can still influence the manner in which some staff provide services. At the least, men accessing the agency's service may feel something doesn't feel quite right – perhaps a lack of warmth, a sense of being under surveillance, an apparent predisposition by the staff to 'take the woman's side', or comments which communicate an assumption of incompetence – regardless of whether these things have actually occurred. Male-positive services, particularly those with a specific men's identity, have a better capacity to address the same issues with less intrusion of the client's gender-related perceptions and biases, particularly if they can provide a longer-term support base which men can access as needed.

E. OUTCOMES

Developing specialist men's services in relation to vulnerable children has good prospects for:

1. Building a sound body of knowledge and skills related to men's engagement and support issues that may otherwise remain under-developed when system focus and resources are directed predominantly towards women and children.

2. Creating better informed systemic interventions, court orders and other institutional expectations with more finely tuned goals for men, by identifying relevant and useful community facilities and resources fitting each man's particular circumstances are identified, and, equally significantly, significant service gaps and barriers to access.

3. Enhancing systemic capacity to identify critical systemic weaknesses which have direct relevance to the prospect of risk reduction for the children concerned, lead to better outcomes for men who are willing to participate in interventions, and provide a greater range of sources of feedback about men who are resisting participation.

4. Adding value to interventions by taking on the engagement of men while other agencies work with women and children (e.g. separate and shared support sessions), enhancing men's capacity to contribute to improvement in the risk status of children, especially when their families wish them to be involved.

5. Providing more pathways to work with challenging, unwilling and difficult men, who may be too easily abandoned by agencies that haven't developed sufficient expertise in this area because their own organisational resources are limited and focussed on target groups defined by their funding agreements and current government policies.

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