

Written evidence submitted by Men and Boys Coalition (MRS0197)

Executive Summary

1. The focus of this submission by the Men and Boys Coalition is on the impact of Covid-19 and the impact on men (protected characteristic: gender) of the measures that have been brought in and the need to look ahead to six months' time.
2. Particular attention is on how Covid-19 and the Government's measures are having a specific impact on both the physical and mental health of men and boys due to:
 - The higher rate of infection and fatalities from the disease among men.
 - Issues of disadvantage disproportionately affecting men and boys that leave this group more vulnerable to infection and death from Covid-19.
 - Issues of disadvantage disproportionately affecting men and boys that have been exacerbated by Covid-19 and measures brought in to tackle it.
 - Issues relating to Covid-19 and the measures brought in to tackle it, for which men and boys are not adequately considered, acknowledged or included.
3. We also believe the impact of Covid-19 on men has shown the clear need for more investment in, and overhaul in approach to, men's health services. This is because we believe that men's greater vulnerability to this disease is an expression of existing men's health inequalities that require structural changes to address effectively. This includes the need for a national men's health strategy as outlined and acknowledged by this committee in the last Parliament.

About the Men and Boys Coalition

4. The Men and Boys Coalition is a registered charity which is a network of more than 80 academics, charities and professionals committed to highlighting gender-specific issues affecting the well-being of men and boys.
5. A number of its members are experts in this field such as the founders of the Men's Section of the British Psychology Association, leading UK men's well-being organisations such as UK Men's Sheds, and a range of charities that deal with the effects on the physical and mental health of men and boys. The charity also supports organisations such as the Men's Health Forum and the Fatherhood Institute in their work.

6. The trustees of the Coalition are also the team behind International Men's Day in the UK (www.ukmensday.org.uk). The UK has more events marking the day than anywhere else in the world and men and boys' health is a significant feature in those events – especially those run by employers, education providers (schools, colleges and universities) and health bodies. International Men's Day in the UK has become a vitally important national vehicle for conversations about men's physical and mental health.
7. The views expressed here do not necessarily represent the views of all the Coalition's members but are representative of a broad range of views held by members of the Coalition.
8. The issues that the Coalition focuses on all have a negative impact on the physical and mental health of men and boys in one shape or form. These issues are:
 - The high male suicide rate
 - The challenges faced by boys and men at all stages of education including attainment
 - Men's health, shorter life expectancy and workplace deaths
 - The challenges faced by the most marginalised men and boys in society (for instance, homeless men, boys in care and the high rate of male deaths in custody)
 - Male victims of violence, including sexual violence
 - The challenges faced by men as parents, particularly new fathers and separated fathers
 - Male victims and survivors of sexual abuse, rape, sexual exploitation, domestic abuse, forced marriage, honour-based crime, stalking and slavery
 - The negative portrayal of men, boys and fathers

Your experiences. We want to know:

Q2: If there have been specific impacts on people due to them having a protected characteristic

A. The higher rate of infection and fatalities among men

9. The most urgent issue regarding the impact of Covid-19 on the protected characteristic of sex is the far greater infection and death rate among men.

10. The Men's Health Forum, the representative charity supporting men's health in the UK, reports: "An audit of adult critical care shows that so far men make up 70% of Covid-19 patients in critical care and 73% of deaths."
11. "In terms of the impact on people under 60, it is clear that younger men should not be complacent. Younger men appear twice as likely to need critical care than women - 30% of the men in critical care were under 60 compared to 15% of women."¹
12. For patients in intensive care, men account for 75% of deaths. "In its latest report, Incarc, which audits intensive care in the UK, looked at over 2,500 cases from critical care units across England, Wales and Northern Ireland. Of the 345 deaths covered by the report, 259 (75%) were men. Meanwhile the total number of deaths - of which men are such a high proportion - continues to rise."²

B. Issues of disadvantage disproportionately affecting men and boys that leave this group more vulnerable to infection and death from Covid-19

Rough sleeping

13. People who sleep rough have been identified as a group at particular risk of contracting and dying from Coronavirus. In England, 86% of rough sleepers are male ³.
14. "The poor health of the street homeless population, many of whom have underlying medical conditions, means rough sleepers have been classified by the government as being at high risk of severe illness from Covid-19. But the obvious problem is that they are unable to follow official guidelines to self-isolate, despite the significant risks of transmission between rough sleepers... Rough sleepers are also three times more likely to experience a chronic health condition including asthma and chronic obstructive pulmonary disease (COPD)"⁴
15. Rough sleepers are also disproportionately affected by a range of non-respiratory diseases that leave them particularly vulnerable, such as such as coronary heart disease and cancer. ⁵

Prisoners

16. Prisoners are at heightened risk from Covid-19 due to a range of factors including overcrowding of prisons and the poorer health of prisoners than the general population. The UK prison population is 95% male.⁶
17. “The physical health of the prison population, across a broad range of conditions, is much poorer than that of the general population. The proportion of prisoners aged over 50 increased from 7% in 2002 to 16% in March 2019. Living conditions across much of the prison estate are poor. As of February 2020, 60% (70) of prison establishments were crowded. These 70 prisons accommodate around 60,000 prisoners or 71% of the total prison population.
18. “The BBC on 7 April reported that 10 prisoners had died after contracting coronavirus. It was reported on 5 April that two staff members at HMP Pentonville had died after showing symptoms of coronavirus.”⁷

C. Issues of disadvantage disproportionately affecting men and boys exacerbated by the virus and measures brought in to tackle it

Suicide and poor mental health

19. There are growing concerns over the negative mental health impact of the extended period of lockdown and social isolation, particularly among those who are already vulnerable to poor mental health. Men are a particularly high-risk group due to a number of factors that are intensified by social distancing measures.
20. In addition to making up three-quarters of those who take their lives each year, men tend to have smaller social networks, are less likely to reach out for help with mental health problems. Men are also at greater risk of poor mental health due to knock-on effects of the pandemic -- men are more likely to become alcohol dependant and suffer disproportionately from economic downturns. Key facts on men’s poorer mental health:
 - In 2017, there were 4,383 male suicides (75%) and 1,439 among women⁸.
 - There were 213 male student suicides between 2012/13 and 2016/17 compared to 105 female student suicides. This is despite fewer male students. The rate for full-time students is 5.0 per 100,000 male students and 1.1 per 100,000 female students.⁹
 - Three million men feel lonely every day (11%) and one in ten men feel isolated¹⁰.

- Men suffer disproportionately in economic downturns – between 2008 and 2010, male employment fell by 3 per cent while that of women fell by 0.7 per cent. The decline in male employment in that period accounted for 84 per cent of the overall fall in employment. ¹¹
 - Men are nearly three times more likely than women to become alcohol dependent (8.7% of men are alcohol dependent compared to 3.3% of women, more likely to use (and die from) illegal drugs yet are less likely to access psychological therapies than women¹².
21. There have been a number of reports of men taking their lives, with isolation due to lockdown cited as a direct or contributory cause of their suicides.¹³¹⁴¹⁵

Separated parents

22. The COVID-19 outbreak and the lockdown has created a series of new concerns for parents, especially those who are already struggling to spend time with their children. This is very likely to have a disproportionate impact on fathers who make up the vast majority of non-resident parents.¹⁶
23. In the UK, 92% of lone-parent households are headed by mothers and about one million children in the UK are growing up without any contact with their fathers¹⁷.
24. Our member organisations that work with non-resident parents are receiving numerous reports that resident parents are using the current situation to prevent contact with children through breaches in Child Arrangement Orders, despite the Government stating that travel between parental homes is acceptable within the guidelines. “In one case a dad was told that his daughter could not go to his house because she was being held in self-isolation, only for him to find out that she was still attending school.”¹⁸

D. Issues relating to Covid-19 and the measures brought in to tackle it, for which men and boys are not adequately considered, acknowledged or included

Male victims of domestic violence

25. As has been widely stated, the current situation is an extremely dangerous time for people forced to self isolate with their abusers. It is imperative that these discussions and consequent policy provision include recognition of and support for male victims.

26. For every three victims of partner abuse, two will be female and one will be male. Every year 450,000 men in the UK suffer from partner abuse.¹⁹
27. In terms of refuges/safe houses, currently, there are 37 organisations with 204 spaces and only 40 of those places are dedicated for men. Many parts of the UK have no or limited places for men at all – for instance London, East Anglia and Kent/Sussex/Surrey has no spaces.
28. This means many men, including those with children, have little or no choice in this type of escape route. We of course want to see more refuge safe house provision for female victims and their children too.

Reviewing the measures

Q1. What needs to change or improve, which could be acted on in three weeks' time

29. In light of the greater rate of infection and death among men we support calls by the Men's Health Forum for public health messaging targeted at men as a matter of urgency.
30. "The government's messaging around Covid-19 targets specific higher risk groups including the over-70s and people with certain health conditions but there is nothing aimed directly at men, despite the fact that men appear twice as likely to die of Covid-19 as women."²⁰

Reviewing the measures

Q2. What needs to change or improve, which could be acted on in 6 months' time

31. Given the immediacy of the measures being put in place by the Government, the charity believes the longer term issues are more important.
32. This is because we believe that men's greater vulnerability to Covid-19 is an expression of existing men's health inequalities that require structural changes to address affectively.

Male Friendly Services

33. The 2012 Big Lottery report, Invisible Men²¹, conclude that "one of the biggest barriers in engaging men into social projects is this overall resistance to engage with gender as an issue from a male perspective. Despite evidence

that tells us that that male engagement is an issue, we do not rethink our approach. This needs to be tackled so that engagement can happen effectively.”

34. Internationally, best practice approaches to working with men state that one of the key ways to improve men’s access to healthcare is by developing male-friendly services. This approach was central to the Australian Government’s National Male Health Policy (2010)²², for example.
35. Closer to home, Ireland’s Men’s Health Action Plan²³ (2017-2021) identifies the ongoing development of male-friendly services as one of its four overarching themes, committing to: “build capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level.”
36. Furthermore, the WHO European Region’s draft strategy²⁴ on the health and well-being of men, published towards the end of 2018, highlighted the need to design more men-friendly and flexible primary health care services, including outreach services targeted at bringing the most at-risk men into these services.
37. The men and boys sector in the UK, as represented by Men and boys Coalition has a wealth of experience and expertise in taking strengths-based, male-friendly approaches to tackling some of the key issues that shape men and boys physical and mental health.
38. At present, the sector is underfunded and under-utilising resources in the fight to improve men’s health and wellbeing and we strongly recommend closer engagement with the sector.
39. There also requires more structural changes, and a change in attitudes from policy makers. Australia and Ireland have led the way in creating a national men’s health strategy which has made a difference to the support, recognition and attitude of public services toward men’s health and men’s mental health. The UK Government should do the same.

Public discourse around men’s health

40. While there has been an absence of male-targeted public health messaging, there has also been a consistent narrative that higher male death rates from Covid-19 are primarily due to men’s behaviour and “masculine norms”²⁵²⁶. Behaviours cited include higher numbers of male smokers, men’s tendency to drink more than women and studies suggesting men tend to wash their hands less often than women. However hard scientific evidence for the higher male death rate is still limited.

41. We are concerned that these presumptions may in fact underpin a lack of male-targeted messaging and policy in response to Covid-19 -- in effect it is a form of “victim blaming” that may result in positioning men and boys as a less deserving group for concern and policy provision because men’s infections are seen to some extent as being “their own fault”. These narratives may have a tendency to draw focus away from exploring biological causes of the higher male death rate; and disguise the issues of male gendered disadvantage and amplified vulnerability to Covid-19 outlined above.
42. We would urge public messaging and policy approaches to the gendered impact of Covid-19 to be made with awareness of the existing cultural dialogue around men’s health. Notably:
43. The public discourse around men and boys’ health tends to take a negative view of men, presenting a gender stereotype of stubbornly refusing to get help in order to maintain a strong and silent façade. While there may be some truth in this stereotype, there is general agreement among practitioners who specialise in working with men, that focusing on this deficit is unhelpful and the way forward is to develop male-friendly services that respond to men’s strengths.
44. This public and public policy discourse (characterised by the highly damaging phrase “Toxic Masculinity”) is shifting the blame for health problems that men and boys face as being primarily down to innate masculinity and/or the health problems they develop are the fault of men and boys. We believe it is vital that this phrase is not used in public discourse as it is a shaming phrase. We recommend the committee listen to the BBC Radio 4 documentary (#OurBoysAsWell)²⁷ broadcast on 1 March 2019 which explores the impact of these issues on boys and young men.
45. A public discourse that places the overwhelming onus and responsibility on men and boys to address their own health problems is an avoidance of social, statutory service and Governmental responsibility. It is an excuse for society and policy makers to not address the structural causes of men and boys’ health problems and also for service providers to not create male friendly health services.

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¹ <https://www.menshealthforum.org.uk/news/over-70-uk-covid-19-deaths-are-male>

² <https://www.menshealthforum.org.uk/news/men-are-34-uk-covid-19-intensive-care-deaths>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf

⁴ <https://www.kcl.ac.uk/news/its-taken-the-coronavirus-crisis-for-people-to-see-rough-sleeping-for-the-public-health-emergency-it-is>

⁵ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30240-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30240-3/fulltext)

⁶ <https://www.gov.uk/government/statistics/prison-population-figures-2019>

⁷ <https://commonslibrary.parliament.uk/research-briefings/cbp-8892/>

⁸ <https://www.bbc.co.uk/news/health-45407487>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/estimating-suicide-among-higher-education-students-in-england-and-wales>

¹⁰ <https://www.express.co.uk/life-style/health/799297/Britain-lonely-men-suffering-jo-cox-suicide-research>

¹¹ <https://pdfs.semanticscholar.org/af3f/5bdd79dec8f7307edcb63592e5bd7e344522.pdf>

¹² <https://www.menshealthforum.org.uk/key-data-mental-health>

¹³ <https://www.thesun.co.uk/news/11318958/man-coronavirus-self-isolation-kills-himself-say-family/>

¹⁴ <https://www.dailymail.co.uk/news/article-8196509/Devastated-mother-40-tells-finding-15-year-old-son-dead-lockdown.html>

¹⁵ <https://www.dailymail.co.uk/news/article-8241843/Father-one-21-took-life-telling-family-not-lockdown-alone.html>

¹⁶ <https://www.bbc.co.uk/news/av/uk-northern-ireland-52361027/coronavirus-some-parents-may-not-see-their-children-for-months>

¹⁷

http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Fractured_Families_Report_WEB_13_06.13.pdf

¹⁸ <https://fnf.org.uk/news-events-2/press-releases/167-press-releases-2020-archive/581-press-release-for-immediate-release-20th-april-2020>

¹⁹ <http://new.mankind.org.uk/wp-content/uploads/2015/05/30-Key-Facts-Male-Victims-February-2017-1.pdf>

²⁰ <https://www.menshealthforum.org.uk/news/covid-19-forum-urges-public-health-talk-directly-men>

²¹ https://youngfoundation.org/wp-content/uploads/2012/10/INVISIBLE_MEN_-_FINAL.pdf

²² <http://www.health.gov.au/malehealthpolicy>

²³ <https://www.mhfi.org/news/699-launch-of-healthy-ireland-men-action-plan.html>

²⁴ <http://www.euro.who.int/en/publications/abstracts/the-health-and-well-being-of-men-in-the-who-european-region-better-health-through-a-gender-approach-2018>

²⁵ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30823-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30823-0/fulltext)

²⁶ <https://www.theguardian.com/commentisfree/2020/apr/07/coronavirus-hits-men-harder-evidence-risk>

²⁷ <https://www.bbc.co.uk/programmes/p0726xpc>