MEN'S DEVELOPMENT NETWORK PRE-BUDGET SUBMISSION 2025

A SUBMISSION TO THE MINISTER FOR FINANCE.

Men's Development Network

Better Lives for Men, Better Lives for All

www.mensnetwork.ie (051) 844 260 info@mensnetwork.ie

Men's Development Network Pre-Budget Submission 2025

Authors:
Dr Kenny Doyle (Project Development Officer – Research, Policy & Advocacy)

Colm Kelly Ryan (Director of Services – Health, Development & Advocacy)

Luca Costanza (Student Intern)

Design:
Stephen Fullerton (Communications Officer)

Published:
August 2024

Website: www.mensnetwork.ie
Email: info@mensnetwork.ie

CRO No.: 307175 | CHY No.: 13634 | RCN: 20042974

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Key Recommendations

1. Care and Support

- Increase Maternity, Paternity and Parents Leave Pay to at least the Minimum Essential Standard of Living (MESL) rate of €14.90 per hour which equates to €521.50 per week
- Conduct an exploration in policy terms to examine what can be done to equalise rates of pay for people whose employer cannot or will not pay the top ups. The aim should be to eradicate the currently high replacement rate and to make Maternity, Paternity and Parents leave open to all irrespective of who their employer is
- We recommend that Parents Leave be extended beyond the current 9 weeks as a means of promoting gender equality in caring and parenting and as a means of reducing gender inequalities in working life
- Extend the Duration of Paternity Leave to at least 6 weeks
- Eliminate PRSI Contributions Requirement for Paternity Benefit Eligibility
- Affordable, State-Owned Childcare Services

2. Mens Health and Wellbeing

- Men's Development Network is advocating for a ring-fenced annual funding of €35 million in men's health services to support the implementation of the HEALTHY IRELAND - MEN (HI-M) Action Plan 2024-2028. This must address the health inequalities experienced by marginalised men by developing targeted, and culturally appropriate practices in health services embedded with health equality data collection.
- Men's Development Network is recommending Men's Development Network is recommending the full implementation of Sláintecare by allocating an additional 12% over last year's (2024) health budget to continue the delivery of universal healthcare. This would include publishing the 2024-2027 Sláintecare Framework and 2025 Action Plan by Q1 2025 at the latest, developing patient-centred care models to ensure quality primary and community care[i].
- An annual 4.5-million-euro media awareness campaign around health issues specific to men.
- Increased Time of Availability of Primary Healthcare Services
- Implementation of Free GP Care as Part of the Sláintecare Roll-Out
- National Strategy to Increase Male Participation in Care and Nursing Work

Introduction to Men's Development Network

As a national organisation which advocates for transforming masculinities, a feminist and intersectional approach to advance the changing of norms and behaviours and to promote health and wellbeing among men and boys, gender equality, and ending gender-based violence.[ii] Men's Development Network welcome the opportunity to provide a written budget submission to Government, the Minister for Finance, and the Minister for Health for consideration in the formulation of Budget 2025.

This written submission is informed by three key features:

- Our organisation's 27 years of practice in engaging with men and boys across Ireland in relation to their health and wellbeing,[iii] their social, emotional, and interpersonal development[iv] and our client support programmes for male perpetrators[v] and victims/survivors[vi] of domestic violence.
- Our experience as Coordinating and Managing Partner of Engage National Men's Health Training Programme.[vii]
- Our ongoing participation in the State of the World's Fathers research programme
- Men's Development Network is an associate member of Global Action on Men's Health (GAMH)[viii] and is Ireland's only member-organisation within MenEngage Alliance International.[ix] We also serve on the Steering Committee of MenEngage Alliance Europe[x] and have close relationships with global gender equality institutes such as Equimundo Center for Masculinities and Social Justice.[xi] As a result, Men's Development Network bring practical knowledge of the national and international best practices for engaging with men and boys in relation to their health and wellbeing through a transforming masculinities approach which is strengths and evidence-based.

The Men's Development Network was established in 1997 in the southeast of Ireland by a group of men supporting each other to be the best fathers and partners possible. This initial group of men grew in their awareness of how the system of patriarchy impacted negatively on them, their partners, and families. In its initial years in existence, the network ran several projects working with men who were at risk of or experiencing marginalisation, in the most marginalised communities. During this time the network and its participants co-created and developed its own methodology of engaging men that has influenced the delivery and development of all its programmes and practices.

These engagements with men also played a significant role in informing the first Men's Health Policy in the world, with a strong emphasis on a social determinants model of men's health. From these early roots, the organisation has grown significantly. Our headquarters is situated in Waterford City, with a core staff of 29 and a further 22 sub- contracted staff working on all our programmes.
As an organisation we have five core values that, when adhered to, create the conditions for individuals to thrive and grow and for societies to adapt and change for the betterment of all. These values of Equality, Non-judgmentalism, Partnership, Professionalism and Love underpin all our work and ensure that the principles of tolerance, respect and dignity are cornerstones of our non-adversarial approach. We see our work within a transformative framework, that aims to create positive environments for reflection, analysis, leading eventually to action, whether this is as individuals or as a society.

The foundations and structures to transform to a more equal society exist. The next step we feel is the transformation of hearts and minds. The rationale and evidence are now in place to positively engage men and boys in becoming the catalyst and agents of change. This is only one piece to the puzzle but a significant piece nonetheless in creating the cultural shifts that engage the silent majority of men and boys in becoming their most authentic selves.

1. Care and Support

Care is a foundational aspect of all societies; it is woven into the fabric of our existence and is an inevitability as we will all give and receive care over the course of our lives. At present however the responsibility for parenting and caring is disproportionately carried by women and this has many negative knock-on effects in terms of gender equality. It hinders female progression in the workplace and contributes to the glass ceiling whereby women have limited prospects for promotion. It also contributes to gender pay gaps whereby women on average earn less than their male counterparts and have gaps in pension provision due to time spent out of the labour force and in caring roles. At the same time the male breadwinner model which sees men primarily as providers has often acted to exclude men from the socially valuable and emotionally rewarding practices of care within their own families.

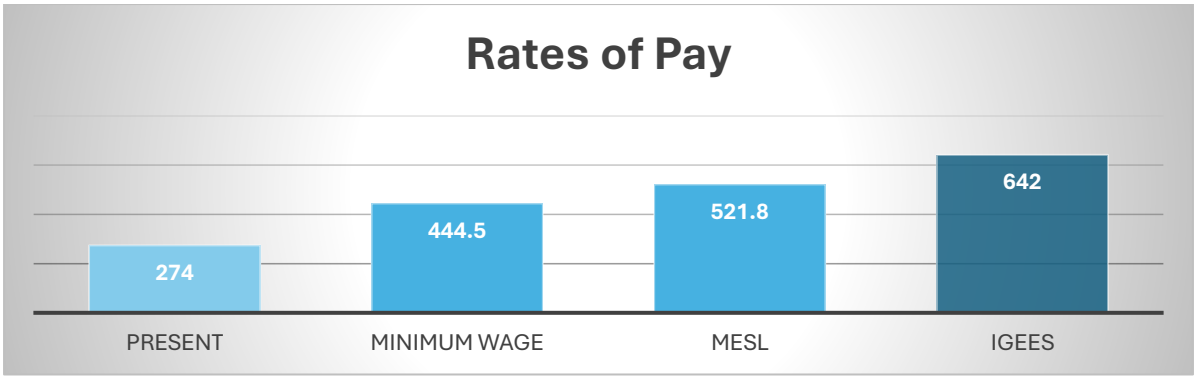
Research carried out by Men's Development Network in 2022 found that 84% of men and 81% of women agreed with the statement 'caring for my children is one of the most enjoyable things in my life'. 65% of men and 74% of women said they would give up career opportunities to care for their children. Similarly, 69% of men and 78% of women said they would consider working part-time to allow them to care for their children. This demonstrates that there is an as yet unmet demand for men to participate more in caring for their children. To this end Men's Development Network are calling for changes in the length of paternity leave and changes in the rates of remuneration for maternity leave paternity leave and parents leave.

Ireland is a relative newcomer to the area of statutory paid paternity and parental leave having only introduced it in 2016. At present fathers can take 2 weeks paternity leave which can be taken any time in the first 6 months after the birth. More recently Ireland has introduced 9 weeks paid parental leave, while we welcome this development it must be noted that this is the minimum requirement of the 2019 EU Work-Life Balance Directive which had the objectives of

- Better supporting a work-life balance for parents and carers;
- Encouraging a more equal sharing of parental leave between men and women;
- Addressing women's underrepresentation in the labour market

Ireland has shown a desire to achieve gender equality and we believe that one of the most potentially effective measures to bring this about in the labour market is that of making it easier to share domestic and caring responsibilities so that men can do more and women will not be penalised in their professional lives by having to undertake the majority of the care and domestic responsibilities.

At present maternity leave, paternity leave and parents leave are all paid at a flat rate of €274 per week. There are obvious benefits to having a flat rate payment as it minimises the administrative burden on the state in calculating entitlements, yet we argue that the present rate of payment is far too low. The minimum wage at the time of writing is €12.70 per hour which would pay assuming a 35-hour work week €444.5 gross. The Minimum Essential Standard of Living (MESL) rate is €14.90 per hour which equates to €521.50 per week. Research carried out by the Irish Government Economic and Evaluation Service (IGEES) in 2020 found that the average take home pay for a private sector worker was €642.



While some organisations offer a top up payment to employees taking leave to match their normal rates of pay there are many who do not. Survey evidence from the Irish Business and Employers Confederation (IBEC) claims that a mere 46% of companies offer top ups for paternity leave. CSO research from 2023 found that almost one-third of women that started maternity leave in 2021 did not receive any payment from their employer during their leave period.

As such there are high replacement rates for taking leave and for many people taking a period of paternity or maternity leave would involve taking a significant financial hit. There is a need for this imbalance to be corrected as taking maternity, paternity and parents leave should be open to everyone and should not involve such significant financial losses for those whose employer cannot or will not pay the top ups.

We recommend that all flat rate payments for maternity, paternity and parents leave be increased from €274 per week to at least the MESL rate of €521.80 per week. Following on from this we request that there be an exploration in policy terms to examine what can be done to equalise rates of pay for people whose employer cannot or will not pay the top ups.

We recommend that Paternity Leave be extended to at least 6 weeks so as to reflect the importance of the division of household and caring labour and to help embed paternal care in normative practice.

We recommend that Parents Leave be extended beyond the current 9 weeks as a means of promoting gender equality in caring and parenting and as a means of reducing gender inequalities in working life

The present system also links eligibility for payments to PRSI contributions. This can act to penalise those with interrupted and/or irregular employment records.

We recommend that eligibility criteria for Maternity, Paternity and Parents Leave disregard PRSI contributions and become universal entitlements.

So far the features we have pointed out relate to the sharing of care and parenting within the home but there also large changes needed in the provision of childcare in Ireland. At present the arrangements for Early Childhood and Care (ECEC) are not serving the best interests of those who are using them or those who are providing them. ECEC in Ireland is piecemeal and expensive, the 2022 Annual Early Years Sector Profile Report by Pobal highlighted how in 2020/2021 the average weekly fee nationally per child for a full day was €186.84 for part-time was €110.92 and for sessional was €74.20 The prohibitive costs of ECEC mean that there are stark issues of inequality of access where only those who can afford to buy care benefit from it. In the absence of affordable and accessible ECEC it is generally women who take up the shortfall of care for children and this has numerous negative effects on career progression, pay, pensions and social participation.

We at Men's Development Network share the call made by the National Women's Council to Deliver a fully public funded and provided system of Early Childhood Education and Care (ECEC). We echo the call to increase investment in ECEC to 1% of national income by 2030 and to include an additional €300m in Budget 2025.

2. Mens Health and Wellbeing

There is a great need for fully resourced implementation of the HEALTHY IRELAND - MEN (HI-M) Action Plan 2024-2028 to remove the structural and social barriers to accessing health care services for men. Within the HI-M 2017-2021 and the Department of Health's Statement of Strategy 2023-2025, there is no acknowledgement of the structural and social barriers that men face when accessing healthcare services in Ireland. Men in Ireland experience structural, psychological, and social barriers to accessing healthcare services[xii].

Men's Development Network acknowledges initiatives in this area. For example, this year's (2024) Men's Health Week had a theme of 'Know Your Numbers' which is certainly a step in the right direction. However, while there has been a shift in healthcare policy documents in the last decade which increase the emphasis on ensuring access to healthcare based on need, *"a repeated failure to implement the proposed reforms raises questions as to whether there is a real commitment to improving access to health care[xiii]."*

Many men are deterred from accessing health services are discouraged from accessing health services by systematic barriers including cost, time (a perception of wasting their own and the GPs time, this is tied to the need to have a tangible illness and waiting in the surgery) and female GPs. There is a general trend across Europe of men not accessing healthcare services.

Across Europe, men are less likely than women to have had their blood pressure checked in the past year (62% of women compared to 55% of men) or to have had a cholesterol screening test (39% of women compared to 35% of men)[xiv]. These trends are also present in Ireland, testing rates for blood pressure among men is 46%, with just over half of blood pressure checks being carried out upon doctors' initiatives.

There are a range of factors at a service level which can be described as barriers to men's more frequent or more prompt use of health services, particularly primary care services, such as access to family doctors and smoking cessation services[xv].

There are a multitude of reasons for such barriers which include cost of services, services only being available during traditional working hours, lack of flexibility in many men's working days, excessive delays for appointments, rushed consultations, a perception that GP waiting rooms and other services are designed around the needs of women, and lacking the vocabulary required to discuss sensitive issues[xvi].

The most commonly reported barrier to health screening across all domains is a fear of being diagnosed with a disease and its consequences[xvii]. This is followed by a perception of low risk of having a medical condition and fear of a painful screening procedure[xviii].

The most commonly reported facilitators to health screening in men are perceived risk, perceived benefits of screening and physicians' recommendations to attend screening. Knowledge regarding health and screening is the most reported factor which influence men's attendance at health screening as it affects men's perception of their own health and the benefits of screening[xix].

This evidence suggests that knowledge is the most important factor which influences men's attendance at health screenings, and this gives rationale for Men's Development Network's

asks regarding barriers of access to healthcare. Masculinity attributes such as avoidance of femininity, self-reliance, and heterosexual self-presentation are the most cited male-dominant barriers to screening[xx]. Lack of knowledge, lack of time, fear and screening procedure are also found predominantly in men.

The most important factors that motivate men to attend health screenings include knowledge, partner's role, and physician's recommendation(s). To be effective, it is not enough for a screening intervention which targets men to just address individual barriers. Strategies should incorporate external factors such as health system, healthcare professionals and screening procedure, family and friends[xxi].

Men who did not attend health checks are predominantly from low socio-economic status, less well educated, were not married, smokers, have low self-efficacy and are less likely to believe in the efficacy of health checks. This all highlights the importance of considering the role of gender, and masculinities in particular, when advising men on health screening and when developing a health policy on health prevention.

The development of interventions to promote health screening should account for gender-specific barriers and facilitators[xxii]. Given these structural and social barriers of access, Men's Development Network are advocating for the development and implementation of a National Strategy to remove the structural and social barriers men experience when accessing healthcare services.

Such a strategy should include a national media campaign around health issues which are specific to men[xxiii], expanding free screening services, removing GP costs, promoting male participation in care and nursing work, and expanding the time of availability of primary care services.

Further National Media Campaigns Around Health Issues Specific to Men:

Men's Development Network is calling for an annual 4.5-million-euro media awareness campaign regarding health issues specific to men. Lack of information/knowledge is often cited as a barrier of access for men and the media have proven to be effective in raising awareness of specific issues which affect men's health, and this awareness prompted more men to attend screening services[xxiv].

Perceived risk and perceived benefits of screening are one of the most commonly reported facilitators to health screening in men. Moreover, individual factors such as knowledge, masculinity attributes, attitudes and values, fear, communication and resources also influence health screening uptake in men[xxv]. This highlights the importance of having a national media campaign which raises awareness of health issues specific to men.

Such a media campaign should empower men to access health screenings by offering knowledge about available screening services, as well as knowledge about particular health issues such as prostate cancer, lung cancer, and ischaemic heart diseases.

A media awareness campaign would assist in facilitating more men to attend health screenings as such a media campaign would highlight the benefits of attending health screenings and the potential risks men face if they do not regularly attend health screenings.

Such a media campaign would predominantly tackle the social and individual psychological barriers of access by raising awareness of men's health issues in a non-judgemental, non-stigmatised way that empowers men to attend health screenings. An example of this is the 'Prostate Cancer UK' campaign[xxvi].

Increased time of availability of primary healthcare services:

Access to primary healthcare services is fundamental for realising the right to health. The limited time availability, particularly of primary healthcare services, is a barrier of access that men experience[xxvii]. **Men's Development Network is advocating for an extension in operational hours of primary healthcare services.** This would enhance healthcare access for men which would in turn lead to better health outcomes for men. The top industrial groups among men aged 15 years and over at work are farming, IT services, construction, and compulsory social security activities[xxviii].

These jobs often have rigid work schedules and commitments that coincide with traditional operating hours of primary healthcare facilities. Extending the operational hours of primary healthcare services into the evenings and weekends would provide men with the flexibility to access primary healthcare services without conflicting with their work responsibilities. Another solution to this issue is to introduce flexible working arrangements to allow for men to get time off work for such appointments into legislation.

Men in Ireland are statistically less likely to access healthcare services[xxix]. One of the reasons for this, which goes hand-in-hand with why there is a need for an expansion of the operational hours of primary healthcare services, are traditional masculinities. Men are more likely to delay or forgo necessary health screenings when primary healthcare services are only offered during traditional operating hours.

Extending operational hours or introducing legislation which enforces flexibility regarding taking time off work to attend a health screening, would help to mitigate this issue as it would make primary healthcare services more accessible and convenient for men. This would encourage timely medical consultations, and it would be a great preventive measure.

Implementation of Free GP Consultations as part of Sláintecare:

The 4th fundamental principle of the Sláintecare Implementation Strategy and Action Plan 2021-2023 is *"care provided free at the point of delivery, based entirely on clinical need[xxx]."*

Men's Development Network recommends the implementation of this 4th principle as part of the Sláintecare strategy, but also as part of a national strategy to remove barriers of access to healthcare services which men experience. A 2007 study highlighted that in Northern Ireland, where services are free at the point of delivery, only 1.8% of patients are deterred by cost from seeing their GP.

Comparatively, in the Republic of Ireland, *"more than one in four more than one in four of the paying patients had a health problem in the year prior to the study but did not attend the GP because of cost[xxxi]."* Some 19% of patients in ROI had a medical problem but did not consult a GP in the previous year due to cost[xxxii]. This figure is likely to have increased since the study was conducted as the cost of living in Ireland has risen significantly since 2007. According to the CSO's Consumer Price Index Inflation Calculator, the percentage change from January 2007 to May 2024 is 29.4%[xxxiii].

The average GP consultation fee in Ireland ranges from €45 to €70. This consultation fee deters men, particularly men on low-incomes and students. Implementing the free GP care Sláintecare policy would ensure financial constraints does not prevent men from accessing primary healthcare services, particularly if implemented as part of a larger national strategy to remove the structural and social barriers of access to healthcare services that men experience. Universal GP care, free at the point of use would cost the state approximately

€500 million per annum[xxxiv]. Free GP consultations at the point of use for all would add "*relatively little to total health expenditure[xxxv]."*

It should be noted that a significant proportion of this cost reflects a shift in spending from private individuals paying at the point of use to the State paying for GP visits under a capitation scheme. Hence, much of the additional spending does not reflect a net cost to society but rather a change in how contributions for healthcare services are made[xxxvi]. Universal GP care which is free at the point of use could result in lower hospital costs and shorter waiting lists as conditions are treated in a timelier manner.

Strategy To Increase Male Participation in Care and Nursing Work:

Men's Development Network is advocating for a national strategy to increase male participation in care and nursing work. This is essential for several reason: physicians' gender is often cited as a barrier of access for men accessing health care services, increasing male presence in a female dominated field increases gender equality, and it also helps to tackle gender norms and stereotypes.The promotion of a gender sensitive career, such as care work, and life orientation has the goal of enabling all genders to make their life's choices free from restrictive gender norms[xxxvii]. Moreover, it would also contribute to an understanding of care work and healthcare work as not feminised work but instead as an important societal task that must be done by all genders, and it also promotes gender equality by fostering images of masculinity that includes care for others, caring about others, and caring for one-self[xxxviii].

Masculinity attributes such as avoidance of femininity, self-reliance, and heterosexual self-presentation are often cited as barriers of access[xxxix]. Fostering images of masculinity as caring for others and one-self are essential for increasing men's access of healthcare services as stigma, societal norms and physicians' gender are also often cited as barriers of access which men experience.

There are numerous examples of good practice of promoting care professions to men and boys. The 'Men in Childcare' initiative in Scotland as a series of accredited training courses for unemployed men, and men who want a career change, for men to work in childcare and related professions. This 16-week introductory course was offered free of charge in the evening, and it provided participants with accreditation for either seeking basic employment in childcare or as a basis for further courses and national certification in education and childcare[xl]. Promotion of the training programme included flyers, radio, and newspaper ads. Since the project first began, the number of men employed in childcare has increased significantly, for example from 1% to 10% in Edinburgh[xli].

Having increased male representation in care and nursing professions would help facilitate more men to access healthcare services as it addresses multiple barriers of access, namely stigma, gender norms and stereotypes, physicians' gender, and the notion that healthcare services cater more towards women's needs. Having persons trained to talk with their male peers about health issues would help to normalize conversations about health and help-seeking[xlii]. Having increased male participation in nursing and caring professions would help to facilitate this.

Men's Development Network is advocating for the abolition of the Carer's Allowance means-test, with an incorporation of Carer's Allowance into a Participation Income model. In the interim, increase Carer's Allowance disregard to €1,000 (couples) and €500 (single). Care responsibilities must be recognised so those who work part-time don't have to prove they can work full-time to be eligible for Jobseeker's Payments[xliii].

Health Inequalities in Ireland:

The subpopulation of men which experiences the most health inequalities in Ireland is the Traveller community. Data shows poor or compromised health being the norm among Traveller men, and this is the result of a complex interplay of social and environmental determinants, including gender, ethnicity, social status, education, and access to employment options[xliv].

The *All-Ireland Traveller Health Study Team* (2010) put a spotlight on the health status of Traveller men. The suicide rate among Traveller men is 6.6 times higher than in the general Irish population[xlv]. Travellers have a young population which reflects a high birth rate, high mortality rates, and low life expectancy. Traveller men have a younger age profile than the general population, only 3% of Traveller men were aged 65+ compared to 13% in the general population[xlvi]. Life expectancy for Traveller men in Ireland is 71.3 years which is 8 years less than the general population[xlvii]. This figure has not changed significantly since 1987 and is similar to the life expectancy of the general Irish population in 1945-47[xlviii]. This highlights the failure of successive governments to adequately engage with the men in the Traveller community, and to better the health and wellbeing of Traveller men.

Men born to parents in professional jobs have a higher life expectancy to men born to parents who are “unskilled.” This indicates a lack of social mobility in Ireland and many people will remain in the same situation of inequality into which they were born[xlix]. Income inequality in Ireland has a direct correlation with higher infant mortality, higher rates of drug abuse, lower educational scores, greater prevalence of mental illness, greater rates of obesity, and less social mobility[l]. Data from the 2016 Census highlights that men in the most deprived have the worst life expectancy, with life expectancy of the most socioeconomically advantaged areas being five years longer than the poorest (84.4 years and 79.4 years respectively). The difference in life expectancy at birth for men in the professional social class group was 6.1 years higher than their “unskilled” counterparts[li]. Simply being born into a higher social class group means you will live longer compared to others. Male mortality rates are on average 1.4 times higher than those of women, with men being on average 1.5 times more likely to die from cancer and circulatory disease than women and 1.4 times more likely to die from respiratory diseases[lii]. The ESRI has established that there is a strong social gradient in mortality in Ireland. ‘Farmers’ and ‘agricultural workers’ have mortality risks that are respectively 2 times and over 2.5 times those of ‘employers and managers.’

Essentially, where a man is born, and to what social class he is born into will heavily influence their mortality and health condition. Men born into more socioeconomically advantaged areas and backgrounds will live longer than men born into socioeconomically deprived areas and backgrounds.

Current Strategy Regarding Health Inequalities:

Men’s Development Network is aware that the Healthy Ireland Framework for Improved Health and Wellbeing 2013-2025 recognizes health inequalities in Ireland, with Goal Two of the framework seeking to reduce health inequalities[liii]. This strategy acknowledges that health and wellbeing is not evenly distributed in Irish society and the Framework states that reducing health inequalities will positively affect society and targeted interventions which tackle the specific needs of at-risk groups are needed.

Actions are being delivered across the country which seek to engage individuals and communities to improve their health and wellbeing. These outputs are primarily delivered through HSE Community Healthcare Organisations (CHO), with each CHO having its own Healthy Ireland implementation plan[liv]. Men’s Development Network recognises that both Healthy Ireland and Sláintecare acknowledge the role of that social determinants of health play in health inequalities. We also recognise the ambition of the reforms that are need in

order to deliver Sláintecare's vision of the Right Care, in the Right Place by the Right Team at low or no cost.

There are however significant barriers in access to healthcare that many men experience. Men's Development Network argues that Healthy Ireland cannot deliver on goal two by focusing on behavioural and lifestyle change interventions alone as men experiencing health inequalities are largely outside the reach of these actions and do not engage with these activities. There is an evident lack of clear systematic reporting within different socioeconomic groups which makes it difficult to track how effectively health inequalities are being tackled.

Strategy Which Targets the Fundamental Causes of Health Inequalities:

It is important to note that removing barriers of access to healthcare works hand-in-hand with the tackling of health inequalities. The recommendations made by Men's Development Network regarding barriers of access to healthcare would also assist in the tackling of health inequalities.

Men's Development Network is advocating for the adoption of an inter-departmental strategy which targets the fundamental causes of health inequalities. *"Tackling health inequalities requires a blend of action to undo the fundamental causes, prevent the harmful wider environmental influences and mitigate the negative impact on individuals*[lv]*."*

NHS Scotland has laid out a list of key actions which would help to reduce health inequalities and these actions target the source of these health inequalities rather than the symptoms. NHS Scotland emphasize the importance of cross-sector action which would involve a wide range of organisations. NHS Scotland also acknowledges that *"resources and actions need to be reallocated from interventions that are not effective to those focused on reducing health and social inequalities with the prioritisation of social equality and justice*[lvi]*."* NHS Scotland has listed multiple key actions which would help in tackling the fundamental causes of health inequalities. These include the introduction of a minimum income for healthy living, ensuring the welfare system provides sufficient income for healthy living and reducing stigma for recipients through universal provision in proportion to need, having a more progressive individual and corporate taxation system, ensuring greater and more equitable participation in elections and local public service decision-making, and having active labour market policies (e.g. self-employment incentives, apprenticeships schemes, hiring subsidies) and holistic support (e.g. affordable childcare) to create good jobs and help people get and sustain work[lvii].

Men's Development Network is advocating for a ring-fenced annual funding of €35 million in men's health services to support the implementation and further development of the Men's Health Action Plan. This must address the health inequalities experienced by marginalised men by developing targeted, and culturally appropriate practices in health services embedded with health equality data collection. Men's Development Network is recommending an increase in investment in infrastructure and supports for community organisations under the roll-out of Sláintecare by €6725.5 million[lviii]*.*

Full Implementation of Sláintecare Universal Healthcare:

Men's Development Network is advocating for the full implementation of Sláintecare Universal Healthcare. The European Commission has noted that plans to achieve universal coverage "remain less detailed" and have been scheduled further down the reform timeline[lix]. Universal healthcare is critical for tackling health inequalities, and the delay in its implementation is a cause for concern.

The Covid 19 pandemic illustrated how a planned introduction of reform and improvements to healthcare delivery and configuration can be swiftly introduced when they are urgently required.

In Ireland, only 30-40% of the population are provided universal coverage of primary care through a complex scheme of means-tested and age-based medical cards[lx]. The remainder of the population purchases private insurance to finance private or semi-private care also performed in public hospitals. Consequentially, wealthier people who have private insurance gain quicker access to specialist consultations, while poorer patients remain stuck on long waiting lists, even if they are formally eligible for free care[lxi]. The Irish healthcare system is a de facto two-tier health system which gives priority to those who can pay, not to those who are more in need of medical care.

Ireland remains the only country in Western Europe without universal primary care coverage. This only serves to exacerbate existing health inequalities, and this is a reason why Men's Development Network are advocating for the full implementation of Universal coverage of primary care as part of Sláintecare.

Men's Development Network is recommending the implementation of Sláintecare by allocating an additional 12% over last year's (2024) health budget to continue the delivery of universal healthcare. This would include publishing the 2024-2027 Sláintecare Framework and 2025 Action Plan by Q1 2025 at the latest, developing patient-centred care models to ensure quality primary and community care[lxii].

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[i] NWCI (2024), p.6
[ii] For further information, see: <https://mensnetwork.ie
[iii] Men's Development Network is the Managing and Coordination Partner of the Engage National Men's Health
[iv] Training Programme. See: <https://mensnetwork.ie/mens-health/> and <https://engagetraining.ie.
[v] For information on our developmental methodologies for engaging with men and boys and current national programmes for men, see: <https://mensnetwork.ie/development-programme.
[vi] The MEND Programme works with male perpetrators of domestic violence in supporting men to end their violent or abusive behaviour and become non-violent and respectful within their intimate partner relationships. MEND operates across 8 counties in Ireland and also delivers the national CHOICES Programme. See: <https://mensnetwork.ie/mend.
[vii] The Male Advice Line is the national freephone service for male victims/survivors of domestic abuse and violence <https://mensnetwork.ie/male-advice-line
[viii] Global Action on Men's Health . https://gamh.org/
[ix] MenEngage Alliance' <https://menengage.org
[x] 'Men's Development Network and MenEngage Alliance Europe' <https://mensnetwork.ie/menengage
[xi] 'Promundo: Healthy Masculinity, Gender Equality'[xi] 'National Men's Health Policy 2008-2013' (Department of Health, 2008) at pages 19-24 <https://www.mhfi.org/menshealthpolicy.pdf> accessed May 24th, 2022.
[xii] Hennessy, M. and Mannix-McNamara, P., (2014). Gendered perspectives of men's health and help seeking: Implications for public health and health promotion. *International Journal of Medical and Health Sciences Research*, p.17
[xiii] Connolly, S (2024). 'Improving access to healthcare in Ireland: an implementation failure,' *Health Economics, Policy and Law*. 19, pp.46-56, p.46
[xiv] European Commission (2011), *The State of Men's Health in Europe,'* p.31
[xv] *Ibid*, p.33
[xvi] *Ibid*, p.33
[xvii] Factors which influence the uptake of health screening in men fall within five domains: individual, social, health system, healthcare professional and screening procedure. The six individual factors

which influence health screening uptake in men are knowledge, masculinity attributes, attitudes and values, fear, communication and resources. Factors within the social domain include influence of family and/or peers and stigma. For the health system domain, factors include health information, accessibility to screening services, cost, screening programme or policy, quality of service and men's health advocacy. Healthcare professional factors include communication, physician's gender and ethnicity, physician's recommendation(s), and attitudes. The nature of the screening procedure also impacts a man's decision to attend a health screening.

[xviii] *Ibid,* p.170
[xix] *Ibid*, p.174
[xx] *Ibid*, p.171
[xxi] *Ibid*, p.175
[xxii] *Ibid*, p.175
[xxiii] An example of this is prostate cancer
[xxiv] Hennessy, M. and Mannix-McNamara, P., (2014), p.22
[xxv] Teo, C., H., *et al*. (2016), p.170.
[xxvi] See https://www.youtube.com/watch?v=KT-QiMZkAn8
[xxvii] *Ibid*, p.170
[xxviii] Central Statistics Office (2022). See figure 2.3. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-cpp7/census2022profile7-employmentoccupationsandcommuting/atwork/
[xxix] Devine, P., & Early, E. (2020), *Men's Health in Numbers*. P.18
[xxx] Government of Ireland (2021) *Sláintecare Implementation Strategy & Action Plan*. Available at: https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/
[xxxi] O'Reilly, D., *et al.* (2007) 'Consultation charges in Ireland deter a large proportion of patients from seeing their GP: Results from a cross-sectional survey,' *European Journal of General Practice*, pp. 231-236. P.234
[xxxii] *Ibid*, p.231
[xxxiii] CSO. Available at: https://visual.cso.ie/?body=entity/cpicalculator
[xxxiv] Connolly, S., *et al* (2018). 'Universal GP Care in Ireland: Potential Cost Implications,' *The Economic and Social Review*, 49(1), pp.93-109. P.104
[xxxv] *Ibid*, p.106
[xxxvi] *Ibid*, p.104
[xxxvii] Boys In Care (2019), *Strengthening Boys to Pursue Care Occupations*. P.7
[xxxviii] *Ibid*, p.7
[xxxix] Teo, C., H., *et al*. (2016), p.171
[xl] Boys In Care (2019), p.104-105.
[xli] *Ibid*, p.104-105
[xlii] Baker, P. (2021), *Men and Primary Care: Removing the Barriers*. Available at: https://info.primarycare.hms.harvard.edu/perspectives/articles/men-primary-care
[xliii] National Women's Council of Ireland (2024), *Pre-Budget Submission 2025.* P.23
[xliv] Hodgins, M & Fox, F. (2014) 'Causes of causes': ethnicity and social position as determinants of health inequality in Irish Traveller men, *Health Promotion International*, p.231
[xlv] Devine, P. and Early, E. (2020), Men's Health in Numbers: Trends on the Island of Ireland, p.114
[xlvi] *Ibid*, p.12
[xlvii] European Union Agency for Fundamental Rights, 'Travellers in Ireland,' (2020), p.4
[xlviii] Devine, P. and Early, E. (2020), Men's Health in Numbers: Trends on the Island of Ireland, p.45
[xlix] TASC (2014) '*Creating A Flourishing Society: Tackling Socio-economic Determinants of Health Inequalities,'* p.3. Available at: https://www.tasc.ie/assets/files/pdf/tasc_creating_a_flourishing_society_imo_april_2014.pdf
Also see Kathleen Lynch's 'Equality in Education' to see how the Irish education system also contributes to this lack of social mobility
[l] *Ibid*, p.3-4
[li] European Anti-Poverty Network (EAPN) (2020). '*Giving Health Inequality a Voice.'* P. 14. Available at: https://www.eapn.ie/wp-content/uploads/2020/09/Giving-Health-Inequality-a-Voice-Final.pdf
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[lvii] *Ibid*, p.4
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