

MEN & CROSS-BORDER SOCIAL EXCLUSION



Prepared by the Irish Central Border
Area Network (ICBAN) Ltd
Social Inclusion Working Group

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1.0 Executive Summary

This policy position paper draws attention to the need for services to respond to the social exclusion of isolated men in the central border region. It is presented by the Social Inclusion Working Group of ICBAN, the Irish Central Border Area Network. The paper draws on findings from existing research and on the experiences of member organisations of the working group.

The issues affecting socially excluded men in this geographic region include:

- Educational disadvantage due to early school leaving.
- Social isolation of men who have poor links with non-family members in their communities.
- Weak employment opportunities due to changes in the labour market and a decline in traditional employment such as agriculture.

- Low uptake of health care opportunities.

In more extreme cases, there are men living in rural areas both north and south of the border who are without running hot water, central heating or indoor toilet facilities.

The principal recommendations of this position paper are:

1. Government acknowledgement that a certain group of men, those in rural areas, on low income and socially isolated, should be identified as a specific target group for statutory agencies and social inclusion strategies.
2. The creation of 'Men's Welfare Officer' posts in border counties to support men's groups and those working with disadvantaged men. Such posts are especially needed to address the whole issue of men's health, physical and mental, as well as alcohol abuse and suicide prevention.

3. With regard to the upskilling of men in rural areas, agencies involved in both education and training provision need be innovative in how they deliver services. Training in appropriate fields should be delivered on an outreach basis to an identified group of men, or alternatively transport should be provided to bring men to training centres. Currently there is a gap between the mainstream opportunities available and the capacity of men to access them.

The delivery of literacy and numeracy supports must be managed in such a way as to ensure that men can access the service with ease, i.e. they feel comfortable to do so. This means having tutors who are sensitive to the needs of the target group, and greater awareness in general about their needs. Pre-development work with men is required to build trust and confidence.

This position paper also endorses the recommendations from two previous studies, namely the *Men on the Border* study and the report of the *Men's Health in Ireland Forum*.

We hope that this paper will go some way towards informing fresh

interventions that recognise the value of interagency and intersectoral partnership, in particular with the community sector, to improve the quality of life of this particular client group.

Launch of the 'Men on the Border' paper



2.0 Introduction

This paper aims, firstly, to give an overview of social exclusion amongst a specific population of men in the border region. The target group in question includes rural men who are isolated and disadvantaged in various ways. Often these are single or older men. The paper examines issues relating to these men, including health, well-being and economic exclusion.

Secondly, it aims to create awareness of the need to reach effective and sustainable solutions for tackling chronic social exclusion amongst this section of the community in the border region.

The issue has previously been raised onto a national platform by a pioneering group called the North Leitrim Men's Group. This community-based group is a model for delivering services and individualised support to men living

in isolation in border and rural areas. The North Leitrim Men's Group has recently completed the first piece of cross-border research on the needs of the client group. The study, reviewed here in Section 4, highlights many of the obstacles to integrated service delivery and proposes achievable solutions.

The present paper is intended as a regional follow-up to the work carried out by the North Leitrim Men's Group in an attempt to highlight the issues for the attention of those who are in a position to address them. While this paper concentrates on the border region, many of the issues it raises apply to other areas of the island of Ireland.

This paper attempts to present the evidence in a coherent way in order to inform policy development. Effective policy making to address this issue should be based on evidence. We hope that senior

policy makers and those with influence, in both jurisdictions, will find it relevant and of interest. New approaches must be taken and should be informed by a clear understanding of the needs of the client group. We are confident that, by working together, solutions can be found.



3.0 Background

3.1 ICBAN

ICBAN, the Irish Central Border Area Network, was established in 1995 as a partnership of ten local authorities from both sides of the Ireland/Northern Ireland border. The network aims to respond to the unique socio-economic needs of the region. By doing this, it hopes to improve the quality of life for people living in the Central Border region.

The following local authority areas are covered by ICBAN:

Northern Ireland:

Fermanagh District Council
Omagh District Council
Cookstown District Council
Dungannon & South Tyrone
Borough Council
Armagh City and District Council

Republic of Ireland:

Donegal County Council
Sligo County Council
Leitrim County Council
Cavan County Council
Monaghan County Council

ICBAN acts as a facilitator and advocate for key issues affecting the region, working with many different partners in order to achieve its objectives. It formed a social partnership to deliver certain parts of the 2000-2006 Interreg IIIa Programme for Ireland/Northern Ireland. The network aims to build capacity amongst policy makers and service delivery agents for 'joined up', interagency approaches to many challenging issues, including peripherality and deprivation. Such issues are influenced by their border context that includes, for example, the fractured nature of services and supports available to communities and the presence of two distinct administrations side by side.

The context for this paper arises from ICBAN's strategy for 2004-2008, which contains a specific commitment to promoting health and well-being issues relevant to the border region. One mechanism for meeting this commitment was the establishment of a Social Inclusion Working Group.

The ICBAN Social Inclusion Working Group is drawn from ICBAN's social partners and member Councils on both sides of the border (See Appendix I for membership). The members of this working group were united in a desire to provide a cross-border response to issues of hardship and social exclusion in the border region. Such issues affect not only individuals, but also impact on the sustainability of the entire community of the region. Therefore the working group promotes the dual objectives of advancing both economic growth and social inclusion. The working group chose

as its initial focus the issue of men's health and community support. This position paper on socially excluded men is the working group's first project.

ICBAN's first formal involvement with the issue of men's health and well-being in the border region came with the allocation by the Interreg IIIa Partnership of Interreg funding to a consortium project led by the North Leitrim Men's Group. The project aimed to provide flexible skills training and personal development supports to the client base of the North Leitrim Men's Group, through partnership with Fermanagh College, a Further Education College serving Fermanagh and environs, with an interest in contributing to the development of social capital in the area.

The funding was made available on the condition that provision for the training in question was

resourced through mainstream sources within three years, which was the period of the grant. During the course of the project, it became apparent that there were wider issues experienced by the client group of men which required the involvement of other agencies - for example, employment and training agencies were required in relation to the progression of candidates beyond training into employment; the involvement of Department of Health and Social Security/Jobs and Benefits or Department of Social and Family Affairs were required to ensure that all clients were accessing their full range of entitlements.

In seeking to involve other agencies in the project, an interagency working group seminar was held. One of its main conclusions was that agencies recognised the problem of social exclusion among men, although often their formal remits did not

stretch to the specific interventions required by the client group. Participating agencies were cognisant of the need for planning and service delivery structures to meet the needs of this group. They also acknowledged the importance of interagency work.

Following these discussions, ICBAN was able to accept a secondment from Western Health and Social Care Trust in order to progress the issue. This opportunity came about through the Northern Ireland Western Health and Social Services Board WASOP Exchange Programme. The secondee, Aidan McBrien, a Senior Social Worker with over 20 years' experience and a particular understanding of the issues faced by men living in isolation, was assigned to ICBAN in February 2006.

3.2 Identifying the Target Group

This paper aims to represent low income men who are living in isolation, and at risk of further social and economic exclusion. Men who fit this description throughout the region experience economic, social, educational, physical and mental health-related issues. These issues are exacerbated by a cultural context that has led to a less-developed community support infrastructure for men, in comparison to the structures that have been developed over previous decades by the women's movement.

Men who are at risk of social exclusion in the central border area are described as:

- Rural, but not exclusively so;
- Single men, by and large;
- Not all live alone - many have a caring responsibility which means they are limited in terms of time, space, freedom

to engage in personal development and social activities;

- Geographically isolated, and may also experience barriers of poverty and economic hardship, communication difficulties and poor social skills;
- Men of retirement age who have specific needs due to ageing, reduced mobility, income limitations and poor transport;
- Farmers who experience off-farm employment-barriers caused by poor educational attainment and a lack of available supports to access new or diverse opportunities.

Cumulatively these issues may lead to mental health and self esteem problems, or other health issues such as poor nutrition.

3.3 The Regional Context

In seeking to address the needs of men in the target area, a number of physical, cultural and social aspects pertinent to the geographic location must be taken into consideration.

Firstly, the problems of the area are exacerbated by the presence of a physical border and the added legacy of political conflict. Differences in currencies, banking requirements and legislation, coupled with religious and political differences within an already isolated and desolate social environment, further contribute to mistrust and paranoia. For decades, the area was marked by emigration, which led to rural isolation.

This paper draws on statistics where they are available. However, gathering statistical information on the target group in the region can be problematic because of the different datasets used on either



side of the border. Census and other data are collected at different times and using different templates.

Changes in agriculture and the labour market have created demands for new skills, and reduced demand for the traditional skills of older men. In rural areas, access to skills development is curtailed. High unemployment levels and the demise of a highly dependant agriculture industry particularly among smallholders have added to the problems within the ICBAN region.

Agencies on either side of the border have different remits for working with excluded men. Interagency arrangements are also different. In the Republic, social partnership processes have been an important means in recent years for achieving economic stability and social inclusion. In Northern Ireland, the policy context for 'joined up' working within the

statutory sector, and across sectors, tends to be weaker.

In addition, target group inhabitants from Gaeltacht areas are fearful of loss of identity, particularly around language and cultural practices.

In both the Republic and Northern Ireland, while there is much anecdotal evidence of the needs of excluded men, any action to take a co-ordinated approach is still discretionary and has never, on either side of the border, been made mandatory.

This paper concentrates on the experience of men from marginalised rural communities. An analysis of the spatial distribution of poverty shows that the border region including Cavan, Longford and Leitrim record above-average poverty rates, and that rural areas (countryside and villages) are at higher risk of poverty than

urban areas. In a joint report published by the Institute of Public Administration and Combat Poverty Agency, Watson et al. note that "...poverty is primarily a structural, rather than a spatial, phenomenon. It arises from socio-demographic variables associated with an increased risk of poverty, e.g. unemployment and low-paid work, low educational attainment, old age..." (2005: xxvi). These are the exact characteristics shared by members of the target group, along with illness and social class, which contribute towards poverty and deprivation among men in the region.





4.0 Profile of the Target Group

4.1 Disadvantaged Men in the Border Area

A number of studies give us insight into the difficulties faced by rural, isolated men in border counties. The *Men on the Border* research is a recent, and perhaps the only example, of a cross-border attempt to quantify and qualify the issues associated with the target group. It is to be commended in this regard.

Published in 2006, the study explored the social exclusion of men from three geographical areas: South Leitrim, South-West Fermanagh and West Cavan. Data collectors interviewed 165 rural men, of whom 56 per cent were from the Republic of Ireland and 44 per cent from Northern Ireland. In addition, 46 questionnaires were completed by a range of service providers.

Key issues identified in the study include:

Occupational Status: There was a high dependency on the Agricultural, Forestry and Fishing sector (37 per cent) and on the Building and Construction sector (24 per cent). With Farming and Agriculture in decline and a concern that the Building sector is vulnerable to economic shock, few alternative sources of employment exist in the event of a recession.

Education: Sixty per cent of men who participated in the research left school at 16 years of age or under. Seventy-one per cent of men had not undertaken any further education or training since leaving school. Seventy-three percent had not gained any extra certification since leaving school and 85 percent had never taken part in any adult education.

Reading Skills: Seventy per cent of men rated their reading skills as poor or very poor. Poor literacy has serious implications with regard to men's engagement in further education and training, and ultimately their ability to keep themselves out of poverty.

Computers: Forty-four per cent neither owned nor had access to a computer. The same amount said that they had no information technology [IT] skills. Given the increasing reliance on IT for both work and domestic needs, men who are without skills in this area are further disadvantaged.

Transport: One fifth of men interviewed did not own a car and almost half lived at least two miles from the nearest bus stop. Only two per cent used rural public transport as their normal mode of transport, perhaps a reflection on the effectiveness of the service in rural areas.



Socialising: The vast majority of men went to pubs and clubs, and over three quarters said they did so in order to meet people socially. Half of the respondents identified alcohol as the prime motivation in going to the pub. Fifteen per cent of men said that they never visited their neighbours and 11 per cent never visited non-family members. This suggests that there are individuals who do not benefit from close community ties.

Health: Although the majority of respondents rated their health as good, the study found that men are not in a regular habit of attending General Practitioners. One quarter said that they visited their doctor less than annually, and seven per cent never went to a doctor. Among those who went to a doctor infrequently or never, few saw this as a failure to take responsibility for their own health. It is highly unlikely therefore that health promotion literature on its own will change

their attitude (especially given the earlier finding of poor literacy skills).

Housing Conditions: Of the respondents surveyed, 33 per cent of men did not have double glazing or attic insulation. Sixteen per cent had no central heating. Six per cent had no running hot water and a similar number did not have a bathroom or indoor toilet. Two per cent did not have running cold water.

In follow up research, the North Leitrim Men's Group identified 37 houses in Leitrim alone with no indoor toilets. All but five of these householders were men.

A further issue is that the essential repairs grant is not sufficient to meet the full costs involved in renovating inadequate properties. People who wish to undertake such repairs to their homes sometimes have problems gaining planning permission, or in

sourcing contractors to undertake the work.

Income: Although over half of the sample were land owners, this did not necessarily equate with being able to generate an adequate income. Sixty-five per cent of respondents had an income of less than €29,000 per annum, while fourteen per cent earned less than €10,000 per annum.

Caring Responsibilities: More than one in ten of the respondents was occupying a caring role.

Suicide Awareness: Fifty-six percent of men questioned said they were aware of someone in their own community who had died by suicide. The issue of suicide has a very big influence in small rural areas.

With regards to survey feedback from service providers, all indicators suggested that men are a low

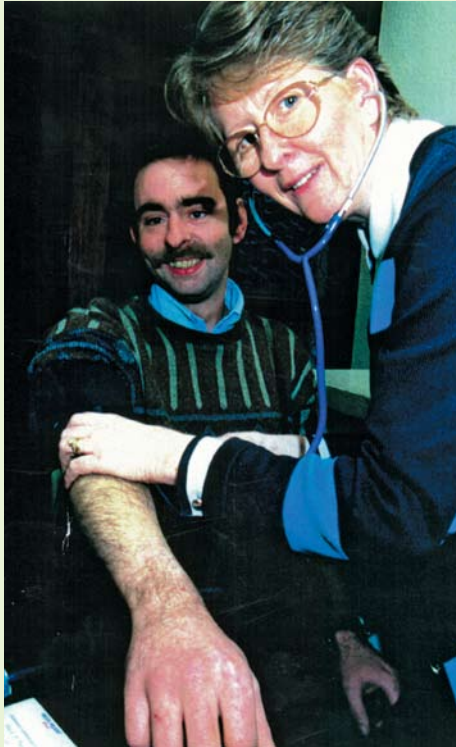
priority, with only 11 percent of respondents having a strategy for dealing with male clients specifically.

While the *Men on the Border* research focused on rural parts of three counties, it is likely that the findings are applicable to a larger proportion of the ICBAN region. Similar issues of isolation among men have been identified by voluntary projects in other areas, for example, Donegal. Members of the ICBAN Social Inclusion Working Group believe that further research would be important to assess the extent of social exclusion among men. The working group contends that a significant proportion of the male population in the ICBAN region could be described as experiencing social exclusion including rural isolation, inhospitable service provision, lack of opportunity to discuss health in a non-threatening environment, limited social opportunities, poor

access to transport, difficulty in finding employment, under-employment related to educational attainment, and inability to access training or upskilling.

4.2 Men's Health in Ireland

In 2004, the Men's Health Forum in Ireland published a report



that described how men were disadvantaged in terms of health by virtue of their gender. The study reviewed statistics that show that, in spite of increased male life expectancy, men on the island of Ireland continue to die, on average, six years younger than women. Men have higher death rates at all ages, and for all leading causes of death. Compared to men in the highest occupational class, men from the lower occupational classes have a shorter life expectancy due to circulatory and respiratory diseases and certain forms of cancer, for example, Malignant Prostrate Disease. Men are more likely than women to die or to have long-term incapacity from circulatory disease, certain forms of cancer and illnesses linked to alcohol, smoking and drug misuse.

The report highlights the fact that men, by virtue of behavioural patterns which are socially reinforced, are less likely to engage

with primary health care services at an earlier and more appropriate stage (i.e. health promotion/preventative measures). Compared to women, men have limited contact with GPs, are reluctant users of Primary Care Services and often present late in the course of an illness. According to the report, men are more reluctant to admit to their physical health needs.

Statistics from the report further indicate that deaths from homicide, assaults and traffic accidents occur more frequently amongst males. Five times more men than women are killed in Ireland as a result of Road Traffic Accidents. Compared to women, men have higher levels of health damaging and risk behaviours which appear to be culturally legitimated within their social and occupational circumstances.

Alcoholic disorders continue to be the main cause of psychiatric

hospital admissions for males. Statistics show a high proportion (30 per cent) of male patients admitted to general hospitals with underlying alcohol abuse or dependency problems. The study also cites research which shows that problem drug use is primarily a male problem and that men are less likely than women to see drug-taking as a health risk (MHIF, 2004: 39).

The Men's Health Forum report describes suicide as a major public health problem and particularly a male problem. In both jurisdictions, more men than women die by suicide. Data from Northern Ireland for the year 2002 show that four times as many men died by suicide than women (NISRA). In the Republic, four to five times more men than women die by suicide. The gendered distinction in suicide rates is most acute in the 15-44 age group (MHIF, 2004: 18-19). Social isolation, drug and alcohol misuse,

mental health problems and men's unwillingness to seek help all appear to be contributory factors in suicide.

It is likely that suicide rates in the ICBAN region reflect the national average. However, additional regional factors may also have a bearing. For example, research indicates that rural living is identified as a risk factor in male suicide. In the U.K., farmers are ranked fourth among professions likely to kill themselves. Suicide risk indicators include social and geographical isolation, poverty and economic hardship, alcohol and drug misuse, low status, poor self-esteem, changes in farming including increased paperwork, family and relationship problems associated with an insular community, working at home, retirement and loss of social contact. Statistics from both sides of the border reflect this major societal problem and give a

frightening insight into the plight of many men on this island.

In conclusion, the report suggests that men's health on the island of Ireland is in critical need of attention and much more research, both in clinical aspects and in Health Promotion, is required. It draws attention to the absence of a strategic policy on men's health.

4.3 The Social Construction of Gender

Men on the island of Ireland are brought up to believe that they should be hardier and more resilient than women. The male is socially constructed as invincible; a report on a conference on men's health in Ireland noted that the "...image of masculinity in Ireland does not allow for vulnerability" (NWHB, 1998: 33). This ideology of masculinity has practical consequences for how men live their lives. The *Men's Health in Ireland* report states that: "Although

social and economic roles of men and women are changing, traditional values and attitudes towards gender remain prevalent. Boys and young men continue to be socialised to appear in control, to be strong and to take risks; thus reinforcing their exposure to illness and accidental deaths” (MHIF, 2004: 7).

We argue that it is this expectation on men to be strong that leads to real men taking physical risks, neglecting themselves and being otherwise unable to promote their own well-being. Real men are more reluctant to care for their health or admit when they need support (MHFI, 2004: 28). This ‘invincibility factor’ also leads to risky behaviours, particularly in young men, such as recklessness on the roads, the impact of which has been repeatedly felt in the ICBAN region through multiple deaths of young men on our roads.

In the short term, actions are needed to redress the imbalance in how men and women are socialised. And in a longer-term context, there are very tangible reasons for challenging traditional perceptions of gender which are reinforced by society and by individuals. We need to examine the way in which children and young people are socialised and in particular the discrepancies between the socialisation of males and females during formative years.

4.4 Absence of Men’s Development Structures

The women’s movement has been effective in creating networks and services for women in rural areas. However, complementary work to tackle male exclusion has been lacking. The promotion of men’s health and social inclusion should not be perceived as being in conflict with feminist ideals. Indeed, men’s development groups can learn much from the women’s

movement about the need for gender sensitive approaches, in order to realise the ambition of equality and inclusion for all. There are opportunities for the men’s movement to look at models used within the women’s movement. Equally, there is an opportunity for those who have been at the helm of the women’s movement to recognise that their skills and expertise can be shared for the benefits of society as a whole.

In summary, the literature suggests that men are disadvantaged in key ways. They have higher rates of certain illnesses and poorer engagement with health care systems. Men are disadvantaged by the social expectations of gender, which result in greater risk taking behaviour by men, among other things. And finally, there is a marked absence of community development structures for men comparable to women’s groups.

5.0 Approaches to Supporting Excluded Men

5.1 Guiding Principles

Any actions taken to support the target group of socially isolated men in rural areas should be informed by the principles of equality and community development. These principles emphasise empowerment and the participation of the target group in defining their own needs. Actions should adopt a bottom-up approach to policy development that is informed directly by members of the target group and by the experiences of frontline workers. Policy development should be evidence-based; using a range of documented research and public statistics such as census figures. The approach must also be multi-faceted, taking account of areas such as health, social welfare, employment and education. Communication will play an essential role in the success

of initiatives to improve the well-being of the target group, whether this is information provided through statutory services, at community level or through the media. Also of great importance is enhanced access to outreach facilities of statutory and other services.

5.2 Good Practice Examples

There are a number of good practice examples that can inform other service providers about appropriate supports to deliver in this area. For instance, the Men's Health Forum in Ireland was established in 2002 to enhance the health of men on an all-island basis. The Forum recognises the right of all men to good health regardless of age, sexual orientation, disability, race, culture, religious or political affiliation.

5.3 Men's Health Forum

The Men's Health Forum aims to promote and enhance all aspects of

the health and well-being of men and boys and calls for a charter of rights, which would include:

- Best possible health for men, irrespective of social, cultural, political or ethnic issues.
- The right to gender-specific information and education initiatives on how to keep themselves healthy.
- The right to equality of access to available, affordable and gender-sensitive services for all men.
- The right to have men's issues recognised and properly addressed, in a way that is not at the expense of women's or children's health but seen as beneficial to all and to society as a whole.
- The right to call for greater emphasis on a partnership approach in developing future strategies or initiatives on men's health, that include consultation between policy makers, health care providers, statutory and voluntary groups working on



behalf of men, employees and men themselves.

Another major influence in advocacy and development is the Men's Network, which focuses mainly on men in the Republic of Ireland.

5.4 Regional and Sub-Regional Men's Groups

On an island-wide basis an increasing number of men's groups have been established, from Dingle in County Kerry, to Meevagh in County Donegal. In the Republic, Men's Health Officers have been employed in most Health Service Executive regions and a National Men's Health Strategy is currently being developed. On the ground, the local response has been described as "patchwork" in nature and prompted mainly by individuals responding to local needs.

Within the ICBAN region, men's groups operate in Donegal; Clones, Co. Monaghan; Leitrim; Armagh; and Fermanagh. One other group in County Cavan has been established to concentrate in particular on the needs of elderly, rural men.

No structured Health Service response presently exists in Northern Ireland and no current structures with a specific men's health remit are established on a cross-border basis. However, the North Leitrim Men's Group has shown by example that there is unlimited potential for developing local services, cross-border research and establishing partnerships which enhance the lives of many men in the Leitrim, West Cavan and Fermanagh areas.

5.5 Proposed Actions

In light of the issues raised in the above review of research on men, the ICBAN Social Inclusion Working Group has identified the following

as broad areas needed to support the social inclusion of the target group:

- Training and education to re-adapt men to a changing workforce, especially in new industries. Such progression opportunities need to be tailor-made for men and presented in a way that makes them attractive to men. Pre-development work is extremely important in terms of recruiting men onto courses and supporting their progression.
- Maintaining young people in rural Ireland through the provision of worthwhile and rewarding career opportunities within their native communities.
- Global economics determines that this country will no longer be in a position to compete in manufacturing and may even face stiff competition in the services industry. Opportunities are present in rural areas, where

the quality of life is relatively less expensive, to exploit a re-energised workforce who can contribute to the local economy.

- Re-population of isolated areas not affected by inward migration since the famine, allowing for better management of vast areas of previously unworked land.
- Developing community-based services to support self-sustainability and community confidence, and changing the perception of disadvantage in rural communities to recognising their inherent values.
- Regional competitiveness within the island context means that regions cannot lag behind.
- Directives relating to the Lisbon agenda for competitiveness and growth now require member states to ensure that action on social deprivation is no longer sidelined as an optional issue. There is a policy context for

viewing the economic and the social as two sides of the same coin.

- Promoting men's health by delivering health days to men on low income.

The above areas are presented as examples but further work would be required to define local initiatives in different areas.



6.0 Recommendations and Conclusion

The issue of social exclusion among low income men is a very real one in many rural areas and often too in urban areas. Addressing these forms of human hardship presents a significant challenge for society. New and creative solutions are required, and must be based on a clear understanding of the distinct needs of this group.

In order to progress actions and change working arrangements for the benefit of excluded rural men, agencies need to work together and give commitments to addressing this issue. This is beginning to happen. Members of the North Leitrim Men's Project have been actively promoting their research findings. It is hoped that ICBAN can further promote the case within the ICBAN area and wider to other counties, both north and south.

It is timely to seek to address this issue in 2008, given the publication of the Republic's Anti-Poverty Strategy, NAPs Inclusion, last year. It is also a stated goal of the Northern Ireland social inclusion strategy to ensure that every adult of working age has the opportunity to fully participate in "economic, social and cultural life" and that older people can contribute as active citizens and enjoy a "good quality of life in a safe and shared community" (Lifetime Opportunities: 51-53).

In this document, we have demonstrated that the needs of this group are not currently being met in a targeted way. The implications of not acting on this issue are manifold. Unless collaborative action is taken, disadvantaged men living in rural parts of border counties will face economic hardship, poor health, and insufficient community and social supports.

Good interagency working relationships are required to underpin any approach to excluded men. Agencies involved in ICBAN and its Social Inclusion Working Group have already given commitments to collaborative work with other agencies and community organisations. Such cross-border collaboration will lead to overall improvements for disadvantaged men in the border region.

6.1 Recommendations for the ICBAN Region

The ICBAN Social Inclusion Working Group has identified three priority recommendations specifically aimed at the ICBAN cross-border region. These are:

1. Government acknowledgement of low income, socially excluded men as a target group with specific needs who require tailored responses.
2. The creation of 'Men's Welfare



Officer' posts in the border area to be supported by a number of agencies. The positions would support local men's groups and, overall, would provide an holistic approach to improve quality of life, promote self-responsibility, and address issues such as suicide prevention. Men's Development Officers are needed to identify men in the community who are isolated, recruit them on to courses, and give support at every stage. It is important that time and resources are given to the necessary pre-development work. Pat Love's presentation at the Men's Health Conference noted that visits to the home are necessary to recruit men onto programmes and that advertising alone is not effective in securing engagement (NWHB, 1998: 31).

3. Upskilling of men both in terms of education and training. Agencies need to be innovative

in how they deliver services to men. Where a group of men has been identified, training providers should either deliver training services on an outreach basis or provide transport to the training centre. Skills training is needed in areas such as welding, carpentry, painting, decorating and DIY, with follow up placement services. Counties north of the border should consider adapting a work scheme to promote mental health and personal development. Currently there is nothing quite like the FAS Community Employment schemes north of the border.

The provision of education to socially excluded men needs to be managed in a very sensitive way; this is particularly the case where literacy and numeracy supports are required. Trust and confidence must be built between the agency and the individual to enable men

to feel comfortable in accessing the service. The tutors employed should be fully aware of the needs of the target group.

6.2 Other Recommendations

The ICBAN Social Inclusion Working Group also endorses recommendations made by other bodies. These include:

Recommendations from the Men's Health Forum in Ireland Study 2004

- **Research and Data Collection**, and a reduction in data collection protocols and procedures, so that North-South data can be combined and compared in a meaningful way.
- **Policy Development** i.e. the development of a National Policy for men's health relevant to all men on the island of Ireland, similar to that adopted for women in 1995 in the Republic of Ireland.

- **Increased Training and Awareness.** Training for health professionals and service providers on men's health issues and the development of targeted Health Promotion, e.g. increasing awareness on Prostate Cancer, Mental Health, Suicide and Self-harm, etc.
- **Resources.** The Forum calls for an urgent review of resources (i.e. Funding, Health Programmes and initiatives, Training and Research) specifically allocated to men's health.

Recommendations from the Men on the Border Study 2006

- More investment in delivery of Information Technology and training in rural areas.
- Increased support for transport in rural areas.
- Flexible provision of courses which are tailored to men.
- Continued promotion of suicide awareness.

- Development of more open primary health care facilities.
- Investment of resources by County Councils to improve the conditions of rural men.
- Continued support for sports clubs in rural areas.
- Statutory organisations should work through community groups.

Influencing the school curriculum including greater emphasis on life skills and suicide awareness

- Better psychological training for boys and young men to help them to deal with emotional and other problems.
- Open discussion of suicide in schools.
- Acknowledgement that academia is not suitable for many and a greater emphasis on life skills training.
- Education on alcohol and drug abuse.

North / South Partnerships

- Recognition of commonality of issues.
- Encourage partnerships between agencies on both sides of the border. Sharing of best practice.
- Pooling of resources on larger projects, including health and rural transport.
- More partnership between NISRA and CSO on statistics and collection of data using the same templates.

Funding

- All organisations with a general funding role should include the specific term 'Men's Groups' alongside Traveller Groups, Ethnic Minorities and Women's Groups so that when a clear need is identified funders can meet it.
- Men's Groups need to be resourced with the appointment of Men's Welfare Officers who are briefed to advocate and

promote the mental health and well-being of disadvantaged men.

Statistics and Targets

- All service providers should know how many men and women take part in their projects and these statistics should be reflected in their annual reports.
- Annual reports should examine service provision under the heading of gender. If men or women are not using a service, providers should make it their business to find out why and target the relevant sex, through changes in policy and practice, even if this is difficult or presents challenges.

Adult Education

- Provision of alternative training should be increased, given the present reliance on one or two sectors of employment.
- Educational organisations

need to redouble their efforts at targeting the most disadvantaged.

- Courses should be tailored towards men; this includes courses in practical manual skills and basic skills such as budgeting and cooking.

Policy

- Gender policies should refer to men as well as women.
- Where possible, organisations should have a policy on alcoholism, poverty, rural isolation and mental well-being.
- All organisations should have a genuine outreach policy.

Outreach

- Outreach should meet the needs of rural people and not be exclusively centred around larger towns.
- Successful pilot projects which target men in pubs, marts and sport clubs need to be mainstreamed.

- Expectations for numbers taking part should be realistic.
- Outreach must aim to meet the needs of both male and female clients.

Primary Care

- Doctors need to be given support to target men, especially younger men.
- Young men should be encouraged to visit their doctor annually.
- Visiting a doctor should be a positive experience and not only when men are in chronic pain or crisis.

6.3 Conclusion

Since the 1990s, there have been calls for greater attention to the needs of socially excluded men. Men's groups have been developed, but at a slow pace. Seminars and conferences have taken place to draw attention to the issue. However, while local groups working on the ground are carrying out important work in the area, sometimes in collaboration with statutory agencies, the official naming of socially excluded men as a target group in national policies has not been achieved. As a result, activities to support this target group are not delivered on a systematic basis or co-ordinated across regions.

Change needs to happen at the top in the policies of organisations before it can happen systematically on the ground. Agencies need to buy in to the idea that this low income group is in need of specific supports, which in most counties are not in place.

The ICBAN Social Inclusion Working Group, which combines several local authorities in the border area, hopes to raise the profile of this group of men, so that they are no longer invisible but are acknowledged as a target group. In rural areas, low income, socially excluded men are not currently given the priority they deserve. This document hopes to target agencies to ensure that the issue is included in their policies.

Socially excluded, low income men in rural areas are an invisible target group for many agencies. They are not always unemployed or dependent on the State; often they are managing on low level farming incomes or other low paid employment. They may be coping economically. But the wider issues of isolation, neglect of health and general quality of life including housing conditions need to be addressed by the relevant agencies. The best way to assist them is

to engage them in a structured programme of education, training, personal development and employment.

In a discussion about rural issues at a conference on Men's Health, men who did not emigrate or migrate from rural Ireland were described as the 'forgotten people'. The conference highlighted the isolation experienced by the rural male, which was made worse by farm retirement (NWHB, 1998: 18). Today, ten years on, we are still seeking to bring the weight of statutory attention to bear on this important issue. This document aims to make the case as to why the target group should be on the agenda and to convince agencies to become more innovative in their approach.

Socially excluded men have not been named as a specific target group in *New TSN (Targeting Social Need)* or *NAPs Inclusion*. Although

the NAPs plan, published last year, refers to people of working age as a target group, it does not make proposals to support the inclusion of men. It refers to gender issues, but only in the context of equality for women. The ICBAN Social Inclusion Working Group believes that general community development, employment, education or training services are not sufficient to reach the isolated men described in this paper. Gender sensitive approaches must be developed by all relevant agencies.

As a society as a whole, we have a duty of care towards the most disadvantaged. Perversely, under our current system, those who are most in need of help are less likely to receive it. Men who have low education levels, poor social skills and weak support networks are less well able to articulate their needs.

While much work remains to be undertaken on this topic, we are in

the fortunate position to be able to learn from successful actions that have already been implemented by local groups. The North Leitrim Men's Group has been working for over ten years in this area. Along with research on the topic, the group has run four health days for men which resulted in referrals to GPs for follow up medical support. The Beyond Borders Project, under the Cross Border Centre for Community Development, operates a men's well-being strand which has provided health clinics in cattle marts in Monaghan. They also employ a Men's Development Worker. A group called the Cross Border Social Challenge Project has also run health clinics in marts. A Health Clinic was held at the National Ploughing Championship. Family Resource Centres have included actions around men's health in their annual plans. A National Men's Health Policy is being prepared by the HSE.

What has been proven through health days, such as those run by Cross Border Social Challenge and the Men on the Border Project, is that if services are made more accessible, men will use them. This learning should be applied at national level. Organisations such as the HSE should be actively involved in delivering men's health days, capturing the attention of men through advertising in the usual way, and in more creative ways (for example, through sporting bodies and other locations).

Other agencies too can be proactive in how they support men. Community-based organisations are ideally situated to create appropriate social opportunities for men. In many communities, social events such as Christmas parties are organised for older people. But, among the target group in question, the ability of these men to mix in social occasions is limited. If community-based organisations are



aware of the issues associated with the target group, they will be better placed to make specific efforts to include men in community events.

Local Authorities and other employer bodies could seek to recruit from specific target groups, particularly for part-time opportunities. Giving men work experience, coupled with training, is an important way to support their development.

Ideally the ICBAN Social Inclusion Working Group would like a Government funded scheme to be introduced whereby community-based jobs would be available to the target group. This would entail a new scheme similar to CE and JI but without the restrictions of those programmes. Such jobs would give socially isolated men a structure to their day and a way of contributing to their community. Grounded experience suggests that current schemes

are not addressing local needs. A specifically dedicated scheme to include training, employment and personal development for men would provide answers to many of the issues identified in this paper.

Community Action Network describe men's development as a complex process that "...goes beyond the idea of getting a group of men together and putting on a personal development course" (Smith 1996). The men who are described in this paper have diverse needs, but most fundamentally they need the commitment of different agencies to respond when specific requests are made. The ICBAN Social Inclusion Working Group has attempted in this policy paper to put a cohesive structure on the issues being identified through local experience, and to co-ordinate a call for appropriate responses from relevant agencies. We hope that policy makers will take on board the points raised herein so that rural

men who are living in poverty can find ways to participate in society in a meaningful and beneficial way.



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Appendix 1

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North Leitrim Men's Group



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Leitrim County Council



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