

# HANDOUT 8

## The Rules of Engagement

While there is evidence to demonstrate that when the approach is right, men are willing to engage and be proactive about their health, many service providers require support to effectively engage men in their services.

Previous work has been conducted, and the characteristics of health promotion activities that have effectively engaged older men, fathers, young men, marginalised groups, and other groups of men have been defined. Indeed, the findings from some of these studies were presented as 'principles of effectively engaging men' in Ireland's National Men's Health Policy.

Building upon the guidance outlined in the policy, the following twelve principles should be viewed as a roadmap that can guide service providers when engaging men in their work ...

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### **1. *Adopt a positive approach to men's health work***

- Men work best with those who believe they are people of worth rather than a problem to be solved.
  - Strive to adopt solution focused activities that develop a non-deficit approach to working with men. We need to be careful that 'solution focused' is not misinterpreted as simply providing men with solutions to their problems. Focus on working with men to identify their health needs, and to find support even when a solution might not be available e.g. cancer.
  - As a service or programme provider, consider your own motivation and value base for working with men. For example, do you subscribe to a 'deficit model' of men's health that instinctively apportions blame to men for their own problems or ill-health? Men are likely to see through this, and to be quickly turned off by such an approach.
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### **2. *Find a 'hook' and provide innovative services that will appeal to men***

- Adopt an opportunistic approach to service provision for men. We know that there are 'window periods' when men do access services. Men are more likely to seek out and to accept help and support during times of crisis. Ensure that this 'window of opportunity' is not lost by, for example, returning phone calls promptly and using a solution focused approach to counselling. Men are also more open to engage with health services when they become a father.
- Try and appeal to men's desire to feel useful, to help others, or to be the 'fixer'. This means that they can safely engage in and enjoy the activity and, in the case of fathers, for example, be able to say: '*it wasn't for me, it was for my child*'.
- Engage men by issuing them with a challenge.
- Presenting issues in terms of fitness and good health may, paradoxically, allow men to admit to ill health.
- While an opportunistic health check (e.g. in the community) may be a service in itself, it may also act as an initial hook to engage men in other services.

- Using incentives (e.g. the provision of lunch) can appeal to men and may encourage them to attend a service.
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### **3. *Make services easily accessible***

- When possible, use premises that are easily accessible - with car parking spaces and convenient access to public transport.
  - Provide services outside normal working hours. Also, consider men's other commitments - work, family and caring responsibilities, interests and hobbies, and local issues / events. There is no 'perfect time' to run a programme - only a locally assessed best guess. Offer a choice of times if possible.
  - Consider if it is possible to bring the programme to the men.
  - Long waiting lists, or complicated referral procedures, are likely to cause men to get frustrated and to give up trying to access services.
  - Where possible, remove cost barriers. Otherwise, keep costs to a minimum.
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### **4. *Focus on marketing and making initial contact***

- Where possible, contact men in person. Focus on engaging male service users via one-to-one outreach e.g. telephone contact or contact in person. This is often useful in conjunction with, or as a follow up to, an advertising campaign.
  - Use 'snowball' or word-of-mouth recruitment to overcome what, for many men, can be an inherent suspicion of engaging with programmes. The use of 'cold advertising' or parachuting-in experts from outside the community is rarely as successful as simple word-of-mouth recruitment. Learning from other men's experiences may support others to engage (i.e. '*if he can do it, so can I*').
  - Use 'gatekeepers' in workplace or community settings to encourage other men to attend. People who hold local credibility and respect need to actively promote the project. This is likely to allay the fears that some men might have about getting involved. One of the strongest forms of marketing is when someone - whom a man trusts - recommends a specific service or programme, and provides a telephone number and the specific name of a contact person.
  - Use local newspapers, tap into existing local networks, and target local workplaces, pubs, clubs, sports centres etc. to advertise and create an interest in programmes.
  - Use opportunistic and conversational ways to engage men at the initial stages of contact.
  - Use positive images of men, and respectful, solution focused language in any medium advertising your service.
  - Give a clear outline of the service or programme, and details of tangible outcomes.
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### **5. *Create male-friendly environments***

- Experiencing an open, friendly environment on initial contact, helps men to overcome any mistrust or suspicions they may have about the service, creates a sense of safety, and enables them to relax. Men quickly assess the 'comfort level' of new environments, and whether these places will meet their particular needs.

- Use positive images of men in posters, and provide appropriate reading materials in waiting rooms that may be of interest to men.
  - In certain circumstances, ensuring anonymity and privacy are of paramount importance in terms of protecting men from 'losing face'.
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## **6. *Ensure that there is an experienced service provider / facilitator***

- A skilled facilitator (someone who is knowledgeable, a good communicator, promotes inclusiveness, creates a safe environment, follows through on commitments ...) is essential to sustaining men's engagement in services.
  - Consider the sex of the facilitator. It appears that individual qualities are, in most cases, more important than whether a facilitator is male or female. However, for deep sharing of life stories, a male facilitator may be preferred.
  - Actively seek to break down power differences between professional service providers and male service users. Where there are power differences, men are likely to be more cautious and wary of engagement.
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## **7. *Communicate appropriately with men***

- Ensure that the language used to engage with male service users is not deficit based or full of medical jargon.
  - The language used should be respectful, direct, and should seek to develop rapport with service users.
  - Develop strong and comfortable body language to enable men to relax in this situation. Help men to feel at ease by highlighting that it is OK not to always be strong, and that it is normal to be uncomfortable in new settings and when being more open with others.
  - Allow time for male service users to reflect on a discussion after you have been honest and direct with them.
  - Try to be comfortable with a 'male approach' that may, sometimes, be boisterous and loud.
  - Use language that is child-focused with men who are fathers. Unless the words 'fathers', 'men' or 'dads' are used in the programme, men tend to assume that the programme is not for them.
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## **8. *Adopt a 'hands-on' approach, and make sure that there is a clear focus to the work***

- Men tend to respond in greater numbers to programmes which are task-oriented, and which meet an immediate and tangible need.
- Programmes that have a high level of service user participation are more effective when engaging men.
- Have a clear and concise description of what you want to do and why you want to do it.
- Explicitly state what is expected of service users at the outset, regularly review what has been achieved, and get feedback from participants.
- Focus upon what will be gained by attending such programmes.

## **9. Challenge male stereotyping**

- From the outset, encourage men to strive to understand and respect difference.
  - Inform this process with insights from learning on gender conditioning, and its influence and impact on our lives and being a man.
  - Invite men to imagine walking in another man's shoes.
  - Promote listening, without prejudice, to other men's stories.
  - Don't ask anyone to do what you haven't done / are not willing to do yourself.
  - Encourage everyone to participate at their own pace.
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## **10. Consult with and involve men in programme development and programme delivery**

- Service providers should involve male clients in shaping and determining the most effective strategies in achieving programme outcomes. Local reference groups should be established that involve the target group of men, and that provide important feedback about programme direction.
  - The manner in which services are delivered should be determined locally.
  - Men should be included in all aspects of service delivery (as well as seeking their advice in the needs analysis phase).
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## **11. Plan small and realistically**

- Long-term strategic planning may be restrictive in moving into uncharted territory or getting smaller initiatives off the ground for men. Expect to start small, think short-term, and build slowly. Focus on quality rather than quantity, and don't be put off by small numbers: *'Three's a starting point and five's almost a crowd'*.
  - Ensure that you have adequate resources to follow through your promises and, where possible, provide sustainable initiatives for men.
  - Focus on the provision of one programme first. As part of that, ask the men what their needs are, and develop further programmes that respond to those needs.
  - Try to provide the widest possible range of programmes that budgetary considerations will allow.
  - Resource requirements need to be considered from a time and energy point of view as well as a financial one. Partnerships with local voluntary groups, social services, and other healthcare workers might assist in sharing these burdens.
  - Use planning tools and operational plans before delivering any intervention.
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## **12. Strive for higher standards of best practice in the future**

- Improve supervision standards and practices.
- Improve the use of information obtained from evaluation processes.
- Develop strategic alliances and partnerships with other organisations.
- Train, encourage and mentor service users to ensure better health outcomes and healthier lives for themselves, their families and their communities.
- Support networks allow opportunities for sharing information. This can be further developed through the writing of journal articles, and the provision of supervision / support groups - where workers meet on a regular basis to reflect on their work and to learn from others.