



... 'Raising Boys Achievement' workshop, Charters School, Ascot, Berkshire, UK

## MENGAGE: PRACTITIONER PERSPECTIVES ON MALE HEALTH WORK IN THE UK

Paul Hopkins



---

### ABSTRACT

*Male health improvement work in the UK lacks the framework and rationale for work with boys and men that a national male health policy, such as those implemented in the Republic of Ireland and Australia, can provide. Men's health is not a normalised part of the UK public health discourse, yet the health concerns affecting men in the UK are comparable to those in both Ireland and Australia. The current UK structure of commissioning of health improvement work by local authorities in the UK offers opportunities for work by charities and private companies where local preventative health commissioners understand the rationale for work with men; however preventative health policy has a focus on single silo concerns such as 'sexual health' or 'mental health' and health improvement work is largely gender-blind and not gender-sensitive. The available training for both commissioners and practitioners wishing to work with men is limited. Mengage is a small, not-for-profit company established to provide training and resources on male health. The initiative has a focus on putting research into practice, and implementing a social determinants and a salutogenic approach to male health, with boys' educational achievement being a significant area of work. Mengage provides workshops for teachers on improving boys' education and a gender sensitive mentoring award, as well as more generic training on male health and sports-focused work. The article describes the work of Mengage and issues encountered working in a health environment where male health has little recognition in policy as a distinct subject, and no established, consistent program of training for practitioners to address boys and men's differential concerns.*

**Keywords:** male health, mens health, boys, education, health improvement, prevention, training, social determinants, salutogenic approach, mentoring

---

## INTRODUCTION

A 2008 exploration of the research, practice and policy contexts relating to male health in Australia and the UK reported “*a lack of synergy within and between*” these contexts and how this had frustrated the advancement of men’s health promotion in both countries . (Smith & Robertson, 2008). At that juncture it was also noted that Australia lacked a coordinated men’s health policy approach and pointed to the UK’s Gender Equality Duty of 2007 - now subsumed into the broader Equality Act, 2010, as potentially providing an impetus to both men’s health policy and practice in the UK. The Act allows, within stipulated criteria, for the provision of separate healthcare services for men and women.

Fast forward to the present day and UK male health promotion practitioners can cast a wishful eye on Australia– and the Republic of Ireland and Brazil – and hope for comparable male health policy to act as a driver for preventative health work. Not that there hasn’t been a push for policy; the Men’s Health Forum launched a Men’s Health Manifesto in November 2014 calling on NHS England to implement a dedicated policy (MHF, 2014). At the time of writing this hasn’t happened and is unlikely to occur in the near future given the turbulence of UK politics following Brexit, yet the need for action on male health continues to grow. This is particularly pertinent with respect to rates of male suicide; government austerity programmes, and a reduction in social protection measures, together with regional patterns of job loss being implicated as potential factors for the increased rate of suicide in males aged 35 to 44, the increase coinciding with “peaks in indicators of the economic recession” (Reeves et al, 2013; HM Govt, 2015).

Specific policy is crucial to addressing these and other men’s issues and while practitioners in countries with a male health policy may bemoan that there is not enough funding to back up the context of the print in their policies, that policy is not applied or crosssectorial and that there are weaknesses (Misan, 2013), having a policy can make a difference. Former Chief Executive of the UK Men’s Health Forum Peter Baker, in his review of Ireland’s National Men’s Health Policy, notes that having a national policy makes “*the issue of men’s health more prominent and [provides] a framework for action*”(Baker, P 2015). Following on from its world-first policy, Ireland has now announced a new National Men’s Health Action Plan 2017 – 2021. Another critical factor for organisations trying to address men’s health is finance. Acknowledgement via policy may release finance into the sector through men’s health being normalised as part of the health services work discourse, and it may also increase opportunities from charitable funding providers; there is

currently limited recognition of ‘men’s health’ as a rationale for charitable funding.

Without endorsement of a dedicated policy to drive work and release funding, preventative male health work is in danger of falling behind other countries; despite the recognition of the need to implement gender-sensitive health practice as far back as 2003 (O’Brien & White, 2003), work in the UK has largely remained guided by mostly gender-blind policy on single silo issues (e.g. separate oeuvres concerning sexual health, mental health, smoking cessation, obesity). Where these do touch on a male health concern, for example chlamydia screening and young men, gay men’s sexual health, or men and suicide, whilst there is very limited practice guidance on ‘what works’, interpretation of how work is delivered is left to locality commissioners who commission provider services as appropriate.

The move from public services being a provider of preventative health services to a model largely instigated under the Coalition government’s tenure, where Public Health commissions preventative services resulted in a rupture of services, the loss of funding streams and of skilled personnel from community organisations that had prior long-term involvement with preventative health work - and who were ill-placed to survive in the new climate of commissioning work.

The dispersal of Health Promotion departments into Public Health in the mid- 2000s and the loss of skilled health promotion staff has also been raised as a concern (White & Wills, 2011). Public Health and Health Promotion are two related, but different disciplines and a lack of understanding of ‘what works’ in terms of effective practice with men may actually run counter to value for money considerations. Training on men’s health would at least provide commissioners with an insight into the financial case for male-specific work (Sibbald et al, 2010). So to date, there remain entrenched gender-blind attitudes within Public Health and health work in general as to how to deliver practical work, including how to attract men to services. Experiential circumstances of managers with no familiarity of the context and rationale for male-specific work has not created an environment where men’s health can actively flourish and be supported.

While the move to a specific male health policy in the UK has been glacially slow, there is still progress. The Men’s Health Forum is now a strategic partner of the Department of Health and at a grass roots level practitioners working with men have adapted and continued to innovate. An example is provided by Mengage, a small not-for-profit company working on male health and the issues that affect male health. The company was founded in 2014 by a Health Promotion specialist

with a background in practical men's health work, and a former teacher and education consultant previously involved in substance use and sexual health work with boys and young men. Other practitioners involved in the delivery of the Mengage programmes include a men's health specialist working in occupational psychology and behavioural change, and a youth support worker. Mengage arose from recognition of the lack of instruction for practitioners on the context of work with males and how to work with them on health and related concerns. The training available on work on men's health is limited; the UK Men's Health Forum provides a one day workshop for health personnel, however no organisation has provided easily accessible and sustainable core training for practitioners on male health improvement and related concerns that is disseminated and supported on a national basis – and also accredited.

A further factor that influenced the development of Mengage was a shift in UK health policy regarding the delivery of community health improvement work that occurred following the 2010 General Election. As described previously, the election of the Coalition government resulted in community health improvement work being commissioned by statutory Local Authorities (UK County Councils) and work being carried out by charities, local providers, and private companies rather than the previous model whereby health promotion work was largely the responsibility of the UK National Health Service. This presented an opportunity for Mengage as a provider service to supply research-based training, workshops, and resources with a male-specific focus.

The rationale for work with males is one acknowledged by people from a wide variety of academic disciplines and perspectives. How to go about improving men's health is a contested academic field; we acknowledge this and discuss perspectives on work with boys and men in the course of Mengage training and workshops, however as a practitioner-led organisation our approach – and one that we adhere to – is a 'what works' approach. We look at the research and examples of practice both from the UK and internationally, take note of interventions that have been demonstrated to work, and where applicable utilise or make recommendations as 'best practice' to people attending training and workshops. For example, in workshops informing professionals about programmes in other countries – recommending the Irish Men's Development Network's Seven Key Questions communication approach to engaging and supporting men (Men's Development Network, 2016), and in our education-based work citing the work of experts in practical work on improving boys' educational attainment and mentoring work.

People working in academic contexts in the field of work with boys and men will be familiar with many of the interventions and approaches we endorse, but these are unlikely to have filtered down to the operational practical level where gender blind practice is a likely norm; there is little synergy in the UK application of research to practice – hence Mengage’s mission to inform practice.

## **SOCIAL DETERMINANTS AND SALUTOGENIC APPROACHES**

Professor John Macdonald’s adaptation of Antonovsky’s concept of salutogenesis (Antonovsky, 1996; Macdonald, 2005), consideration of the social determinants of health (Macdonald, 2006, 2011), and application of these to work with men has been influential in determining the Mengage approach to male health. These important factors, whilst significantly recognised in UK public health via Marmot and Wilkinson’s work (2005), have curiously gained little traction in terms of UK men’s health academia and application to practical work. A strong focus on social determinants and salutogenic work has provided Mengage with a rationale for work in schools, prisons and providing training for Public Health.

With social determinants being at the whim of shifting politics and policies it was important to identify areas where social determinants-based and salutogenic work could be effectively applied by Mengage practitioners. An obvious answer is education– action on boys’ educational attainment to improve health outcomes in later life providing a rationale, drawing on evidence from across the Western world that boys tend to do less well at school than girls, leave school earlier, and are less likely to go onto higher education. In the UK boys outnumber girls as low educational achievers by three to two. As elsewhere in the developed world, there is a strong correlation of young males poor academic achievement with reduced social mobility, criminality, and poor health outcomes in later life – the case for action in this area is a strong one given the downstream impact of boys’ poor academic attainment, yet there is no UK national programme available to address this. Australia shares the same concern, yet has been much more proactive in this area – the ongoing biennial National Boys Education Conference being an example.

## **MENGAGE**

Two bodies of Mengage work have so far emerged from a focus on boys' education that have had very good take-up nationally. Firstly an accredited award in male-specific mentoring - '*Mentoring Male*' and secondly a workshop for teachers '*The Boy Problem? Raising Boys' Achievement*'.

### ***Mentoring Male***

The *Mentoring Male* programme was developed via a semi-professional football club, Gloucester City FC, whose sport in the community programme was sending sports coaches into schools to mentor boys in the classroom with an aim of supporting learning, and addressing behavioural concerns. The sports coach scheme had been questioned by some Head Teachers when initially approached by football club representatives, asking "*where is the rationale for this?*", and "*what qualification do you have for this type of work?*" Two meta-analysis' of mentoring work (DuBois et al, 2011; Tolan et al, 2013) highlight mentoring as an effective intervention for 'at risk' young people, noting that it is effective in helping young people to avoid involvement in criminal behaviours, aggression, and improving their school performance. In this instance Mengage were able to furnish the football club with a report on mentoring and the involvement of sports coaches, providing examples of schools-based health work and evidencing coaches affinity with 'at risk' young males – in terms of male affiliation with sport and particularly work with hard-to-reach young males via sporting mediums and the informal nature of banter and discussion this engenders.

The report recommended use of the strengths-based Positive Youth Development (PYD) methodology (Lerner et al, 2007) as a basis for mentoring work; following this Mengage trained the coaches in male-specific, PYD-based mentoring, providing coaches with an accredited award. The award considers the rationale for a male-specific approach and includes scenarios using PYD, the role of the mentor, being male-positive, qualities required, how to build and maintain mentor-mentee relationships, goal setting and outcomes, maintaining boundaries, and dealing with disclosure and safeguarding concerns.

While the award is aimed at adults likely to be involved in mentoring work – teaching assistants, sports coaches, and community and pastoral workers, the greatest take up has actually been by schools themselves, wanting to train older boys (aged 16 – 18) to mentor younger boys at

their schools. This has provided younger boys' with a 'go-to' mentor in their schools and for the older boys' a demonstration of responsibility, with an accredited award that they can carry forward into post-school activity.

During initial development of the course, the intention was to provide adults working with boys and young men with a male mentoring award; an impediment to this is that funding for male-specific health work is difficult to access given that there is no UK male health policy to drive funding streams; this is further compounded by government austerity programmes that have severely cut into available sources of finance for existing health work. Schools on the other hand, with pressure to improve academic performance have funding available, hence the course has been adapted and delivered for use by a younger male audience. All participants receive the supporting *Mentoring Male* course book, an enamelled Mengage badge, and their AQA certificate stating that they have attended a course on mentoring boys and young men. The course remains available to adults and is promoted to interested organisations; it is encouraging that adult workers and professionals are signing up for workshops despite funding concerns.

The mentoring award was developed as a Level 2 award via an examinations awarding body, AQA and their Unit Award scheme, a scheme also utilised to provide the Mengage Level 2 and 3 awards in male health. This is a low level accredited attendance award – not a degree-level qualification, however further work on the course content and a bid for funding with a local university to explore the possibilities of a higher level of qualification is currently the subject of a tender, which if successful would deliver the course to undergraduate sports students, training them in male-specific mentoring and male mental health work - that they can apply in community sports settings post-graduation, helping young men and potentially acting as a source of income-generation for community sports.

### ***'The Boy Problem? Raising Boys' Achievement'***

Another component in the Mengage improving boys' educational achievement work is a teacher-led workshop, *'The Boy Problem? Raising Boys' Achievement'*, taken up by many, mostly secondary schools, nationally. This explores boys' participation in education and research perspectives on this, considers male learning styles, the importance of addressing literacy concerns, what makes a male-inclusive classroom, how to implement a whole-school strategy – and importantly, practical solutions. The workshop not only considers ways to improve boy's

achievement but also asks teachers to consider the longer-term consequences of poor achievement – that good health involves reducing levels of educational failure.

## **COMPANION MENGAGE PROGRAMMES**

### ***Manual Handling: Practical health improvement work with males***

The companion work-stream to the Mengage education work is about addressing male health directly. This comes via an award in practical male health work – *Manual Handling*, and another programme – *Balls Out!* The *Manual Handling* course is a six part course developed with an intention of providing health improvement staff, community workers, sports coaches – anyone with an interest in practical preventative male health work with an in-depth understanding of the field and practical approaches they can implement in their own work. The six part course comes with a supporting textbook and considers:

1. The reasons for a specific focus on male health
2. Male specific illness and disease
3. Social determinants of male health
4. The paradigm issue (exploring theories on how male health improvement should be approached)
5. Strategic implications (a look at male health policy and strategy in the UK and what has been achieved internationally)
6. Practical solutions – a salutogenic approach to male health (what practical measures, services and interventions work with men; action on social determinants)

An example of the take up of the *Manual Handling* course occurred in an unexpected but significant arena – work in prisons. This again was reflective of the UK political and financial situation, where prison governors had been given responsibility for their own education budget and how this is spent; it also reflected the make-up and needs of the prison population. Males account for roughly 95% of the UK prison population – and education is a key part of rehabilitation; a National Literacy Trust report on literacy amongst prisoners and its relationship with health, employment, and crime noted “*Individuals with poor literacy are less able to obtain, process and understand information about healthy living and self-regulate existing medical conditions*” (Morrisroe, 2014). With Mengage practitioners having previously had experience of running a two session course on men’s health at a UK Category B prison work in this setting was



not new territory.

Mengage facilitators delivered the *Manual Handling* course to male prisoners at a Category D Open Prison. The course was well received with positive feedback; the prisoners proved to be a responsive group of men interested in exploring how social determinants, their personal education and employment circumstances had impacted on their health and wide-ranging discussion of 'being a man'; we were unsure initially how relevant a discussion of the paradigm issue in male health would be – a look at a male studies approach/masculinities – presented without bias, however the topic was actively debated, as was the strategic implications area of the course – particularly as the course looks at what is happening in countries with policy and the UK that does not have a policy. The participants also looked at what steps they could take to improve their own health, looking at diet, smoking cessation and self-awareness, as well as exploring involvement in community men's health work and helping other men post-release; a prison sentence signifies a loss of freedom – it should not signify a loss of health.

### ***Balls Out!***

The *Manual Handling* course provides a background to a further training course and 'product', *Balls Out!*, aimed at sports coaches from sport in the community programmes. Football and rugby clubs in the UK are involved in male health improvement work - male weight-loss programmes such as *Football Fans in Training* (Hunt et al, 2014) and Bristol Rovers FC's *Fans4Life* (Baker et al, 2017) are examples of this area of work; Premier League Health (White et al, 2012) is the flagship programme for football-based men's health work in the UK. However, a lack of training for coaches working in health and social inclusion projects has been highlighted in recent research as a shortcoming in this area – recommending that coaches should receive training relevant to the health issues work they deliver (Parnell et al, 2013).

Mengage's *Balls Out!* initiative aims to address this and also provide an off-the-shelf programme that can be used by clubs and coaches. This is based on previous work that Mengage practitioners in former statutory roles had developed for a professional sports club's 'football in the community' department's coaches, training them in sexual and mental health work with young men, and implementing an initiative working with boys in local schools. The initiative was commissioned by a public health department in the club's locality. *Balls Out!* takes this concept further, applying more recent male health research and practical examples. The training for *Balls*

*Out!* includes the *Manual Handling* course to give a background to men's health work and a further *Balls Out!* 'coaching manual' providing information on work in schools and individual health topics for coaches to refer to.

### ***Boys don't cry? Supporting the mental and emotional health of boys and young men.***

A more recent Mengage development is a non-accredited workshop with an intention of informing schools-based staff and people working in youth and community settings about practical measures they can implement to support young men's emotional health needs. '*Boys don't cry?*' *Supporting the mental and emotional health of boys and young men* workshops are currently commissioned by Somerset Public Health department, demonstrating that where a local commissioning authority has understood the need for action on a men's health concern, initiatives will be funded and action taken. The Mengage work was commissioned following a joint Somerset Public Health and Men's Health Forum conference, '*Putting Men into Mental Health*' in October 2015. Whilst both the conference and commissioning of male mental health workshops is to be applauded, this is not a nationwide phenomenon and reflects the patchwork of provision on male health in the absence of a dedicated UK male health policy. Where possible, we have retained good practice work from previous multi-agency initiatives Mengage practitioners were involved in; this includes the *Guidelines for Good Practice for Work with Boys and Young men* developed in the 2000s by the Gloucestershire Boys and Young Men Network; these can be downloaded from the Mengage website and provide a framework for professionals involved in practical men's work.

### **BARRIERS AND ENABLERS OF PRACTICE**

In developing Mengage the Directors have encountered a number of barriers to delivery of work. The most significant is the lack of policy as a driver of work and hence funding. This is exemplified in the 'boy problem' regarding boys academic achievement, highlighted in examination results and progression to university. Since UK schools are monitored on their examination results, which in turn is reflected in school ranking and status, schools need to address this shortfall. Whilst there is no dedicated government endorsed programme for improving boys' education, schools are enabled as independent bodies to address this themselves, however this is at the discretion of individual schools and their funding circumstances. Another

barrier has been resistance to the Mengage concept by some school staff. Marketing the Mengage education work to schools is now outsourced to a marketing agency since early marketing attempts by the company proprietors met with little success, due to promotion of the programme being filtered out by school reception staff not understanding the need for male specific programmes. The engagement of a marketing organisation familiar with schools resulted in increased entry to schools work and the beginning of programme implementation nationally.

Accessing Public Health work has also been problematic; given the gender-blind, single silo nature of much UK Public Health work, opportunities for male-specific work are limited. While there is nothing in principle to prevent small-scale initiatives being commissioned– for example Mengage commissioned to work in Somerset on boys’ mental health , or work on male weight loss by a men’s health practitioner in Gloucestershire, because of the scale of some health work, work is more likely to be commissioned to larger-scale, big-budget charities and organisations in terms of their capacity to deliver work. This raises concerns with regard to men’s health work being commissioned by commissioners who lack insight into the field of male health, to tendering organisations that whilst large in scale also have little in the way of knowledge of ‘what works’ with regard to gender-sensitive work. While this can be addressed if a commissioned organisation doesn’t meet the terms of its contract, it is not a perfect situation and training for commissioners and other health staff is vital to recognise ‘what works’ – and what does not.

An approach by a sexual health service manager requesting Mengage’s assistance to increase chlamydia screening with young men demonstrates the issue. Mengage proposed a programme working with young men via local football, rugby and other sports clubs, based on research that this route increased screening opportunities with sexually active young men (Gold et al, 2007; Fuller et al, 2014, Mercer et al, 2015). Ample research demonstrated this approach as promising practice however, the service manager had no background in male health, and work via sport was considered too ‘out there’ and so the proposal was turned down. When wanting to actively engage with groups of men, a common practical measure is to take services to the men rather than expect them to come to the service (Australian Government, 2010). Research has shown that participants are more likely to engage in programmes in this context (MHF, 2011). Working as a practitioner can be very frustrating when there is good research that can be applied to practice, but commissioners and managers are not listening, despite evidence that gender sensitive methods can be more effective than generic practice and that financial savings can be made as a result of

such practice.

As a practitioner-led organisation it is recognised that there is a politicised debate concerning gender that sometimes feeds into our working practice. However, as practitioners we have found it unhelpful and counterproductive to make comparisons between work with males and females. Mengage has a focus on improving male health and not gender politics. As professionals with backgrounds that include clinical and educational work, our ethos is one of using 'what works'. Mengage does not endorse any ideological or rights-based work and aims to present its programmes without bias, but still encouraging debate. Most workshops start with a rationale of "what this is about" and "what this is not about". It's about furthering multidisciplinary, best-practice, preventative health work with men, and not about implementing ideology or one area of academe's sole point of view.

## CONCLUSION

So what of the future for men's health UK? The real driver for change will be a men's health policy. It will also require a policy that recognises and takes real action on the social determinants of male health –and should include and promote salutogenic and strengths-based work as per the Australian and Irish policies. Unlike those countries the UK Department of Health has so far not embarked on this. However, a positive note has been sounded by the emergence of the new Men and Boys Coalition, of which Mengage are a member. The MBC is a coalition of over 50 organisations, academics, journalists and practitioners and has an intention of raising the profile of male issues, including men's health and pushing for government action on interlinked issues affecting boys and men. An inaugural meeting and launch event took place at a House of Commons meeting room in London on 15th November 2016, followed by the very first International Men's Day debate by Members of Parliament in the House of Commons on 17th November 2016 (House of Commons, 2016). The MBC brings together many strands of men's work; it is also encouraging that the Coalition consists of a broad cross-section of professionals and practitioners representing many aspects and opinions on work with men; as journalist Martin Daubney stated at the Coalition's launch, "*it's time to leave the gender wars behind*" - we need to get on with the practical work that can change the lives of men – and their families, peers, and communities. Mengage is but a small part of that Coalition, hoping to contribute and to make a difference.

Further information on the work of Mengage can be found at [www.mengage.co.uk](http://www.mengage.co.uk)

## REFERENCES

- Antonovsky, A., 1996. The salutogenic model as a theory to guide health promotion. *Health promotion international*, 11(1), pp.11-18.
- Australian Government. (2010). *National Male Health Policy Supporting Document: Healthy Workers*. Canberra, ACT, Australia. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/male-policy>. [Accessed February 2017]
- Baker, C., Loughren, E., Crone, D., Tutton, D., and Aitken, P. (2017), Contemporary Lifestyle Interventions for Public Health - Potential Roles for Professional Sports Clubs, in Cotterill, S., Weston, N., and Breslin, G. (Eds) *Sport and Exercise Psychology: Practitioner Case Studies*. British Psychological Society/John Wiley and Sons, Chichester, pp 417 – 436.
- Baker, P. (2015). *Review of the National Men's Health policy and Action Plan 2008-2013*. Dublin, Health Service Executive/Department of Health.
- Dubois, DL., Portillo, N., Rhodes, JE., Silverthorn, N., Valentine, JC. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*. Vol 12, No 2, pp 57–91.
- Fuller, S.S., Mercer, C.H., Copas, A.J., Saunders, J., Sutcliffe, L.J., Cassell, J.A., Hart, G., Johnson, A.M., Roberts, T.E., Jackson, L.J. and Muniina, P., 2014. The SPORTSMART STUDY: a pilot randomised controlled trial of sexually transmitted infection (STI) screening interventions targeting men in football club settings. *Sexually transmitted infections*, 91:106 – 10.
- Gold, J., Hocking, J. and Hellard, M. (2007), The feasibility of recruiting young men in rural areas from community football clubs for STI screening. *Australian and New Zealand Journal of Public Health*, 31: pp. 243–246.
- HM Government (2015). Preventing suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives. London
- House of Commons (2016). *International Men's Day. Debate Pack Number CDP 2016-0207*, [Internet] Available from: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CDP-2016-0207>, [Accessed 08/12/16]
- Hunt K, Wyke S, Gray CM, Anderson A, Brady A, Bunn C, Donnan PT, Fenwick E, Grieve E, Leishman J, Miller E, Mutrie N, Rauchhaus P, White A & Treweek S (2014). 'A gender-sensitised weight loss and healthy living programme for overweight and obese men delivered by Scottish Premier League football clubs (FFIT): a pragmatic randomised controlled trial.' *The Lancet*, 383(9924):1211-21
- Lerner, RM., Brittan, AS. & Fay, KE. (2007). Mentoring: A key resource for promoting Positive Youth Development. *Research in Action. No 1*.
- Macdonald, J., 2005. *Environments for health: A salutogenic approach*. London. Earthscan.
- Macdonald, J., 2006. Shifting paradigms: a social-determinants approach to solving problems in men's health policy and practice. *Medical Journal of Australia*, 185(8), p.456.
- Macdonald, J., 2011. Building on the strengths of Australian males. *International Journal of Men's Health*, 10(1), p.82.
- Marmot, M., & Wilkinson, R. G. (2006). *Social determinants of health*. Oxford, Oxford University Press
- Men's Development Network (2016). *7 Key Questions*. [Internet] Available from: <http://www.mens-network.net/7-key-questions>. [Accessed 19/03/17]

- Mercer, C.H., Fuller, S.S., Saunders, J.M., Muniina, P., Copas, A.J., Hart, G.J., Sutcliffe, L.J., Johnson, A.M., Cassell J.A., and Estcourt, C.S. (2015). Examining the potential public health benefit of offering STI testing to men in amateur football clubs: evidence from cross-sectional surveys. *BMC Public Health*. 15:676
- MHF (2011). Engaging with men to improve their health: A toolkit for the voluntary sector. London, Men's Health Forum [Internet] Available from: [https://www.menshealthforum.org.uk/sites/default/files/pdf/mhf\\_vcs\\_toolkit.pdf](https://www.menshealthforum.org.uk/sites/default/files/pdf/mhf_vcs_toolkit.pdf). [Accessed 28/03/17]
- MHF (2014) Men's Health Manifesto. London, Men's Health Forum. [Internet] Available from: [https://www.menshealthforum.org.uk/sites/default/files/pdf/mens\\_health\\_manifesto\\_lr.pdf](https://www.menshealthforum.org.uk/sites/default/files/pdf/mens_health_manifesto_lr.pdf), [Accessed 08/12/16]
- Misan G. Male Health and Male Health Policy in Australia. *New Male Studies Journal* (2013), 3, pp. 104-119.
- O'Brien, O. and White, A., 2003. Gender and health: The case for gender-sensitive health policy and health care delivery. Briefing Paper for the GAHP Summit.
- Morrisroe, J (2014). *Literacy Changes Lives 2014: A new perspective on health, employment and crime*. National Literacy Trust. [Internet] Available from: [http://www.literacytrust.org.uk/assets/0002/3684/Literacy\\_changes\\_lives\\_2014.pdf](http://www.literacytrust.org.uk/assets/0002/3684/Literacy_changes_lives_2014.pdf), [Accessed 28/03/17]
- Parnell, D., Stratton, G., Drust, B. and Richardson, D. (2013). Football in the community schemes: Exploring the effectiveness of an intervention in promoting healthful behaviour change. *Soccer and Society*, 14 (1)
- Reeves, A., Basu, S., McKee, M., Marmot, M., & Stuckler, D. (2013). Austere or not? UK coalition government budgets and health inequalities. *Journal of the Royal Society of Medicine*, 106(11), pp. 432-436.
- Sibbald, S., Dunkley, R., Somerville, L. and Granville, G. (2010). Men's Health Training for the NHS Workforce: A Men's Health Forum Project Report, London, MHF
- Smith, J. & Robertson, S. (2008). Men's health promotion: a new frontier in Australia and the UK? *Health Promotion International*, Vol. 23 No. 3, doi:10.1093/heapro/dan019
- Tolan, P., Henry, D., Schoeny, M., Bass, A., Lovegrove, P., Nichols, E. (2013). Mentoring Interventions to affect juvenile delinquency and associated problems: A systematic review. *Campbell Systematic Reviews*. 2013:10.
- White, J. and Wills, J., 2011. What's the future for health promotion in England? The views of practitioners. *Perspectives in public health*, 131(1), pp.44-47.
- White, A. Zwolinsky, S. Pringle, A. McKenna, J. Daly-Smith, A. Robertson, S. Berry, R. (2012). Premier League Health: A national programme of men's health promotion delivered in/by professional football clubs, Final Report 2012. Centre for Men's Health & Centre for Active Lifestyles, Leeds Metropolitan University.

---

## AUTHOR PROFILE



**Paul Hopkins** is a Visiting Fellow of the University of Gloucestershire. His academic interests include the use of social marketing methodology to inform the development of male-friendly services. He is a Director of a not-for-profit company, Mengage and has an extensive background in developing practice based work with boys and men in Health Promotion, Public Health, and charitable work.

Contact details: [info@mengage.co.uk](mailto:info@mengage.co.uk) [phopkins@glos.ac.uk](mailto:phopkins@glos.ac.uk)

---

NEW MALE STUDIES: AN INTERNATIONAL JOURNAL (NMS) IS AN OPEN ACCESS ONLINE INTERDISCIPLINARY JOURNAL FOR RESEARCH AND DISCUSSION OF ISSUES FACING BOYS AND MEN WORLDWIDE.

THIS JOURNAL USES OPEN JOURNAL SYSTEMS 2.3.4.0, WHICH IS OPEN SOURCE JOURNAL MANAGEMENT AND PUBLISHING SOFTWARE DEVELOPED, SUPPORTED, AND FREELY DISTRIBUTED BY THE PUBLIC KNOWLEDGE PROJECT UNDER THE GNU GENERAL PUBLIC LICENSE.

THIS ARTICLE HAS BEEN DOWNLOADED FROM [HTTP://NEWMALESTUDIES.COM](http://newmalestudies.com).