



# ENGAGING MEN

## AS PARTNERS & PARTICIPANTS:

Guiding Principles, Strategies,  
and Perspectives for  
Community Initiatives &  
Holistic Partnerships

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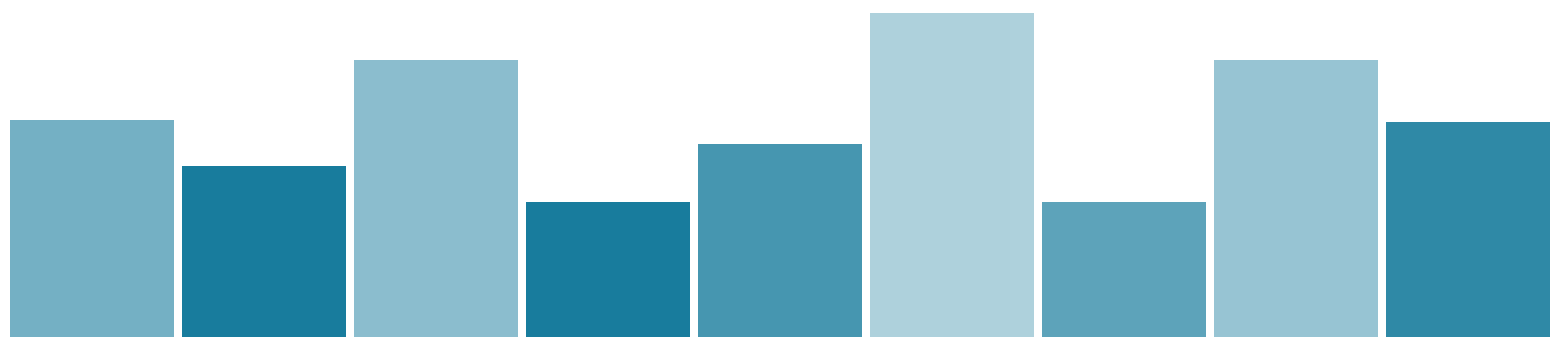
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# acknowledgements

This resource was a team effort and could not have been made without the meaningful contributions of many.

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In order to ensure that this resource is in-tune with the needs of our target population, we distributed an online survey to service providers across Ireland. The feedback we received helped to guide the content, tone, and priorities of this project. The **National Centre for Men's Health**, the **Institute of Technology Carlow (IT Carlow)**, and the **Dalla Lana School of Public Health** at the **University of Toronto** provided continued support throughout this project and enabled our work to continue. This resource benefited from the creative services of **Ayla Ink**.

Thank you to everyone who made this project possible!





# foreword

written by Paul Billings

The Larkin Centre very much welcomes the publication of this toolkit, *Engaging Men as Partners & Participants: Guiding Principles, Strategies, and Perspectives for Community Initiatives & Holistic Partnerships*.

Healthy Ireland sets out a vision for a healthier and more vibrant Irish society, and calls for an increased focus on cross-sectoral and partnership work, and more creative approaches to achieve this. These same principles are emphasised in the National Men's Health Policy.

The particular strength of this toolkit is that it captures the relevance of partnership, cross-sectoral approaches and creative delivery methods as key pillars of the Men's Health and Wellbeing Programme. In this way, the booklet reaches out to a wide target audience and challenges us to seek out opportunities to promote men's health in more non-traditional settings. Whilst the toolkit's findings are rooted in an Irish context, it is also important to consider ways in which local approaches can contribute to promising practices internationally.

The Larkin Centre is very proud to have taken a leadership and coordinating role to-date, in developing and sustaining the Men's Health and Wellbeing Programme, and reaching out so effectively to engage with men in Dublin's North Inner City. I would also like to acknowledge the contribution of the other partners – Glasgow Celtic Football Club, Pfizer Healthcare Ireland and the HSE. Finally, I would like to thank the Centre for Men's Health, IT Carlow, which was commissioned to write the booklet.



Paul Billings  
Chairperson  
Larkin Unemployed Centre



# INTRODUCTION



# introduction

The **National Centre for Men's Health** at **IT Carlow**, in collaboration with the **Larkin Unemployed Centre**, undertook a project to investigate the model of practice involved in the **Men's Health and Wellbeing Programme (MHWP)** – a community-based health promotion programme for unemployed men in one of Dublin's inner-city communities.

This work builds upon previous evaluations of the programme<sup>1,2</sup> – and aims to gain a deeper understanding of the underlying process that contributed to the programme's favourable outcomes. Ethical approval was obtained from IT Carlow's ethics committee. Interviews were conducted with partners and representatives of the organisations involved in the development and delivery of the MHWP. The data collected through interviews were then analysed and written up both as an academic manuscript intended for publication<sup>3</sup> and here as a toolkit for practitioners. To honour both the contributions and anonymity of participants in our study, we chose to include quotes, and removed names and all other identifiable information. This toolkit operationalises key findings from the study into strategies, lessons learned, and useful tips in order to promote promising practices in community health promotion work with men.

In our work, we came across evidence of a gap in resources to support or guide those working in community settings with men, particularly in relation to their health. It also became clear that practitioners working with men were not always aware of the wider impact and influence that their work could have within the community. We therefore felt it should be a priority not only to write an academic paper, but also to produce a **research-informed** resource to make key academic findings accessible and useful to those working in the field. This resource aims to appeal to, and increase the capacity of, those involved in innovative community health projects – regardless of their organisation, role, or sector.

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1 Richardson N., Dunne N. & Clarke N. (2010). The Larkin Unemployed Centre: Men's Health and Wellbeing Programme Evaluation Report. Centre for Men's Health, IT Carlow.

2 Byrne N. (2013). Investigating the impact of a men's health and wellbeing programme targeted at disadvantaged men in Dublin's inner city. Masters thesis, Centre for Men's Health, IT Carlow.

3 For information regarding the academic paper, please contact the authors.

# introduction continued

To help design this resource, we conducted an online market-research survey that was distributed among health promotion and community health networks in Ireland. Questions were asked about the content, format, style, and structure of an ideal resource. Answers were synthesised and used as a guide at every stage in developing this resource. All information presented here is based on our original study findings.

## USING THIS RESOURCE

Just as there is no one right way to develop a programme, there is **no one right way** to use this toolkit. It is a guide that helps encourage you to think about meaningful and effective ways to reach and include men in your practice, or to partner with organisations that do. Each section is divided by theme or topic and can be used jointly or in stand-alone form. Each section has background information, tips or strategies, a case study or example from the MHWP, key questions or considerations, and guiding principles.

What you *won't* find here are instructions. This resource is a guide rather than a directive programme model. There is no prescription for working with all men in all communities. In many health promotion and community initiatives, trial-and-error using guiding principles is more meaningful as this provides opportunities to reflect and adapt. Our intention here is to share the **'how'** and the **'why'**, rather than the **'what'**, in order to encourage your own innovative thinking, and to provide you with the skills to tailor the guiding principles to the specific needs of the men and communities you engage.

## with this resource, we aim to:

- Synthesise and translate key academic findings into useful strategies and guidelines for practice
- Operationalise conceptual understandings of gender and health promotion into tangible guiding principles
- Create opportunities for you to reflect on how lessons learned from the MHWP could influence your practice





# introduction continued

## WHY MEN?

There are differences between men and women, and among men, that contribute to differing experiences of wellbeing and of services. While we cannot explore all of the ways in which different groups of men in Ireland (and elsewhere) experience wellbeing, there are important trends worth exploring.

The **social pressure** to be tough, fearless, and independent may influence men's lifestyle choices. The expectations for boys and men to "walk it off" or "tough it out" also shape the ways in which they seek or avoid help. Simultaneously, men frequently experience fears or anxieties that both prevent them from seeking help, and are commonly overlooked by those in health and social service settings. These factors often contribute to the reasons why men are considered 'hard-to-reach' or 'hard-to-engage'

in health settings. Hence, there is a need to **re-align men with health, and health services with men.**

Of course, not all men are the same! We know that men do engage well in health-related programmes at certain times and that some programmes engage well with men. Where do we find these programmes? How is it that some programmes are able to engage men while others do not? What lessons can be learned from existing programmes that do address men's health in meaningful ways? To answer these questions, we examined the **MHWP** at the Larkin Unemployed Centre in Ireland – a programme that over several years has gained a positive reputation in the community for engaging men through non-traditional health settings and approaches.

“ *It is an illustration of how together, we can – as men – stop working in competition with each other and instead learn a new paradigm, where we can work together as greater than the sum of its parts.* ”

# introduction continued

## WHY THE MEN'S HEALTH AND WELLBEING PROGRAMME?

The **MHWP** is a unique programme located in Ballybough, Dublin. The programme originated at the **Larkin Unemployed Centre**, also in Ballybough, when concerns about the wellbeing of men in the community surfaced as an issue within the community. Tangential to experiences of unemployment, many men (and their families) expressed concerns about adverse health including (but not limited to): depression, suicide, substance use or misuse, physical inactivity, poor nutrition, precarious housing, stress, and social isolation.

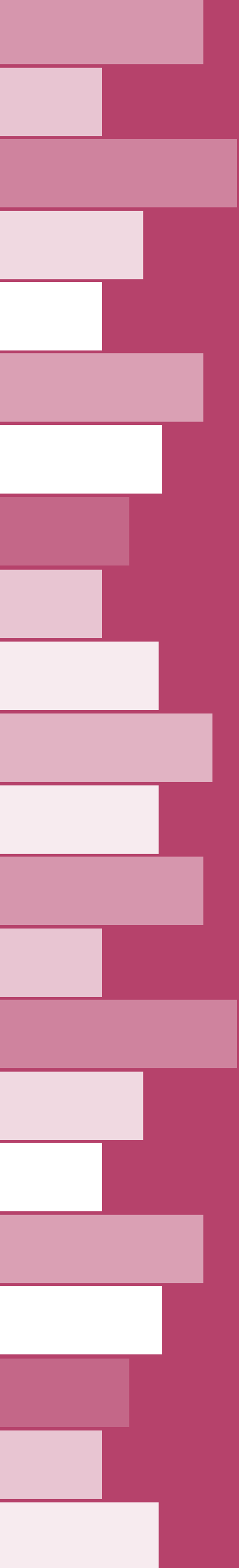
As a hub with strong ties to the community, the Larkin Unemployed Centre felt obligated to explore how their mandate to address unemployment could be extended to address the wider implications of unemployment on men's wellbeing. Larkin Unemployed Centre staff quickly noted limitations in their capacity to address men's health and wellbeing and developed strategic partnerships to fill obvious gaps. A partnership was developed between the **Larkin Unemployed Centre**, the **HSE**, **Pfizer Healthcare Ireland**, and **Glasgow Celtic Football Club**.

The MHWP launched in 2009. Based on the Wellman Programme associated with the Glasgow Celtic Football Club, the MHWP adapted a fitness and health programme to also include health screening or health checks, health information sessions, and cookery. The idea was to use a holistic approach to address key aspects of men's health and lifestyle.

Over a period of 10 weeks, men from the community participate in: pre- and post-health checks and fitness tests; football and fitness training with Glasgow Celtic Football coaches; health education workshops addressing diverse topics (mental health, sexual health, smoking and alcohol, physical health, physiotherapy, etc.) led by experienced facilitators; and cookery classes led by a chef. On completion of the programme, men participate in a football match and a graduation ceremony with their friends and family to acknowledge their accomplishments.

The key strengths of the programme lie in the model of practice. Specifically, an emphasis on partnership, community integration, and person as well as gender-centred approaches were significant in promoting participation among men, acceptance within the community, and longevity of both the programme and the partnership. The MHWP has gained considerable attention for its innovation in men's health from researchers, community organisations, and journalists.





# GENDER DYNAMICS: EXPLORING MEN'S HEALTH



## gender dynamics: exploring men's health

In recent years, men in Ireland continue to experience high rates of unemployment and social isolation. As a result, rates of poor mental health and suicide have increased. Despite growing awareness of the need to prioritise men's health within health research and policies, community services do not always know how to address men's health or accommodate men, and men may struggle to navigate available and appropriate services. So the challenge becomes: **how can we effectively engage men in services?**

The MHWP came about in an unusual way. Concerns related to men's wellbeing – their fitness, nutrition, health literacy, and mental health in particular – emerged within the community. Despite being a community centre primarily concerned with addressing issues of unemployment, the Larkin Unemployed Centre took note of the links between employment and wellbeing and began to think about their role in improving community wellness alongside employment.

Understanding how gender norms shape men's health practices is a critical first step in developing effective programmes and strategies that might appeal to men in communities of interest. This strategy of identifying background gender norms or dynamics was an important starting point for many MHWP partners who shared their own reflections on gender in their interviews. In this section, we will discuss how the MHWP understood the role of gender in developing community programmes.

“ Men certainly have told me that they tend to keep things to themselves and not talk about things. [...] This programme has provided a forum and a safe space where they have been able to open up and be kind and caring of their needs and talk about or discuss things. [...] It has given permission to challenge that stereotype that men have to 'tough it out.' ”

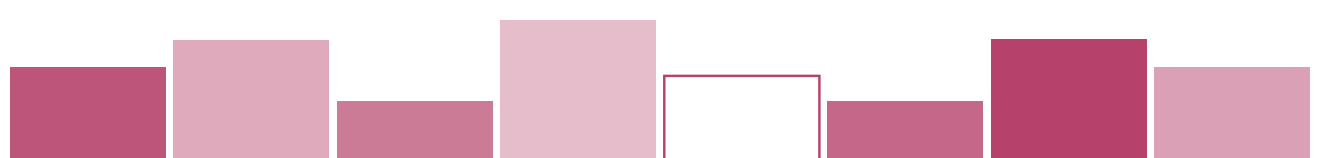
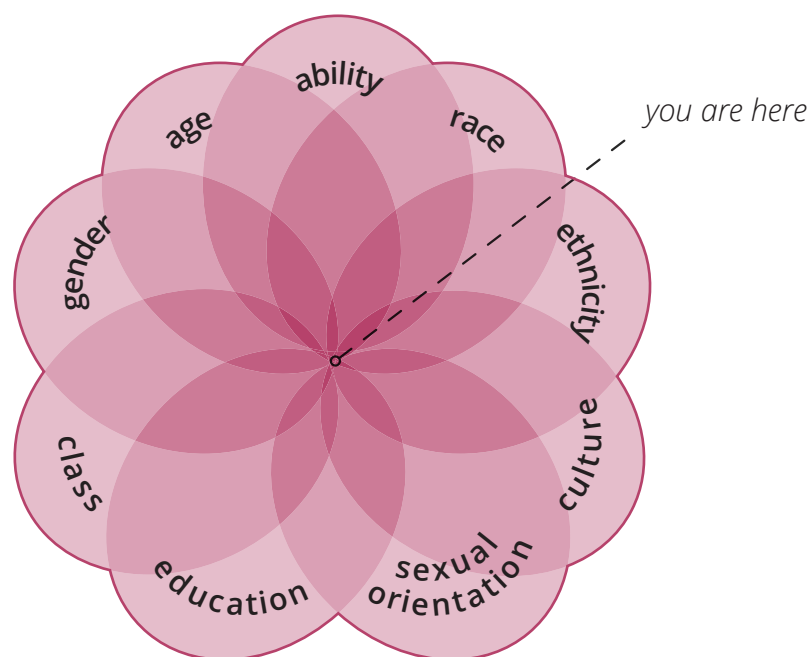
# gender dynamics: exploring men's health continued

## CREATING CHANGE

Throughout their lives, many men are often discouraged from seeking advice or discussing changes in their health and lifestyle. Many reasons exist for this trend, including (but not limited to) social norms, time commitments, a lack of appropriate information, inaccessible health spaces or opening hours, and unwelcoming staff or spaces. When men don't engage in services, a perception may emerge that they can't be bothered, and that men don't care about their health.

With this in mind, it was deemed important not just to **identify** existing gender norms within the community that shape men's involvement in services, but also what **perceptions** programme staff have of men that may unconsciously influence how men are welcomed (or not welcomed) into spaces. There is then a need to counter existing stereotypes, misunderstandings, and norms that dissuade participation. Creating **safe, meaningful, and accessible community spaces** for men can serve to promote and encourage positive discussions and activities related to health and wellness. This, in turn, may dispel myths about gender norms, and encourage men to take control of their own wellbeing and support others to do the same.

## UNDERSTANDING GENDER AS INTERSECTIONAL



# gender dynamics: exploring men's health continued

## GUIDING QUESTIONS

In working to move past a 'one-size-fits-all' model of programme development, it is important to ask insightful questions that help establish a solid framework, and tailor details towards the unique experiences and circumstances of your community. Below are examples of guiding questions that can be posed to members of your team and community in order to explore men's health from a variety of angles and generate reflection:

- How does gender play a role in health and wellness?
- What services (health-related or not) are currently available to men, and are they effective in terms of their reach, level of information, and tone?
- What are some common stereotypes or myths surrounding men, masculinities, and wellbeing in our locality?
- What are some barriers or challenges that may prevent men from accessing services in our community?
- How can we engage with our target audience, attract men to participate, and sustain their involvement over time?
- How might men perceive our organisation/service/programme?
  - Would men feel comfortable/welcome in this space?
  - Would men be interested in the organisation/service/programme?
  - Would men be comfortable telling their friends about their involvement in this space, or being seen by others here?
  - Would their peers be visible in this space?

## keep in mind:

While gender-specific strategies can be essential in creating effective health programmes, MHWP partners also suggested a need to develop a person-centred or client-centred approach, meaning: engage men around other areas they identify with, such as socio-economic status, specific health issues, housing, employment status, or education levels.

Often, this requires taking an **intersectional approach**, where gender is understood to be intrinsically linked to other factors that shape identity rather than just as a stand-alone concept. Similarly, a **social determinants of health approach** will help tease out overlapping factors – including gender – that simultaneously influence health experiences and outcomes. When working with men, safe and acceptable spaces, approachable facilitators, visible and relatable peers, and tailored content are very important to consider, with or without a gendered lens.



# COMMUNITY ENGAGEMENT



# community engagement

Engaging within one's community is an integral part of establishing a meaningful programme. You must first assess the **needs** and **strengths** of the community in order to tailor your programme to fit your audience, build trust, and establish open lines of communication. Before you can create an effective programme, it is important to **get to know your intended participants and the surrounding community**:

- Who are you targeting?
- How are you going to reach out to these men?
- How will you keep them engaged and interested?

Gathering key insights from men in the community about their health (and other) priorities, and what types of programmes or services they want, is a crucial starting point. Understanding men's needs and concerns helped shape the direction of the MHWP, and is a necessary strategy for aligning the programme with the community of interest right from the onset.

Furthermore, building on community interests, strengths, and mechanisms of social currency or social acceptability will allow the programme to develop a level of 'street cred' that helps legitimise your efforts.

“ *If we want to get men in, then we need to ask men what they want rather than presuming certain things [...] to say, 'Look, if we want to engage men, what do we do, what are your thoughts on this?'* ”



# community engagement continued

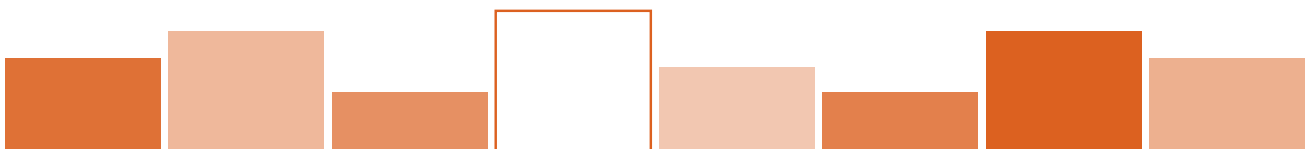
“ Because we are very much a part and parcel of the community, and the community knows this. So we’ve always used the community as a touchstone. We have always developed initiatives with reference to them. [...] So that collaborative approach and relationship is critical because it is not only reflecting the interests of the community, but it is building ownership that the community feels that they are part of it and have a say in what’s going on. It is being done with them, as opposed to to them or for them. ”

## BENEFITS OF COMMUNITY ENGAGEMENT

As the MHWP team learned, partnering with community organisations can be an effective way for corporate partners/sponsors to engage with ‘hard-to-reach’ communities by **strengthening** and **maintaining** existing relationships with marginalised groups. Establishing a sense of integrity, or ‘street cred’, helps build trust between community members and corporations. This is particularly important if organisations have had a negative history or reputation within a community or among particular populations. Corporations that are more ‘in-tune’ with the needs of the community are better able to serve their target demographic.

Partnering with community members often grants organisations access to local knowledge, skills, and strategies. Involving community members in decision-making processes promotes greater **transparency, accountability** and **trust** within the community: factors that may contribute to how well attended a service or programme becomes. Similarly, community members who are involved in designing a programme or setting priorities may feel more inclined to promote and validate the programme within their networks, creating greater reach and opportunities for promotion, outreach, and recruitment.

Creating **multi-directional channels of communication** between community members and programme coordinators is an excellent way to encourage honest feedback and show appreciation for each member’s involvement and contribution. Working collaboratively with community members and diverse organisational partners can enhance everyone’s ability to work within and beyond their skill sets, build a positive reputation of the programme, and equip the programme with necessary resources and support.



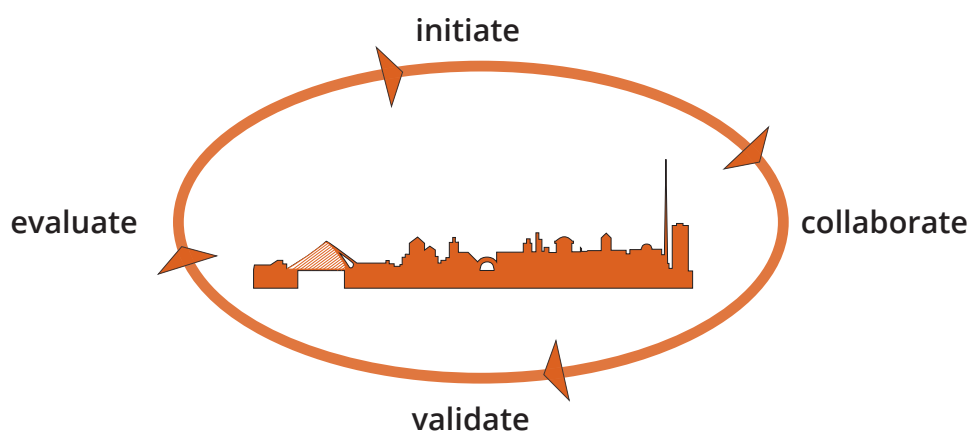
# community engagement continued

## Case Study: Community Engagement In Action

The MHWP's community partnership model integrated the contributions of interested community members alongside those of organisational partners. Community partners contributed their insights, preferences, and experiences/knowledge from the onset of the programme development and throughout the duration of delivery. Strategies used to generate interest in the community, recruit community leaders, and maintain involvement in planning include:

- Distributing invitations to participate (flyers, invitations, word-of-mouth, recruitment through other programmes)
- Using a formal meeting structure with community members in order to validate their participation and demonstrate that their contribution was on par with organisational partners (e.g. appointing a meeting chair, taking and distributing minutes, assignment actions and responsibilities)
- Establishing formal and informal feedback channels (e.g. feedback forms, check-ins with community members, oral feedback or discussions between programmes, consistently scheduled meetings)

Based on this community involvement, this programme team was able to identify cookery skills, health checks, health information sessions, and football/fitness training as both needs and interests within the community. They were further able to identify football as a 'hook' or specific focal point of the programme that would be acceptable to men in the community and validate men's involvement in the 'health' or other 'taboo' aspects of the programme.



# community engagement continued

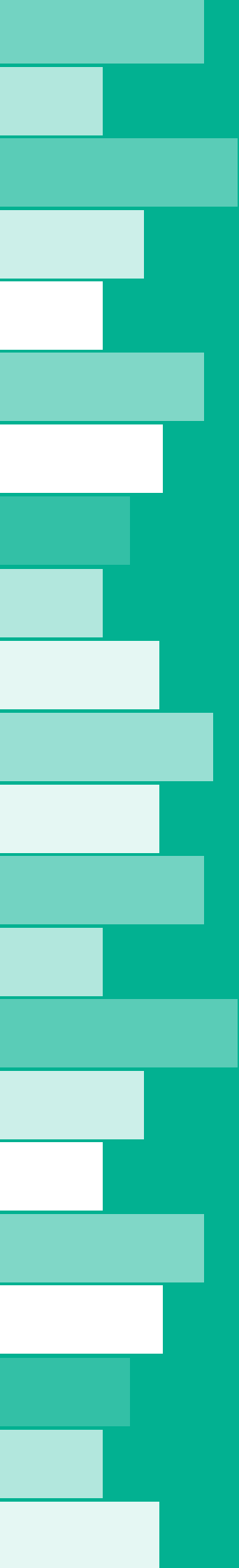
## key strategies:

- Get to know your community:
  - » Develop a keen understanding of your community's needs and priorities, as well as its strengths and resources
  - » Become 'in-tune' with the target population by using them as a touchstone throughout the process of developing and delivering a programme/service; return to community feedback, contributions, and insights to maintain direction and inform decision-making
- Rather than re-inventing the wheel, consider partnering with a community organisation to capitalise on existing relationships that have already developed trust and 'street cred'
- Create multi-directional communication channels between programme participants and the community to maintain accountability, transparency, and opportunities for reflection

## KEY QUESTIONS

- What is my organisation's current and historical relationship with our target population?
- What do I understand to be the target population's needs, interests, priorities, strengths, and available resources? How does this align with what my target population identifies as their needs, interests, priorities, strengths, and available resources?
- What might be the challenges or barriers that my organisation faces in connecting with or involving the community in our practice?
- How might we incorporate community feedback into our practice?
- What other community organisations or services might be useful allies or partners in our initiative?





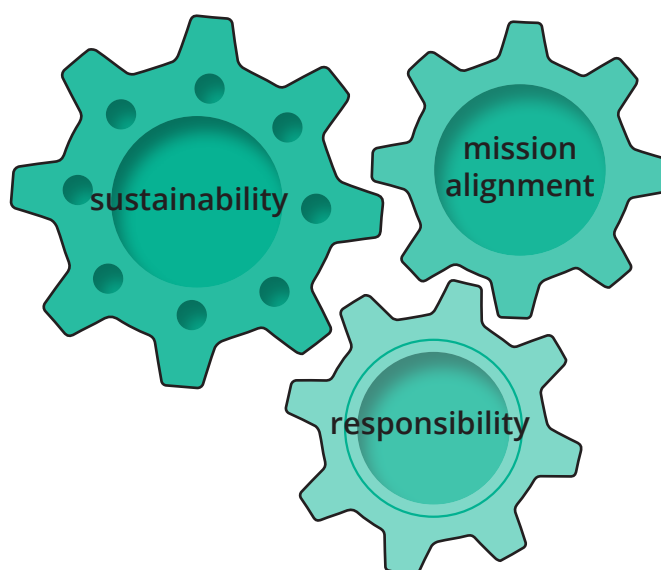
# PARTNERSHIPS

## partnerships

Working with other organisations is often beneficial to programmes. The experiences of the MHWP team show that **strong relationships between partners** significantly contribute to the **strength** and **longevity** of the programme. Partnerships can lead to more opportunities to directly engage with men, greater accountability and transparency of those involved in developing the programme, and a greater pool of resources and expertise to enhance the quality of the programme.

Similar to the previous section (see *Community Engagement*, pg. 11), effective and meaningful work with men often stems from the values of the target community or population. Incorporating feedback and ideas from men contributes to building trust between partners and programme participants alike.

So, how can you establish partnerships, and what are some key factors to consider?



# partnerships continued

## SUSTAINABLE RELATIONSHIP-BUILDING

Initiating partnerships can be a daunting experience. This phase requires patience and trial-and-error to find the right fit with partners, and to find the appropriate number of organisations or people to involve.

As partners noted in their reflections on the MHWP programme, partnerships can be unlikely or unconventional. A health-related programme may benefit greatly from having non health-specific partners. Drawing on a wider, holistic understanding of wellbeing may create opportunities to partner with organisations or individuals who have expertise in complementary sectors. Furthermore, drawing on the knowledge, skills, and expertise of a broader and more diverse range of potential partners can create a wider reach or catchment of men in the community.

Despite differences in organisational or professional scope, sustainable and positive relationships with potential (or current) partners can grow from having **shared guiding principles and values** such as work ethic, commitment, open-mindedness and ambition.

A good starting point can be identifying what types of skills and areas of expertise your team and your partner's team can bring to the table, establishing common goals to work towards, and creating communication methods that are best-suited to the team's needs. This helps build trust and confidence between team members, which is an important part of creating positive and long-lasting professional relationships.

For example, establishing a shared vision or goal gives partners permission to set aside personal egos or conflicting ambitions in order to work more effectively and synergistically. It also allows one partner to step in and take control of a situation when they are more qualified, which demonstrates a balanced approach to problem-solving, teamwork, and collaboration. In this way, tasks and responsibilities can be matched to participants based on corresponding skill sets, therefore, playing to the strengths of all individual partners and enhancing and validating the collective capacity of the team.

“ *In terms of ongoing maintenance of the relationship, it is keeping people informed, maintaining awareness of common objectives and commonalities of purpose, it's having people who are comfortable within that space and are passionate and want to do this kind of work.* ”



# partnerships continued

## MISSION-ALIGNMENT

Part of developing successful sustainable relationships with partners means having **parallel** or **overlapping organisational missions**, or a **shared corporate responsibility**. Establishing common ground with other organisations can build a programme's reputation and credibility, and attract other professionals to become involved in a partnership at a later stage.

Becoming aware of shared, competing, or conflicting organisational missions or goals in the early stages can also help determine appropriate goals and possible partners for the partnership, helping avoid potential challenges and stress later on.

“ *The values are the first thing. The value of being committed, the values of being able to listen without prejudice of others, and work to a consensus when possible.* ”

## Case Study:

As the MHWP partners learned in setting up their partnership, synchronising organisational and professional missions took time. However, it was useful to think about where there was common ground within their 'big picture' goals.

For example, **Pfizer Healthcare Ireland's** mandate for community involvement; **Glasgow Celtic Football Club's** goal of promoting health, well-being, and social integration (and of course, fun); the **HSE's** goal of managing and improving public health initiatives; and the **Larkin Unemployed Centre's** goal of improving welfare and social inclusion in the community – though very different – overlapped in ways that allowed the team to work effectively and synergistically towards a common goal.

From these combined organisational missions, it is clear that this initiative to improve men's wellbeing at a community level through the use of sports, cookery and health sessions, was a good fit for all involved. Furthermore, it is clear that the programme's goals were both shaped by, and still accountable to, a broad range of partners who tackle a range of issues that directly or indirectly influence health.

# partnerships continued

## ROLES, RESPONSIBILITIES & LEADERSHIP

Once partnerships are formed and shared sets of values are established, it is important to delegate roles and responsibilities to team members that correspond to their unique skill sets. Laying out **clear expectations** with partner(s) will allow them to optimise their workload, avoid potential conflicts, and gather appropriate resources when necessary. How responsibility is divided will be different for every project and partnership.

**Leadership** is instrumental in driving programmes forward and sustaining partnerships. But, what makes a good leader? Consider qualities that not only align with the goals of the partnership, but that align with the community's values. Asking people to step into leadership roles can be a strategic, informative way to gain insight into the needs of the community and further promote meaningful relationship-building. Such people become the eyes and ears of the programme, and help set the direction of future development.

### Case Study:

In the case of the MHWP, having a **central coordinator** was beneficial to the programme's development and delivery. One partner was elected to this role and oversaw responsibilities related to on-going communication, liaising between team members, planning, dividing the workload, and managing logistics (in addition to their professional role).

The added structure and clarity that came with this coordinator role boosted the partners' sense of security and confidence in the project, enabling them to better manage their time. The coordinator also noted that these tasks were consistent within their pre-existing organisational role and responsibilities, and they felt capable of taking on this role.

However, a central coordinator may not be right or feasible for every programme. It is important to **assess the level of responsibility** that each partner feels comfortable with and capable of taking on before this role is agreed upon.





## partnerships continued

“ You also need a really strong coordinator. So I presume at the start you would need a lot of that face-to-face time, and meetings to get everything up and running. But over time, they become less and less important because it is up and running, the trouble-shooting is done. People know what works well and what doesn't, what you need more of, what to avoid. But the lynch-pin is that you have a very strong coordinator who keeps everyone informed – especially if something is missing or off. ”

### KEY LEARNINGS

As mentioned already, the MHWP upheld the trial-and-error principle in planning, and used consistent feedback and reflection to shape a living or evolving programme.

One challenge that the partners were confronted with – like many community initiatives – was funding. In light of the current economic climate in Ireland, partners who are contributing financially to a programme might not be able to secure adequate funding from one year to the next, so sustainability of a programme may be threatened. Partners emphasised the importance of being both **transparent** and **realistic** about financial contributions, and of planning ahead, should grants and other funding discontinue.

Furthermore, partnerships can be used to address potential challenges with funding by seeking out partners with differing sources of funding (should one discontinue) and who can therefore help strengthen the programme's ability to secure adequate (financial or in-kind) resources.

For example, partners of the MHWP not only contributed monetarily to the programme, but also provided unique resources. Health checks and screening were carried out by **Pfizer Healthcare Ireland** nurses; fitness and football training was conducted by **Glasgow Celtic Football Club** coaches; and the **Larkin Unemployed Centre** provided space for the programme to be held and also sourced health session facilitators through their own networks.

“ The model is very simple: everyone brings something to the table. [...] Everyone has a responsibility to bring a certain skill set or enable a particular part of the programme. So the expectation is just one of delivering and not letting them [other partners] down. ”

# partnerships continued

## KEY LEARNINGS CONTINUED

Another issue that arose when establishing partnerships was generating 'buy-in' from prospective organisational and community partners. Despite existing policies to promote the integration of men's health in community settings, it has still not been widely acted upon in many communities in Ireland. There may be other, broader, hurdles to overcome in more marginalised communities (e.g. feelings of apathy about health).

Getting 'buy-in' and substantial commitment from prospective partners may be challenging, especially when the topic of interest (e.g. addressing the wellbeing of predominantly older and unemployed men) is not widely acknowledged as a priority or falls outside of current 'hot-topic' health issues or grant opportunities. As the MHWP team noted, it took several attempts and out-of-the-box thinking to get the right people on board. Despite initial frustrations resulting from not getting ideal partners, or having early partners leave, the end result worked out well, and again, the 'trial-and-error' process allowed the team to focus on which people or organisations (and under what circumstances) would produce an ideal partnership.

The MHWP partners maintained that, despite external challenges, working within your community can help overcome these barriers – be **proactive** and **encourage creative thinking** to come up with solutions!

## key strategies:

- Build partnerships based on complementary areas of expertise, resources, goals, and missions
- Ensure you have, or develop, common values, principles, and expectations
- Make the development of trust between team members and partners a priority
- Establish a clear leadership model based on the needs of the programme partners, and consider what makes a good leader
- Think outside the box and be unconventional in selecting partners. Including a broader range of organisations or sectors to form partnerships can invite a wider range of options for engaging men.
- Communicate!



# PROGRAMME DEVELOPMENT & DELIVERY



## programme development & delivery

As stated earlier, there is no 'one-size-fits-all' approach to developing a programme or delivery model across all communities.

The core elements that worked for the MHWP include: **strategic content and focus**; a **'hook'**; **sustained outreach** and **participation**; **facilitation**; and **reflective practices**.

These aspects were constantly evolving based on the feedback of community members and partners, so allow your team to be open to change and new ideas, too.

“ *A lot of people will want to lift something off the shelf and implement it, and that is fine if it is something like a training course on presentation skills. But for a programme that deals with lifestyle change or behaviour change – a programme like this – you really have to go through all the steps. [...] I know that process isn't what people want all the time, but it is important not to shortcut these processes of identifying needs and stakeholders.* ”

# programme development & delivery: continued

## CONTENT

*Content* – the glue that holds your programme in place. How do you create it? What should you focus on? How can you get men excited about participating in activities relating to health and absorb the information shared?

Each programme is different, so there are no right answers to these questions. There are, however, useful approaches to consider:

- Focusing on the **'how'**, rather than the **'what'** can be a good strategy to weave into creating content. This approach helps instil realistic goals for men to work towards, and provides the tools or knowledge base to work towards these ambitions. Ultimately, this creates opportunities for men to feel a sense of personal achievement.
- Focusing on more **holistic aspects** of wellness and quality of life (e.g. healthy eating, coping with stress, or exercise programmes) creates more access points for men to tap into, rather than just a pure health focus
- **Redefining 'health'** in other ways, based on the culture and language of the community, helps to address the stigma associated with that word, and allows men to relate to issues of health and wellness on and in *their* terms

“

*Health was respectfully there. And again it was about health and wellbeing. I think health, as a brand, is very damaged in Ireland. Every night there is something about health on the news: something is a failure, or something that has gone very wrong. And I think that has to affect their psyche. So the word, 'health,' I think when working with men, it is important to talk about wellbeing or wellness, or finding new words that are less contaminated.*

”



# programme development & delivery: continued

## CONTENT CONTINUED

Developing an enticing **'hook'** to attract men and keep them interested and involved in the programme over a period of time is a useful strategy. Since talking about health is still commonly viewed as 'taboo' for men, the hook should provide them with a socially acceptable reason to participate. For example, if a well-known celebrity, or popular brand, were to endorse your programme, it is more likely to be taken seriously and sought after by men. Others have widely documented how this more indirect approach to health generates a sense of social currency or acceptability within a community.

Of course, not all 'hooks' are appropriate or meaningful for all men; as such, it is important to consider the **local context** and **overall aim** of the programme.

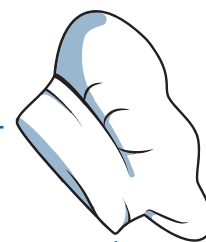
“ *The initial hook was being able to say to my friends that I was playing football with the [Football Club] guys on Wednesday, so I think that would be really good currency down at the pub or with friends. So I think that was a great hook – and the hook is really important for engaging men, or anyone, because we are a consumer-brand driven culture, so if you have a brand, you'll get people in.* ”

## hook your audience:

When addressing men's health issues through the use of a tailored 'hook', it is important to **avoid stereotypes or assumptions** about men's interests. It is possible that good intentions can simultaneously reinvent problematic gender norms. So, we must consider some important questions:

- How does this 'hook' align with the goals of this programme?
- Which men may be interested in this 'hook'?
- Which men may be excluded from or alienated by this 'hook'?
- What does this strategy reveal about our own assumptions about men and masculinities?

# programme development & delivery: continued



## Case Study:

The MHWP used all three of the aforementioned approaches in their programme. Practical **lifestyle and health strategies** were built directly into the content of each session. Through football training, cookery classes, health sessions, and health checks, men learned about wellness as a holistic concept, why it is important, and the ways in which they can adopt certain practices or behaviours in their every day life to improve how they feel. Ultimately, facilitators and coaches emphasised the importance of ensuring that the men truly understood the material covered and felt capable and empowered to make changes.

For example, one facilitator noted that, in their session, they not only brought additional resources to help men identify what information or support exists in the community, but also went through each resource to ensure that men understood the content and how to navigate future health communications. Similarly, coaches explained that engaging men in team-building exercises not only helped men's group performance on the field, but off it as well. Specifically, coaches explained that they taught men how to rely on each other, how to signal or ask for help, and how to support or encourage each other: important lessons applicable outside of sport.

Partners all acknowledged the significance of using **alternative health language**; they worked towards language that was less biomedical and more approachable and familiar to men. Working one-on-one with men through personalised check-ins and outreach helped partners understand what language would be appropriate to which participants. Again, situating the programme within the community also helps to incorporate community language, circumstances, and contexts into the programme content.



# programme development & delivery: continued

## OUTREACH & PARTICIPATION

Gathering support from the community is a huge part of designing a programme that will work the way it's intended. So, how can you reach out to your audience? Being **visible or present** in the community, **meeting face-to-face** with people in common spaces, and **promoting the programme** through word-of-mouth or mutual contacts are strategies to consider especially if targeting 'hard-to-engage' groups. It's worth mentioning that outreach doesn't end once participants are enrolled in a programme: it is a **continuous process** of drawing people in, creating spaces for men to participate, giving and receiving support and advice, and promoting leadership among participants.

In addition to the benefits described earlier (see *Partnerships* section, pg. 16), involving men in the decision-making processes and overall programme development is also a proactive strategy that promotes ownership of the programme, which in turn contributes to men's consistent and sustained engagement. Encouraging men to help develop the content of a programme can have a significant impact within their community, as they are viewed as positive role models who can share their experiences with others: thus, promoting and fostering 'championship'.

“ We engage people where they want to be engaged. So we are flexible and weave things around them. But once people are here and we can build a relationship and trust – that seems to keep people engaged with us. ”

“ Personal contact is highly important in any work that involves reaching out to men. [...] So our work is about the person – we will get to know each one who comes through and what their circumstances and needs and issues are. And insofar as we can, we will do things to support and assist people to moved forward in their own situation. ”



# programme development & delivery: continued

“

*I will use 'I' statements and say, 'For me, I know when I go into a room I want to feel safe and know that I am treated safely.' And I might say that to a group so that it is important that I know you feel safe, and you get the shape of me and know that I'm not going to hurt them. So I think it is important to ask men what would make it safe, what are the things that make you think of safety in your own lives. [...] So it's not a gimmick, you are mentoring men around learning what for them is a toolkit when they are in any clique – so they can identify what makes them feel safe, and they can articulate that.*

”

## FACILITATION

Fundamental to programme success is providing **safe spaces** for participants to discuss and share their experiences, ask questions, and find support. Strong facilitation is instrumental in this process.

**Addressing** and **levelling** the power dynamics in a group from the start is recognised as a helpful method to put men at ease and establish trust both within the group and between the group and the facilitator. Effective facilitator and facilitation styles come in all shapes and sizes. Facilitation strategies identified as important in this study included: being proactive, using conversational approaches, encouraging story-telling, prioritising informal question-and-answer periods, and promoting small group or team exercises. These strategies were seen as helpful in positively influencing behavioural/lifestyle changes as well as in fostering inclusion and engagement.

On reflection, this study also revealed that promoting **safety, support, trust,** and **teamwork** within the group helped to address broader issues about social norms or pressures (e.g. the expectation for men to be independent and passive in matters of health). In turn, this equipped men with the necessary skills and social support networks to recreate comfortable social circumstances in their own lives.

Some participants couldn't quite fully articulate what made facilitation successful. Instead of explaining techniques that were used, they commonly discussed positive personal characteristics. Someone who is approachable, relatable, embodies positive attitudes towards masculinities and men's health, can be a role model, and just puts men at ease may be as important as what facilitation techniques are used. When finding facilitators, it is also important to consider **charisma!**



# programme development & delivery: continued

## SPOTLIGHT ON SAFE SPACE

Facilitators of the MHWP spent considerable time establishing a sense of **safety** and **trust** with men in the programme. Though there are many ways of establishing safe spaces (and they are not all appropriate or necessary for all groups), these are some of the strategies that were used that might be helpful to reflect on:

- Ask men what makes them feel safe! Expect this to differ from group to group and adjust.
- Include yourself – as the facilitator – in this conversation (e.g. what makes you feel safe when you are a participant, what makes you feel safe when you are a facilitator)
- Create a working list of what a safe space looks and feels like – refer back to it or add to it when needed
- Avoid snap judgements, and instead patiently try to understand what is happening

For example, one facilitator noted that side conversations may not be intended to be rude or disruptive, but rather, a moment when a participant felt comfortable sharing privately or seeking support from a peer.

- Respect confidentiality and anonymity, but also create mechanisms for support

Facilitators explained that they respected the ‘what is shared in the programme stays in the programme’ rule. When necessary, they would mention to other facilitators or programme partners how certain participants were doing. This way, they could protect the confidentiality and anonymity of details shared, but also ensure that appropriate mechanisms of support or follow-up were available if needed.

- Follow-up and check-in

MHWP facilitators consistently followed-up with participants (after sessions, on the phone, and in passing in the community). They got a sense of how participants were feeling, and also regularly invited participants back or reminded them of health sessions to make them feel welcome and included before stepping through the door.

- As a facilitator – balance your role as an expert or professional with being part of the group

One facilitator noted that sitting among the men rather than standing in front of the group helped counter that classroom dynamic, and increased interaction with men on their level, while still retaining a professional distance.

- Model ideal behaviour



# programme development & delivery: continued

## LESSONS LEARNED

Recognising that a certain stigma is associated with health for many men helps us understand how they may find it challenging to engage in discussions about their own health issues. Facilitators may find it challenging to lead sessions, as men may not readily be willing to divulge or share personal stories or information. Being realistic when setting expectations for men's participation is therefore important.

Working with men can mean “working on fumes” – that is, working with limited support or resources, which ultimately impacts the wellbeing of staff. One key message is that **understanding your own self-care needs** are equally important to caring for the needs of the community in order to sustain your own involvement in the programme over time. Addressing this challenge at the partnership development stage may be useful in building internal support for your partners as well as your participants.

Another challenge regarding effective programme delivery is gathering **constructive feedback**, or establishing some sort of evaluation method to assess strengths and limitations of the programme as it evolves. When implementing your programme, carefully consider how you might encourage participants to comfortably share their insights in order to make improvements to better serve the community.

“ It would be great to evaluate what I do – but it's one thing we don't get to do because it is a one-off session and it is a really casual conversation, it's really informal. ”

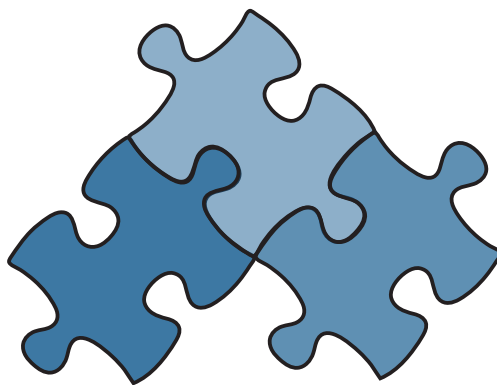
“ Some people would be quite open and comfortable talking to a woman, and others would feel very vulnerable opening up because they're the hard man from the inner-city. [...] And for some people it's so culturally endemic not to talk. You're not gonna come into a room and tell people it's good to talk, and they're going to talk. You have to be realistic. ”



# programme development & delivery: continued

## key strategies:

- Be open to new ideas and fresh thinking to develop your programme – there is no 'one-size-fits-all' model
- Consider using a 'hook' that entices men, sustains their interest, and makes engaging in a health programme socially acceptable to them and their peers, while combating the stigma associated with health and masculinities
- Develop a continuous process of outreach and engagement, drawing men in to encourage participation and make them feel valued
- Create opportunities for men to take on leadership roles – this will help keep them invested in the programme, and ensure the involvement of their peers
- Use a variety of facilitation approaches to engage men, and challenge traditional notions of how men participate (e.g. collaborative work, friendship-building, supportive environments)
- Prioritise self-care for facilitators/staff
- Encourage constructive feedback from participants in order to improve your programme
- Ensure that men feel safe





**MOVING FORWARD /  
NEXT STEPS**



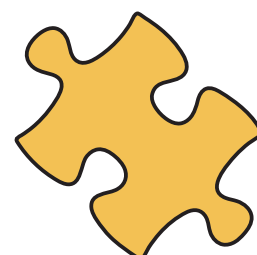
## moving forward / next steps

Where do we go from here?

It is with the greatest intentions that most research is conducted. Researchers, these authors included, often embark on research projects with the hope of uncovering new information that can inform change and improve practice. Yet, research is too often limited to academic journals where only a few have access to new information. We felt obligated in conducting practice-based research to translate our findings into a medium that would be accessible to, and meaningful for, practice. This resource took time to consider the ways in which conceptual findings could be meaningfully adapted into a useful format.

This resource is not a definitive list of ingredients for a successful programme for men. Creating such a list would not be realistic or particularly useful, as our knowledge base and the circumstances in which we innovate are constantly shifting, and successful delivery is dependent on a social context. What *is* important is capturing particular approaches or ways of addressing and prioritising men's health that may help enable stronger future initiatives. It is with this in mind that we emphasised **strategies, questions, and tips** that may be relevant despite changing contexts or purposes.

Specific examples used from the MHWP help to illustrate how these strategies can be used in practice and in a particular set of social circumstances. Our goal was to make past lessons learned available to those in present or future situations where they may be presented with the opportunity to develop a community initiative for men and health. Reiterating our key strategy, it is important to focus on the **'how'** rather than the **'what'**. We sought to demonstrate how broad approaches transcend the boundaries of the MHWP, and may be useful in your work.



# moving forward / next steps continued

In-line with the recommendations of the **National Men's Health Policy** and **Healthy Ireland**, it is key that we work towards strategies that link **policy, research, and community practice**. This resource attempts to show pathways between and strategies that link the multiple sectors that influence health.

As the partners of the MHWP learned, strong partnerships often come in unexpected and unconventional shapes and sizes. Branching out between sectors to address issues of gender and wellbeing not only casts a wider net through which men can be reached, but also encourages community organisations to avoid working in isolation.

We know that collaborations often spark innovations and broader networks of support. As such, we also wanted to highlight how a partnership model can be integrated into community initiatives – either with other organisations or community members. Ultimately, this partnership model helps to operationalise the ways in which we understand wellbeing as a holistic concept. By including diverse perspectives and partners in a programme, we can move away from a singular understanding of health, and towards a broader network of linked perspectives and approaches that can better address men where they are.

While our initial objective was to use this resource within Ireland to promote community-level initiatives that address men's health, we realise that men's health is a global issue and there are many similarities particularly across developed countries. What is done here in Ireland has ripples that extend beyond national borders and can influence practice elsewhere (and, of course, vice-versa).

As members of a global community working towards health and gender equity, it is also important that we find opportunities to share learning that might be useful transnationally. While local contexts may not be applicable elsewhere, the body of knowledge that we are generating through this project may be of use to others who are also interested in learning 'how'.

We would like to extend an invitation to **you**, our readers, to think about the ways in which your practice influences communities, wellbeing and men. You may not think that it does, but maybe, upon reflection, you'll discover those indirect pathways. We hope that through this resource, we've planted a seed of what is possible. We encourage you to think about how we can **work together** across sectors to address issues in our own and neighbouring communities.

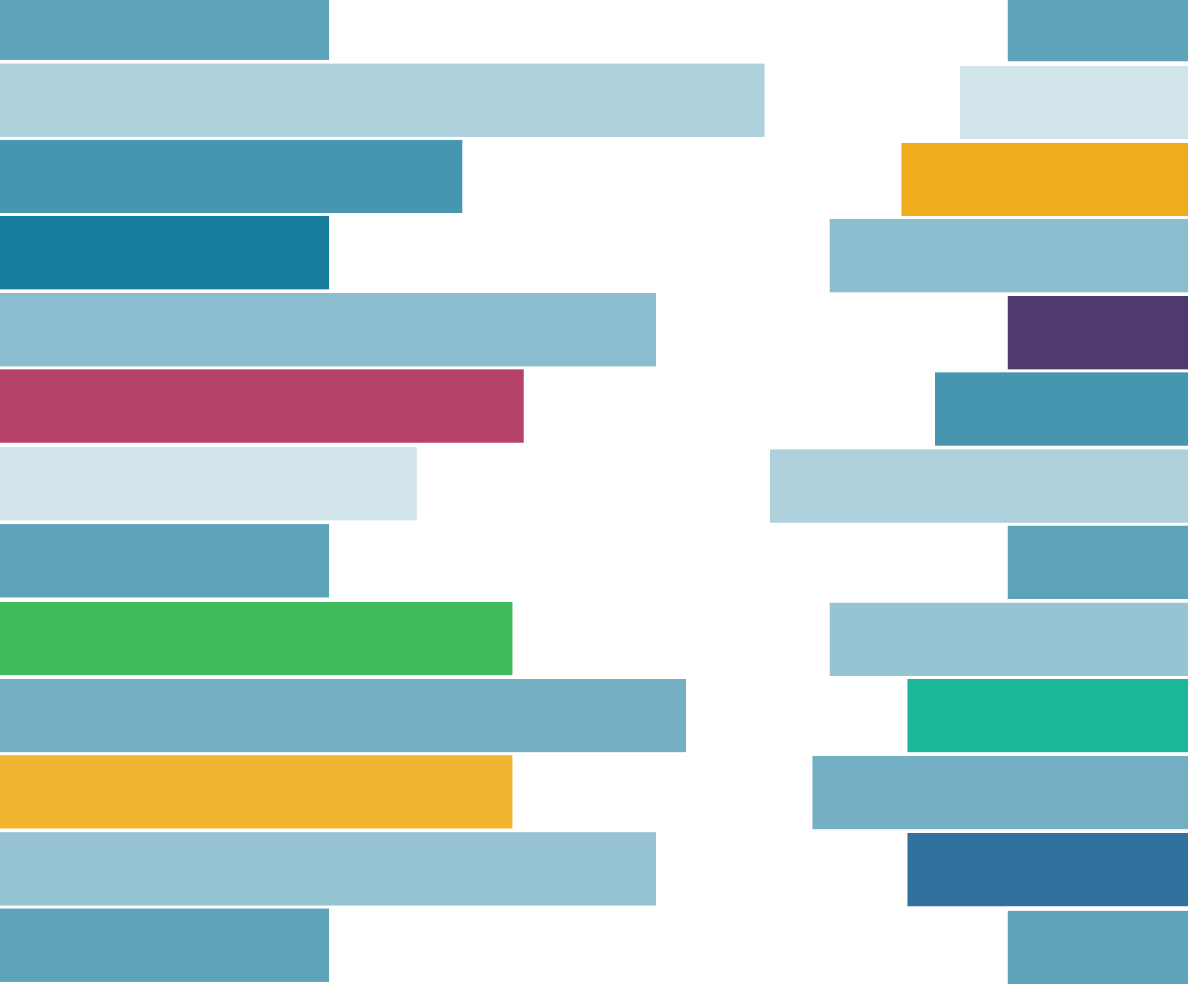


# moving forward / next steps continued

## RECAP







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