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# What works in engaging and working with boys and men, particularly in relation to mental health and wellbeing, on the island of Ireland?

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**On Behalf of Men's Health Forum in Ireland**



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## 1.0 Background

The aim of this work is to identify the:

- Research/knowledge that already exists in relation to effective approaches that engage men and boys about their mental health and wellbeing on the island of Ireland,
- Knowledge and practice gaps on the island of Ireland,
- Existing programmes and initiatives that show promise in terms of engaging men, on the island of Ireland.

The remit for this work, as defined by the Principal Investigators, was to complete the following two tasks with respect to the island of Ireland.

- 1) Gather information from within their area, their communities of practice and/or their networks about what they think works in mental health promotion for boys and men (both from an early intervention and prevention perspective). In particular, we are interested in what works for different groups of boys and men, and which settings and contexts are effective. We also want to know why these interventions are successful. This is about gathering the tacit knowledge of those engaging in such work which it is not possible to collect through standard literature reviews. Whilst some of this information may be gathered directly (through conversations/interviews), some may also be gathered indirectly (through information on project websites or through 'grey literature' project reports). The emphasis in this first task is on the key principles underlying successful interventions and on such matters as – for example – the "tone of voice" of promotional literature, the balance between individual and group components, the size of groups, the "style" and "mood" of the intervention and so on (see "explanatory note" at Task 1 on the pro forma). The idea is to learn from the experience and expertise of those who have designed and/or run interventions.
- 2) Identify and provide contacts/links for 2-4 projects/programmes that are (or have recently been) particularly successful or show good promise in working with boys and men (preferably with a mental health and wellbeing focus but not necessarily restricted to this field).

## 2.0 Methodology

In order to complete the set tasks, key front line personnel (n=8) working in the area of men's health and young men's health promotion were identified by the researchers via their networks in the field of men's health research and practice. One-to-one interviews (phone and face to face) were conducted with all front line personnel; the six key questions posed by the Principal Investigators in their working brief were used as a topic guide for these interviews that lasted approximately one hour. Notes were drafted and a report completed post interview for analysis. Where necessary, clarity was sought from the interviewee with respect to details in the report. While specific projects were discussed, experiences from their work more broadly were also drawn upon. Documentary evidence of relevant programmes was supplied by the frontline personnel post interview that was also reviewed. Table 1 outlines the personnel, organisations and interventions involved via interview.

**Table 1**

<b>Personnel</b>	<b>Organisation</b>	<b>Intervention</b>
Director of Operations and Men's Health Worker	Men's Health Forum in Ireland	'The Engagement Jigsaw' [training programme for service providers]
Project Worker and Researcher	Safefood	'Get Your Life in Gear' [truckers health promotion programme]
Youth Engagement Officer	SpunOut	Website for young people that promotes healthy living and well being
Supervisor	North Leitrim Men's Group	Community based project for socially and geographically isolated men
Men's Health Worker	Men's Development Network	'Victory in Defeat' [school based health and well being programme for young men]
Research Student	Irish Heart Foundation and Centre for Men's Health, IT Carlow	'Farmers Have Hearts' [mart based health checks for farmers with follow up]
Team Leader – Work with Young Men	Youth Action Northern Ireland	'Taking Boys Seriously Project'
Men's Health Officer	Health Services Executive	'Men on the Move' [A physical activity programme for men over 35] Raising Boys [Programme for fathers of sons] South West Mayo Rural Social Schemes [Community employment scheme]

A number of projects and organisations were reviewed via the information available on their websites and other 'grey literature' project reports and academic papers [see Table 2].

**Table 2**

<b>Organisation</b>	<b>Intervention</b>
The Larkin Centre	Community development project working with disadvantaged men on the Men's Health and Well Being Programme [Evaluation report and MA thesis]
Carlow Men's Health Project	Partnership of local service providers offering community based health promotion for men [MA thesis, 2 academic papers and service provider booklet]
Men's Development Network	National organisation that offers a number of front line services for men that also plays a key role in men's health research and policy. <ul style="list-style-type: none"> <li>▪ 7 Questions Training</li> <li>▪ Summer School</li> <li>▪ Men's Health Programme</li> </ul> [Evaluations, information from website and email contact with MDN staff]
Irish Men's Sheds Association	This organisation offers support for the development of local men's sheds [Information from website, research reports]
National Suicide Research Foundation	The National Suicide Research Foundation is an independent, multi-disciplinary research unit that investigates the causes of suicide and deliberate self-harm in Ireland. One area of work they lead out on is the Mind Yourself Programme. [Information from website, Trainers Manual, participant kits, research reports]
The Mojo Project	This was run by a partnership between the Health Service Executive and the South Dublin County Partnership Ltd. [Information from website and report]
'If I was Jack...' Programme	Queens University Belfast [Information for section 4.6 provided by one of the project leaders]

In addition to the above, a recently prepared report [to be signed off in September 2014] entitled 'Engaging Young Men Project: A Report on the Mapping Exercise Conducted in Ireland' was analysed for evidence of effective practice on the island of Ireland. This report was commissioned by the Men's Health Forum in Ireland and conducted by an MA student at the Centre for Men's Health at Institute of Technology, Carlow. The National Office for Suicide Prevention provided the funding for this report. It will be made available at [www.mhfi.org](http://www.mhfi.org) upon publication.

The research for the 'Engaging Young Men Project: A Report on the Mapping Exercise Conducted in Ireland' consisted of a review of literature in this area with respect to young men and a series of focus groups and interviews with relevant stakeholders. The literature review involved a thorough search of the academic and 'grey literature' on the rate and prevalence of mental health issues that young men experience; the issues and challenges service providers encounter when attempting to engage young men around mental health; and evidence of effective practice where young men and mental health were concerned. A search was conducted using relevant databases (Pub Med, Medline, Cinahl and Scopus) using key search words ('mental health' AND 'boys', 'mental health' AND 'young men', 'mental health promotion' AND 'boys', 'mental health promotion' AND 'young men', 'mental health programmes' AND 'boys', 'mental health programmes' AND 'young men', 'mental health' AND 'engaging young men', 'engaging young men' AND 'best practice'). A review of

the 'grey literature' was also conducted using Advanced Google Search. The same key search words were used. There was a particular focus on seeking out evidence of effective practice when engaging young men, evaluated interventions and various policy responses (national and international) in the area of young men and mental health.

The focus groups and interviews conducted for the 'Engaging Young Men Project: A Report on the Mapping Exercise Conducted in Ireland' are detailed in Table 3. The findings from these were assimilated with those that emerged from the investigation for this project. Informed consent was given by all participants in the 'Engaging Young Men Project: A Report on the Mapping Exercise Conducted in Ireland' research used here which was approved by the Research Ethics Committee at the Institute of Technology Carlow.

**Table 3**

<b>Name of Group</b>	<b>Description of Participants</b>	<b>Location</b>
Youth Workers (Republic of Ireland)	Youth workers and those working with young men from the Waterford and South Tipperary Regional Youth Services (n = 6).	Dungarvan, Co. Waterford
Sports	Representatives from Gaelic Athletic Association (GAA) Healthy Club (Leinster); St Colmcilles GAA Club, Bettystown, Co. Meath (n = 6)	Bettystown, Co. Meath
Sports Coaches	GAA, Football Association of Ireland (FAI), Irish Rugby Football Union; IT Carlow (n = 5)	Carlow, Co. Carlow
Youth Workers (Northern Ireland)	Youth workers from various parts of Northern Ireland (n = 5)	Belfast, Co. Antrim
Clergy/Chaplains	Chaplains who provide services for young men in the various Institutes of Technology throughout the country (n = 8)	Letterkenny, Co. Donegal
Probation Services	Probation Officers/Senior Probation Officers/Community Service Supervisors (n = 7)	Cork City
Back to Education Personnel	People who help young men return to the workforce (n = 6)	Waterford City
Statutory Primary Health Care Staff	Mental Health Workers (Clinical Psychologists) (n = 2)	Naas, Co. Kildare
Personnel from Mental Health Organisations (Interviews)	Volunteers/Employees in Mental Health Organisations who have experience in working with young men (n = 3)	Waterford City Callan, Co. Kilkenny Kilkenny City
General Practitioner (Telephone Interview)	GP (n = 1)	Mayo
Young Men (Interviews)	Young men aged between 18-30 years (n = 3)	Co. Tipperary

All data was thematically analysed in keeping with the 6 questions posed by the Principal Investigators and the findings from this analysis are outlined in Section 3.

### 3.0 Results

As this study unfolded, it became evident to the authors that the presentation of the findings would read with greater fluidity by altering the sequencing of the questions posed in the brief [see below]. In particular, the evidence pointed strongly to starting with the people involved in developing and delivering interventions for men [staff] and then moving to how they worked [partnerships and men] before discussing what they did [styles and settings]. Finally the gaps identified in the current provision of services on the island of Ireland are presented.

#### 3.1 How important are project/intervention staff? (What skills and experience do staff need to make projects successful? Is 'charismatic' leadership vital to success in work with boys and men? Is gender-sensitive training important or is it enough to have a strong desire to work with boys and men and an affinity to do so? Does staff gender matter, if so why, in what way?)

It is clear that the effectiveness, or otherwise, of any intervention for men or boys hinges upon the capacity of the staff working on the front line. However, these individuals require support from those in their environment i.e. within their organisation or setting within which the intervention is taking place in order to work effectively. The specific themes to emerge with respect to staff are presented below. It is important to note that no theme is mutually exclusive; the themes are inter-dependant whereby one supports the development of the others.

##### 1. *The value base underpinning how the staff work*

Before embarking on any intervention for men or boys, it is important for staff to give some time to reflect on their motivation for doing the work and any biases or assumptions about men and boys that they may be bringing to the work [in unawareness]. Too often, service providers start from a position that men and boys are to blame for their predicament and enter into the work with an agenda to fix the problem that is men or boys. Not surprisingly, men and boys will intuitively uncover this value base and misguided motivation, and either not engage or promptly disengage with the intervention.

Becoming aware of one's values and motivations for working with men and boys will support staff to be open to the views and experiences of men and boys which are critical to developing and delivering any intervention for them. Adopting a salutogenic approach to working with men and boys is conducive to engagement; recognising and focusing on a man or boy's strengths, rather than his faults and telling him how to fix them, can empower him to work and build upon those strengths. One's value base is also communicated in the level of enthusiasm and passion that is brought to one's work and, when present, both promote engagement. Therefore, staff also need to consider whether they are ready to work with men and boys; this work can often present unique challenges to staff and they need to consider whether they are adequately resourced, willing to and even want to overcome these.

##### 2. *Developing trust – the cornerstone of engagement*

Central to engaging and sustaining the engagement of a man or boy in any intervention is trust. Men and boys will always respond better to people they explicitly trust. One should not underestimate the importance of taking the time to develop relationships and build rapport with men and boys. This often requires restraint and patience on behalf of staff to appropriately support men and boys to engage at their own pace. Adopting a non-

judgemental approach and modelling trust by trusting men and boys before looking for trust from them are important to establishing a good relationship.

### *3. Key attributes staff bring to the work*

A number of personal attributes among staff were repeatedly identified as significant to engaging men and boys. Staff need to have the capacity to empathise with those with whom they are working and to meet them where they are at in a non-judgemental manner. Good communication skills are critical and, in particular, listening skills. It is also important to know how to tailor one's form of communication to different situations. In that regard, facilitation skills are also desirable. Staff should also have a friendly and welcoming demeanour, be outgoing, and be prepared to have banter and use humour to make contact with men and boys. Staff should also be reliable and follow through on commitments they make. An intuitive knowledge of when a man or boy may be open to engaging is also desirable and can be developed with experience. Intervention staff also need to be open to mental health disclosures that may happen in seemingly unexpected situations and should feel competent and confident to know what next steps to take (including referral) to deal with such disclosures.

Effective staff are also those who are knowledgeable about men's health and about issues that may affect their target group. In particular, they should have an understanding of the impact of gender on the health of men and boys.

Staff should also be knowledgeable about the environment in which they are working and be flexible and adaptable to that environment. Where possible, they should obtain any relevant history (e.g. bereavement) about the target group to ensure the safety of those with whom they are working. It is also important that staff equip themselves with details of relevant local support so as to make appropriate referrals.

Finally, self-care is paramount for staff that work with men and boys. Staff should reflect periodically on how they, themselves, are coping with the challenges and pressures of work, in order to support themselves to have boundaries between themselves and those with whom they work and to ensure that they are working to their strengths. Such reflection is also beneficial to reviewing and modifying practice.

### *4. Gender*

With the exception of some particular groups of men who won't work with women for religious or cultural reasons, the gender of the intervention staff tends to be much less relevant than the attributes of staff members [see point 3 above] when trying to engage men and boys.

### *5. Environmental support*

Even the most committed and skilled staff require environmental support from their line management, colleagues and partners in order to work effectively. Organisations and institutions should also reflect on their motivation for and commitment to working with men. Men's health work can often be reactive to funding opportunities and public discourse, and can be tagged on to the core or real business of an organisation. Consequently, it can be under-resourced, under-valued and not integrated into the strategic planning and working policies of an organisation. In particular, it is imperative that organisations ensure that their staff are appropriately trained to work with men before sending them out into the field.



### **3.2 Are partnerships important for success? (Can projects/interventions be self-contained or are partners always required? Which partnerships are important? Why are particular partnerships important and what do they provide that would otherwise be difficult/impossible to get?)**

There was general agreement that working in partnership does add value to men's health work and that effective partnerships are key to successfully engaging men and boys. While much of what is documented here is relevant to any partnership, the authors have attempted to highlight that which is unique or of particular importance to men's health partnerships.

#### *1. Partnerships – the key to successful engagement*

It is apparent from the data sourced for this report that the majority of men's health work involves a number of partners, each bringing one or more of a range of essential elements to support any intervention. The elements required by men's health partnerships are:

- *Adequate resources including funding.* Many interventions for men and boys are 'doing' interventions such as traditional trades (e.g. woodwork), which are very resource intensive. Such interventions require appropriate facilities and equipment, specialised tutors, and insurance for the participants and/or intervention. Therefore, partners with the capacity to supply or generate funding and other resources are essential.
- *Local knowledge of the community setting and the target group* is essential to ensure that any intervention is culturally and environmentally appropriate.
- *Experience of working with men and boys* that can be used in tandem with local knowledge is also vital. Many service providers have limited experience of working with men and boys and, consequently, lack knowledge and/or confidence of how to engage them in their services. Therefore, it is essential that those aiming to engage men or boys seek support from those with experience and knowledge in this area.
- In some instances, *interventions are targeted at established groups* of men or boys already involved with another agency e.g. sports club, community employment scheme, school or workplace. It is important for men's health workers to seek out relevant partnerships with agencies already working with groups of men or boys. For example, interventions in settings such as workplaces or schools require buy in from management in those settings to allow the intervention to happen during school/work time. Furthermore, management and teachers need to be fully informed of and aware of the intervention so as to provide the necessary environmental support to ensure the intervention is effective and sustainable. Particularly with respect to schools, teachers need to be part of the process of integrating the intervention into the school to ensure the safety of the boys involved. Without such buy in or environmental support, it is unlikely that any intervention will be effective and may, possibly, be unsafe.
- There is a growing body of evidence of effective practice in the area of men's health that needs to be drawn upon in the planning stage of any intervention. Where possible, a proven intervention should be used or adapted. It is important for men's health workers to seek out partners with previous experience of particular interventions to support their work.
- Given the dearth of knowledge in this field, any partnership for men's health must include a partner with experience of research and evaluation so that the findings from the work may inform future practice.

It is unlikely that any one organisation can bring all of the essential elements required to deliver an effective intervention to men and boys on their own. When establishing

partnerships it is important to focus on what the intervention requires and then to choose partners who can meet a specific need/needs of the intervention. Men's health work can be uniquely challenging for the partners involved, particularly with respect to the number of men who traditionally engage in interventions and the resources available which, to date, have been limited. Therefore, it is important for men's health partnerships to support the development of a positive group dynamic to sustain those working in this challenging area [see section 3 below].

## *2. Advocacy and partnership work*

Partnership work also offers the opportunity to those involved in the area of men's health to advocate for an increased focus on men's health among the other partners. Men's health is now part of the business plan in many organisations as a result of such advocacy. Indeed, there is evidence that partnerships that have had positive outcomes for men and boys have created advocates for men's health in partner organisations. This supports the migration of men's health work into other areas where these other partners have links via their networks. Therefore, it is desirable for those involved in men's health work to seek out relevant partner organisations with a view to creating advocates for men's health in them.

## *3. Characteristics of an effective partnership*

In order for a partnership [as opposed to an individual or organisation working in isolation] to add value to men's health work, it must work effectively. Partnerships that work effectively have a clear vision and agree goals for what it is they aim to achieve. They define measurable outcomes that are monitored and evaluated. They are represented by various relevant organisations; each knowing what is expected of them and their role and responsibilities in the partnership. Not all partnerships are, or can be, equal in terms of the decision making power. Therefore, it is imperative at the outset that partners are aware of their position within the partnership structure and that there is a clearly defined decision making process. It is also desirable that, at an interpersonal level, individuals get on with one another and there is a positive group dynamic. When these characteristics are met within a partnership, the individuals around the table are more likely to all 'pull in the same direction'. Therefore, collectively the sum is greater than the individual parts.

### **3.3 Is it important to involve men in establishing an intervention? (Does a 'community participation' model seem to work better than professionally led work? If so, is this the case for all interventions or only specific types of work? What level of participation is important? Why is such participation important, what does it add?)**

It is very important to involve men and boys in establishing an intervention that aims to meet their needs. However, it is not always possible for a target group to clearly identify in advance what their needs are or how they would like those needs to be met in an intervention. In such instances, it is important for men's health workers to use their professional experience, to listen to men in conversation without asking, and to 'covertly' design the intervention based on what they think might work best for a particular target group.

Where possible, the target group should be involved, via direct consultation, to shape the design of the intervention. The value of doing this is apparent at a number of levels:

- Including men and boys in the process at the outset, initiates the development of a relationship with them, which is essential for building trust and promoting engagement.

- Involving men and boys in the design of the intervention can be an empowering experience for those men and boys where they can create a sense of ownership of the intervention. This is conducive for 'buy in' and engagement in the intervention. This is also consistent with a strengths-based masculinities approach that reinforces participants' sense of autonomy, control and independence.
- Crucially, those men who have 'bought into' the intervention via the process of being involved, may go on to advocate for the intervention amongst their peers. These community advocates, who are familiar to the target group, have the capacity to promote and demystify [take the fear out of] the intervention in a way that professionals could not. As men are more likely to respond to a) those whom they explicitly trust and b) word of mouth promotion [see section 3.5] the role of strong community advocates is central to promoting engagement among the target group.
- On a practical level, men and boys can integrate what appeals to them (e.g. football) into the design of the intervention, thereby making it something that they would be more likely to attend. The practical input from men is also crucial for testing what works on paper and applying it to their environment and culture. Such practical details, for example time and venue, can often be what is required to make interventions effective.

In practice, it is probable that both methods of consultation [overt needs assessment and covert deduction] are used during the planning and/or delivery of any intervention. It is unclear from this scoping study, which method is best suited during the planning phase for different target groups. Once an intervention is up and running, however, ongoing consultation with participants is crucial to ensuring that the intervention is flexible to the changing needs of the participants.

### **3.4 Are there specific 'styles' or approaches that seem important in such work? (What are these? How do they vary amongst different groups of boys and men? Why are these approaches important and what do they enable that different approaches do not?)**

According to some sources, the 'what' of any intervention is less important than the 'why', 'who' and 'how' outlined in section 3.1-3.3 above. That said, what happens around the marketing and delivery of any intervention is important when trying to engage men and boys. The findings with respect to marketing and delivery are presented here.

#### *1. Marketing an intervention for maximum engagement*

It is important that intervention staff can describe what they want to do via the intervention and why they want to do it in as few sentences as possible, preferably just one. This discrete, clear communication should be consistently used in all marketing materials. It is critical that this discrete message contains a 'hook' for the target audience that makes it appealing and important for them to be involved e.g. first aid to save your child's life. It is also important that this message normalises involvement i.e. the intervention is represented as something that is normal for men or boys to do. Normalising the intervention, and highlighting the importance of attending, will support men and boys to engage. It should be noted, however, that when marketing interventions the underlying core objectives of the intervention are often not named. These are disguised in the 'branding' around something that is normal and important for men e.g. the life of their child. While this can be seen to be a form of collusion with more traditional or stereotypical constructions of masculinity, often these stealth tactics do produce the right outcome, i.e. engagement, even if by the back door.

Where possible, engage a local media outlet as a partner that will give time and/or space to profiling the intervention appropriately and frequently.

Word of mouth promotion is still the most powerful mechanism for engaging men and boys and, therefore, it is essential that intervention staff recruit community advocates [see section 3.3 above]. These people need to hold local credibility and respect to actively promote the intervention.

Outreach work by intervention staff is also necessary to make contact with men and boys, to inform them of the intervention, and to begin the process of developing relationships. Several contacts may be required before a man or boy will commit to engaging, and staff should be aware of the resource required and be able to commit that resource.

## *2. Approaches to delivering interventions to maximise engagement*

The importance of planning well and starting from the right place cannot be over-estimated. Many men and boys will only give an intervention, and indeed the staff involved, one opportunity to engage them. If the initial engagement does not go well, the probability of engaging men and boys a second time is very slim. A man's poor experience may also negatively affect the credibility of the intervention and those involved as he shares this with his peers. This could, potentially, have detrimental effects for future work.

In general, and particularly in the early stages of engagement, men and boys seem to respond better to programmes that are task-orientated and involve 'doing' something. Interventions should aim to produce a tangible outcome that meets their needs in a relatively short period of time i.e. men need to see the benefit of their engagement which can support sustained engagement. Generating a positive group dynamic, and offering a social aspect to the intervention, can help foster relationships among the target group that will support engagement. Once the 'doing' activity has been established, 'talking' interventions can be integrated into the work either informally e.g. conversationally or formally e.g. workshops.

While 'doing' based interventions are more common in the field of men's health, a number of 'talking' interventions have been effective in engaging men and boys. There is general consensus that men and boys are willing to talk when they feel safe and are supported appropriately to do so. As stated earlier [section 3.1.3] the capacity of the staff involved in the intervention is central to creating this safety and delivering a 'talking' intervention. It is also essential that staff use appropriate materials for the target group and resource them with relevant information that they can take with them.

Health interventions for men and boys can also be integrated into something with which the target group is already engaged via another agency e.g. community employment schemes through creating partnerships.

In order to sustain engagement, regular contact with the target group may be required. This can be as simple as greeting a man or boy at the door as he arrives, to contacting him by phone [call or text] to check in on him. Contact is particularly important when a man or boy has been absent.

The value of using incentives to promote engagement among men and boys is unclear. In fact, despite the evidence cited elsewhere, no evidence was found in this scoping study to support the use of incentives to engage men or boys.

The timing of an intervention is very important. Staff need to be flexible and, possibly, to work around other commitments and cultural and environmental factors to maximise the involvement of the target group.

### **3.5 Which settings seem to best facilitate work with boys and men? (With which specific groups of boys and men and why might that be?)**

With respect to the most appropriate settings for working with men and boys, what is most relevant is that interventions happen in an environment that is familiar and non-threatening to them. Men and boys are more amenable to engaging in an environment in which they feel safe and can relax.

It is also important that the setting is one that is easy to get to and hence men will come.

Where possible, interventions should go to the target group and, indeed, many interventions happen in environments in which men and boys regularly convene e.g. workplaces, marts, schools etc. Effective interventions in these settings have 'buy in' from the management and subsequent environmental support [see section 3.2.2]. Therefore, the intervention is integrated into the normal hours in which men or boys are at the setting e.g. farmers at the marts have time to engage in the health check while waiting for their animals; management in workplaces give staff time during working hours to participate in the intervention.

It would appear that schools are a good setting in which to engage with boys. There is some evidence that sports clubs are an appropriate setting to engage young men. The use of technology should also be explored when trying to engage this target group.

For older men, workplaces and community employment schemes appear to be an appropriate setting. Other settings within a man's local community - for example, a community development project or a Men's Shed - also appeal to many men as places in which to engage.

### **3.6 What are the current gaps in service provision for boys and men's mental health and wellbeing work? (Are there specific groups of boys and men currently not well served? Does current service provision/structure mitigate against effective work. If so, in what way?)**

While there are many agencies on the island of Ireland with a responsibility for mental health services, there remains a dearth of co-ordinated targeted action on the ground for men and boy's mental health and well being work. The gaps in service provision identified in this scoping study include:

- 1. Training for key personnel** who engage with men and boys throughout their life course -
  - Training for parents and those working with boys in the formative years e.g. childcare workers, to support them to develop emotional intelligence among boys and to reframe more stereotypical or constraining constructions of masculinity into a more strengths-focused approach.
  - Training for teachers, services providers and volunteers to work effectively with men and boys.
- 2. Early intervention programmes** that allow young men to talk and, indeed, develop their emotional intelligence should be provided in schools and other settings where young men

convene. In particular, solution based thinking, experiential learning methodologies and reflective practice should be integral to these programmes.

3. It is important to **target all men and boys**, because anyone can suffer from mental health issues. While the burden of ill health, including mental health, is disproportionately felt by men in lower socio-economic groups, resources should be used proportionately across all sectors of society.
4. A whole of society approach is required to **challenge the stigma** that exists on the island of Ireland around mental health. Young men, in particular, confuse mental health with mental illness and this stigma is a significant barrier to seeking help.
5. A greater emphasis should be placed on **promoting mental health** among men and boys and more evidence-based interventions are needed in this area.
6. Many men and boys on the island of Ireland who present with a mental health problem experience difficulty in accessing appropriate services. In some instances, boys have been admitted into adult services that are not sufficient to meet their needs. Creating clearly defined **access** routes for services and **expanding the provision of services**, for young men in particular, is clearly needed.
7. Many mental health and related services (e.g. addiction, probation, homeless services) on the island of Ireland operate in silos with little, if any, collaboration between them. This lack of co-ordination between the services results in many men and young men falling into the cracks between the systems. Greater **collaboration between these services** is needed.
8. Mental health and well being services, and those working within them on the island of Ireland, are under resourced and continually challenged to meet the demands placed upon them. Consequently, there is insufficient **monitoring and evaluation** of the needs of young men and boys and of their own work practice. This is essential in order to ensure that the service being provided is actually meeting the needs of those whom it aims to serve.

#### 4.0 Successful/Promising Programmes

The programmes presented here were chosen on the basis that they represent the range of programmes currently available on the island of Ireland in terms of their target group [young men, older men, and men affected by unemployment and marginalisation], the style of intervention [‘doing’ and ‘talking’ and mixed styles] and the setting in which the programme occurs [schools, out of school settings and communities].

##### 4.1 Men on the Move [MOM] Activity Programme

Contact Name/Organisation	Partnership led by the Local Sports Partnership (LSP) and strongly supported by the Health Service Executive [HSE] Paul Gillen [HSE], Myles Sweeney [LSP]
Contact Email	paul.gillen@hse.ie myles@activedonegal.com
Brief project or intervention description (please include if it targets a specific group of boys/men by age, ethnicity, sexuality etc.)	The aim of the MoM programme is to increase the level of physical activity (PA) amongst men over 35 years of age. The emphasis on the programme is to create awareness and understanding of the importance, and the physical and mental health benefits of, regular PA. This is a community based 8-16 week programme [funding dependant] of 2 weekly sessions that incorporates a variety of activities.
Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)	Essential elements of the programme include: <ul style="list-style-type: none"> <li>▪ The local media were partners and raised awareness of the programme.</li> <li>▪ The partnership set up included all the relevant bodies to support the programme.</li> <li>▪ Men were offered a health check before participating in the programme. This, in itself, was informative and meant that men were getting something from the outset.</li> <li>▪ At the initial meeting when men came to the health check, the programme was outlined in a non-threatening way where the key focus was that men would have autonomy on setting their own pace as well as directing the activities. At this point, project workers began the process of building rapport and trust with the men.</li> <li>▪ It was locally based, so men were convening in a place that was familiar to them.</li> <li>▪ It was free.</li> <li>▪ The social aspect of this project was probably its greatest success. The men had fun, it got them out of their homes and they met people within their community. A key part of this positive</li> </ul>

	<p>dynamic was the PA co-ordinator in each group whom the men highly praised.</p> <p>This is a programme that could be transferrable to other groups. A similar programme was used to bring men out of isolation. No emphasis was placed on health but only PA for vitality of living.</p>
<p>Is the project/intervention primarily based on 'doing' (activities) or on 'talking' (verbal communication) (If both, does one precede the other? Is one reliant on the other? Is it important which of these?)</p>	<p>The main focus was 'doing' PA. However, as stated above, men were encouraged to define their own pace i.e. running, walking or jogging. So small groups formed that met at each session and feedback would indicate that some men used these safe smaller groups to talk to their peers about health issues while moving. Friendships were developed and many of these smaller groups and others in the larger group met outside of the programme settings for walks or cycles.</p>
<p>Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)</p>	<p><a href="http://www.mhfi.org/mayomenonthemove.pdf">http://www.mhfi.org/mayomenonthemove.pdf</a></p>



#### 4.2: Men's Development Network: Men's Development Health Programme

Contact Name/Organisation	Men's Development Network [MDN] Lorcan Brennan
Contact Email	lorcan@mens-network.com
Brief project or intervention description (please include if it targets a specific group of boys/men by age, ethnicity, sexuality etc.)	<p>The Men's Development Health Programme [MDHP] has been funded since 2002 by the Department of Health and Children and the Health Service Executive and is ongoing. The breath of work done within this programme is extensive and includes a) training and education programmes and events, b) advocacy and committee work, c) representation work, d) research, e) media and publications and f) men's development support and counseling work [this is the fundamental work that informs all other aspects of the MDHP work]. In recent years, the work of the MDHP has incrementally focused on influencing policy and practice for engaging and supporting men through key initiatives [Training: Engage, 7 Questions, Social, Personal and Health Education (SPHE)] and partnerships [Men's Health Forum in Ireland (MHFI) and other intersectional work]. In effect, the unique experience and expertise gained from working developmentally with men and boys for several years has more recently been translated into strategic training to support others to work developmentally with this priority population and policy development.</p> <p>The target group of the MDHP is primarily men and young men who experience disadvantage due to the effects of unemployment, marginalisation, poverty and men's conditioning [men of all ages].</p> <p>For the purpose of this study, the men's development support and counseling work will be presented to highlight the process adopted by the MDHP to engage with and support men and boys to work developmentally and to develop their emotional intelligence. In addition, the '7 Questions Training' that has emerged from the MDN's years of working developmentally with and for men will also be presented.</p>
Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)	<p>Through its outreach development work, men's development groups, regional days, issue days, workshops and National Summer Schools, the MDN has continually supported men to explore health issues, acknowledge their health difficulties, and challenge and talk about them in a safe and confidential space.</p> <p>The purpose of any aspect of their work is to:</p> <ul style="list-style-type: none"> <li>▪ Build confidence, self-esteem and self respect in men.</li> </ul>

- Empower men to build good relationships with themselves, each other, partners, families, women, children, community and society.
- Train men to develop leadership, facilitation and co-operation skills.
- Encourage men to take responsibility.
- Achieve change in men, by men and with men and, therefore, in society.
- Achieve better and more meaningful lives for men, women and young people in a more humane society.

To date, several Men's Development Groups exist nationally [approximately 20], engaging approximately 160 men that meet regularly. The procedure for creating these groups is as follows:

- The initial contact with men is personal i.e. not via media or posters etc. Word of mouth among men enables the groups to grow. The MDN uses their existing networks [Community Development Projects; Family Resource Centres, County and City Partnerships, County Development Boards and their volunteer representatives/mentors across the country] to make that initial contact.
- Individual men are then invited to join a Men's Development Group.
- The MDN works with these groups using experiential facilitative methodologies.
- After a year or so, these men are encouraged to organise and run a Regional Men's Day - inviting the other groups from the region to come. They are supported by the MDN to do this.
- When groups have two of these under their belts after two years, they are encouraged to organise and host MDN's annual national Men's Training and Development Summer School - inviting men from all over Ireland and elsewhere to come. The Summer School and all MDHP contact with the men is designed to provide a forum of safety and confidentiality where men begin to find words for how they are feeling about their lives and the pressures, stresses and depressions that act as barriers to full participation in their own, family and community life.
- The interested men are also encouraged to become involved with the Network and with working for change. Over the years, the talents of this core group of men have been developed by the MDHP so that their lives and the lives of those around them are enhanced. They have become mentors. To date, the MDHP has a very strong mentoring system whereby men engage and work with other men developmentally [in excess of 30 mentors to date]. These mentors also may act as facilitators for the Summer School. The Summer School provides support and training for them towards further enhancement of their group facilitation skills. This is achieved through the core group [mentors and MDN staff] participating in preparatory meetings beforehand. At the event, the staff and mentors stay in close contact and meet early in the mornings for their own group support.

	<p>As you can imagine, this is a very slow, resource intensive process moving a man from that initial conversation to becoming a mentor and being involved in a National Summer School. The key to the success of this approach is the individuals involved and, in particular, their skill and capacity to work with men in one to one or in a group setting, effectively developing their emotional intelligence. Underpinning the capacity of the staff is a strong ethos of personal development, reflection and supervision within the MDN. In 2014, the MDN hosted their 18<sup>th</sup> National Summer School that ran from Friday – Sunday [residential] with in excess of 80 men in attendance.</p>
<p>Is the project/intervention primarily based on ‘doing’ (activities) or on ‘talking’ (verbal communication) (If both, does one precede the other? Is one reliant on the other? Is it important which of these?)</p>	<p>The MDN’s Men’s Health Programme is, primarily, a ‘talking’ intervention. In fact, arising from their experience in this unique field of developing emotional intelligence among men, they have developed the ‘7 Questions Training’ for service providers to support them to engage more effectively with men. This training underpins what MDN terms ‘a new conversation with men’ that begins from a place of reflection, moving to identifying needs, to action for positive change.</p> <p>The 7 Questions training engages men by asking...</p> <ol style="list-style-type: none"> <li>1) How are things?</li> <li>2) What’s going well?</li> <li>3) What’s not going well?</li> <li>4) Is there anything you need to do?</li> <li>5) Is there any support you need?</li> <li>6) What’s one step you might take?</li> <li>7) What difference might it make?</li> </ol> <p>These 7 Questions are used by MDN as a training tool in a range of settings, towards supporting best practice for engaging men while also developing a needs audit and a more male focused service plan. The 7 Questions can be used for developmental facilitation of men’s groups, for self-reflection, for team and organisational development, for discussion with a friend or with others in an everyday conversation. In the experience of the MDN, by regularly talking through our concerns and issues supported by reflective questions, a man can move towards creating a better life for himself, his family and those in his community.</p>
<p>Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)</p>	<p><a href="http://www.mens-network.net/mens-development-health-programme">http://www.mens-network.net/mens-development-health-programme</a>  Many aspects of the Men’s Health Programme have been evaluated and written as reports. While these are currently not available online, they can be accessed directly from Lorcan Brennan [lorcan@mens-network.net] or Paula Carroll [PCarroll@wit.ie].</p>

### 4.3: Mind Yourself Programme

Contact Name/Organisation	Professor Ella Arensman Jacklyn McCarthy National Suicide Research Foundation
Contact Email	earensman@ucc.ie jacklynmccarthy@ucc.ie
Brief project or intervention description (please include if it targets a specific group of boys/men by age, ethnicity, sexuality etc.)	The Mind Yourself programme is a school-based problem solving brief intervention aimed at adolescents [15-17yrs]. It is also offered in early school leavers programmes in out of school settings. An evaluation showed that the programme was effective in creating significant positive changes in terms of emotional resilience and problem solving. There were positive but non-significant changes in depressive symptoms (greater reduction in boys) and self-harm ideation.
Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)	<p>Essential elements of the programme include:</p> <ul style="list-style-type: none"> <li>▪ Trainers are specifically selected and trained over two days in groups of a maximum of 15 to deliver the programme to young people. Before attending training, these people have to meet specific criteria along with their commitment to deliver 5 full programmes. These criteria are: <ul style="list-style-type: none"> <li>• Be currently working/volunteering in a youth work setting.</li> <li>• Good group facilitation skills.</li> <li>• High level of communication skills.</li> <li>• Ability to work with/deal with challenging issues.</li> <li>• Experience of working with young people.</li> <li>• Empathy with young adults and their life situation.</li> <li>• Some understanding of / interest in mental health issues.</li> <li>• It is also desirable for these trainers to come to the training with previous training experience in Applied Suicide Intervention Skills Training (ASIST), Mental Health First Aid, Mental Health Awareness, Understanding Self-Harm etc.</li> </ul> <p>It is, therefore, evident that these trainers are experienced facilitators and are knowledgeable in the area before doing this specific Trainers' programme.</p> </li> <li>▪ Ideally two facilitators deliver the programme together.</li> <li>▪ It adopts a community-based approach that was founded upon consulting with young people</li> </ul>

	<p>on their needs. Parents are also included in the process and informed of the programme contents.</p> <ul style="list-style-type: none"> <li>▪ Two sessions, approximately 90 minutes each, are delivered to adolescents in groups of 15 or less in school settings.</li> <li>▪ The programme adopts a relational approach, wherein the relationship between the facilitators and the young people is key to identifying the resources that are available to the young people.</li> <li>▪ A Resource Kit is given out to each participant in the programme. This kit comprises information on various topics that have been identified as relevant, as well as contact details for local, regional and national services.</li> <li>▪ A strengths-based approach, which focuses on hope, optimism and is solution-focused.</li> </ul> <p>The programme adopts a whole population approach to working with young people. This way, those who are most 'at risk' - but may never come into contact with services - are more likely to be reached via early school leaver programmes. Given the resources required to deliver this programme, it can be delivered in a variety of settings such as youth and other community based services [once a room with movable seating is available]. The programme can also be adapted to suit the needs of different groups of young people.</p>
<p>Is the project/intervention primarily based on 'doing' (activities) or on 'talking' (verbal communication) (If both, does one precede the other? Is one reliant on the other? Is it important which of these?)</p>	<p>The programme consists of information sharing, group exercises and feedback via group discussion. So participants are 'doing' via the exercises and this then leads on to the 'talking' via their feedback and subsequent group discussions. Via the specific exercises the programme adopts a holistic life-skills approach encompassing coping and problem-solving skills. The strategies used are designed to enhance problem-solving skills, emphasise optimism, and promote resilience among adolescents.</p>
<p>Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)</p>	<p><a href="http://nsrf.ie/projects/mind-yourself/">http://nsrf.ie/projects/mind-yourself/</a>  <a href="http://www.mindyourself.ie/asp/default.asp?p=1">http://www.mindyourself.ie/asp/default.asp?p=1</a>  <a href="http://nsrf.ie/wp-content/uploads/reports/NSRFMindYourselfReport2010.pdf">http://nsrf.ie/wp-content/uploads/reports/NSRFMindYourselfReport2010.pdf</a></p>

#### 4.4: The Larkin Centre: Men's Health and Well Being Programme

Contact Name/Organisation	The Larkin Centre [Community Development Project in Dublin's North Inner City] Anne Flannery
Contact Email	anneflannery@larkinctr.com
Brief project or intervention description (please include if it targets a specific group of boys/men by age, ethnicity, sexuality etc.)	The Men's Health and Well being Project was established in 2009 in partnership with Glasgow Celtic Football Club, the Health Service Executive and Pfizer Healthcare. This Community Development Project serves the disadvantaged community in which it is based, and this programme was targeted at local men - the majority of whom were between 30 and 64 years of age, had not completed 2 <sup>nd</sup> level education, were unemployed, and who did not own their own home. The programme runs for 10 weeks, four hours per week, and included health checks, fitness sessions, cookery course and health talks including one on mental health.
Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)	Essential elements of the programme include: <ul style="list-style-type: none"> <li>▪ The programme used football as its 'hook' as this was recognised as being both relevant and appealing to the men within the community.</li> <li>▪ 'Tagging' a programme as a 'soccer programme' and linking with Celtic Football Club immediately established familiarity and identified the programme as 'male', from the traditional viewpoint that soccer is a male dominated sport. In addition, Celtic Football Club already had a large fan base within the community. Therefore, the opportunity to 'be a part of' the club was irresistible to many of the men.</li> <li>▪ The men's health needs were assessed at the outset and the programme was designed to meet those needs. Essentially the programme was established 'by the men – for the men' which, in turn, gave them ownership of the programme and created a place where they could reclaim their place in the world.</li> <li>▪ Through outreach work [actively going out into the community, approaching the men, knocking on their doors, and telling them about the programme face-to-face] and engaging local men in the recruitment process, the Larkin Centre adopted a personal contact / personal recommendation approach to recruiting participants for the Men's Health and Wellbeing Programme.</li> <li>▪ The programme was delivered locally.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ It was free to the men who attended, which is particularly relevant for this priority population.</li> <li>▪ The personnel involved in this programme were highly committed, familiar with the area and had a great rapport with the men involved.</li> </ul>
<p>Is the project/intervention primarily based on 'doing' (activities) or on 'talking' (verbal communication) (If both, does one precede the other? Is one reliant on the other? Is it important which of these?)</p>	<p>The programme was primarily based upon 'doing - from fitness sessions to cooking classes. That said, the group dynamic that was created through these 'doing' sessions underpinned a sense of cohesion among the men that would facilitate 'talking'.</p>
<p>Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)</p>	<p><a href="http://www.larkinctr.com/education/mens-health.php">http://www.larkinctr.com/education/mens-health.php</a>  This project has been the subject of a published evaluation [2010] and an MA thesis. [2014]. Neither are available online and can be accessed directly from Anne Flannery or Paula Carroll [PCarroll@wit.ie].</p>

#### 4.5: The Irish Men's Shed Association: The Development of Men's Sheds in Ireland

Contact Name/Organisation	Irish Men's Sheds Association John Evoy
Contact Email	info@menssheds.ie
Brief project or intervention description (please include if it targets a specific group of boys/men by age, ethnicity, sexuality etc)	<p>The Irish Men's Sheds Association [IMSA] was set up in January 2011 with the purpose of supporting the development and sustainability of Men's Sheds on the Island of Ireland. It is a member-based organisation formed to share information freely between Sheds and support communities and organisations wishing to establish a Shed. A Men's Shed is a dedicated, friendly and welcoming meeting place where men come together and undertake a variety of mutually agreed activities. Men's Sheds are open to all men regardless of age, background or ability. It is a place where you can share your skills and knowledge with others, learn new skills and develop your old skills. New members are always welcome and can be assured that there is something of interest for everyone as the men have ownership of their Shed and projects and decide their own programme of events. An objective of Men's Sheds is to enhance or maintain the well-being of the participating men.</p> <p>Currently there are in excess of 100 sheds throughout the island of Ireland.</p>
Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)	<p>Essential elements of a men's shed include:</p> <ul style="list-style-type: none"> <li>▪ Any shed can be initiated via a number of mechanisms that include: <ol style="list-style-type: none"> <li>1. A man or men within the community taking the initiative themselves,</li> <li>2. A local organisation or partnership of local organisations,</li> <li>3. A partnership of local men with the support of local organisations.</li> </ol> </li> <li>▪ Regardless of who initiated the development of the shed, sheds are ultimately owned and run by the men [shedders] themselves. Therefore, each shed is unique and is designed to meet the needs of the shedders in that shed. Shedders are active and equal participants not students, patients, clients or customers.</li> <li>▪ To support the running of the shed, each shed is supported to set up a management committee and develop the capacity to apply for independent funding.</li> <li>▪ The shedders decide upon the activities to be carried out in the shed and these vary from boat building, to repairing bicycles, to bowling.</li> <li>▪ Sheds are often supported by local agencies in terms of the provision of training etc. at the</li> </ul>



	<p>shed. In fact, in many instances, the sheds have become a setting for training and skill development.</p> <ul style="list-style-type: none"> <li>▪ The men themselves use and share their skills with others in the shed.</li> <li>▪ Regional and national men’s sheds activities are organised and representatives from sheds attend these and get a chance to meet shedders from other areas. This gives them an opportunity to get a sense of connection with the men’s sheds movement on the island of Ireland.</li> <li>▪ Sheds work because they are attractive places for men to gather socially, regularly, voluntarily, happily, safely and do hands-on stuff together.</li> <li>▪ They work best when its grassroots, local, by, for and about the local men and the community.</li> <li>▪ They should be inclusive and welcoming of all men.</li> <li>▪ They are not patronising and do not see men as having a ‘deficit’ or being the problem.</li> <li>▪ Not naming the shed activity provides freedom to do and talk about other important stuff [including health].</li> <li>▪ The outcomes are typically diverse and powerful.</li> </ul>
<p>Is the project/intervention primarily based on ‘doing’ (activities) or on ‘talking’ (verbal communication) (If both, does one precede the other? Is one reliant on the other? Is it important which of these?)</p>	<p>The activities that happen in any shed are predominantly ‘doing’ tasks. In fact the motto for the IMSA is that “men don’t talk face to face; they talk shoulder to shoulder”. The regular social interaction among men is central to successful sheds.</p>
<p>Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)</p>	<p><a href="http://menssheds.ie/">http://menssheds.ie/</a>  <a href="http://menssheds.ie/wp-content/uploads/2013/10/Men’s-Sheds-in-Ireland-National-Survey.pdf">http://menssheds.ie/wp-content/uploads/2013/10/Men’s-Sheds-in-Ireland-National-Survey.pdf</a></p>

#### 4.6: 'If I were Jack...' Programme

Contact Name/Organisation	Dr Maria Lohan Dr Áine Aventin Queen's University Belfast
Contact Email	M.lohan@qub.ac.uk A.Aventin@qub.ac.uk
Brief project or intervention description (please include if it targets a specific group of boys/men by age, ethnicity, sexuality etc)	<p><i>'If I Were Jack...'</i> is an evidence-informed, outcomes-focused, user-endorsed school based-intervention, which specifically targets young men and aims to increase their intention to avoid an unplanned pregnancy during adolescence. The intervention is especially targeted to boys but also includes girls aged 14-17 years in mixed-sex classrooms. The aim of the intervention is to increase boys' as well girls' intentions to avoid an unintended pregnancy and, more broadly, to develop relationship communication and help-seeking skills with partners, parents and teachers.</p> <p>An evaluation study of the programme using a stratified random sample of schools in Ireland and South Australia (N= 650 pupils) showed that the programme had positive effects in terms of raising awareness, intentions to avoid an unintended pregnancy, and in raising communication and help-seeking skills.<sup>1</sup></p> <p>The intervention is being mainstreamed into schools in Ireland from September 2014 in co-operation with our main statutory partners the Department of Education and Science and Health Services Executive Crisis Pregnancy Programme. The intervention is currently being rolled out in seven schools in Northern Ireland under the conditions of a cluster randomised controlled feasibility trial to prepare a more rigorous evaluation of the effectiveness of this intervention. This evaluation is funded by the National Institute for Health Research, UK (The full research protocol is available from <a href="http://www.clinicaltrials.gov/ct2/show/NCT02092480">http://www.clinicaltrials.gov/ct2/show/NCT02092480</a>).</p> <p>A further qualitative evaluation of the intervention is also underway in Ireland, funded by HSE Crisis Pregnancy Programme. See project website: <a href="http://www.qub.ac.uk/sites/IfIWereJack/">http://www.qub.ac.uk/sites/IfIWereJack/</a> Finally, an Australian version of the intervention is being rolled out in schools in South Australia through Flinders University and Shine.</p>

<sup>1</sup> Lohan, M., Olivari, M.G., Corkindale, C., Milani, L., Confalonieri, E., Cruise, S., O'Halloran, P., Alderdice, F. & Hyde, A. (2013). Adolescent Men's Pregnancy Resolution Choices in Relation to an Unintended Pregnancy: A Comparative Analysis of Adolescent Men in Three Countries. *Journal of Family Issues*, 34(8), 1037

<p>Key approaches or elements of success (why does this seem to work, could it transfer to other settings or groups of men?)</p>	<p>Essential elements of the programme include:</p> <p>This 4-week programme is delivered by trained Relationship and Sexuality Education (RSE) teachers. It involves teacher trainers (who train the teachers), the teachers, parents of the pupils and the pupils themselves and is composed of the following of elements:</p> <ul style="list-style-type: none"> <li>▪ If I Were Jack interactive video drama (IVD) which tells the fictional story of 16-year old Jack who has just found out that his girlfriend is pregnant. Seated at individual computers, pupils are immersed in Jack's story and are asked to consider how they would feel and what they would do if they were Jack;</li> <li>▪ Classroom materials for teachers containing four detailed lesson plans with specific classroom-based and homework activities which include group discussions, role-plays, worksheets, and a parent-pupil exercise;</li> <li>▪ 60-minute training session delivered by a researcher to teachers wishing to implement the intervention detailing the components of the intervention and its delivery and highlighting the research procedures;</li> <li>▪ 60-minute information and discussion session for parents/guardians delivered by RSE teachers during the first week of the implementation period (prior to the parent/guardian homework activity); and</li> <li>▪ Detailed information brochures, factsheets and a dedicated website (<a href="http://www.qub.ac.uk/IfIWereJack">www.qub.ac.uk/IfIWereJack</a>) about the intervention and unintended teenage pregnancy in general for schools, teachers, teacher trainers, young people and parents.</li> </ul> <p><i>Why does it appear to work?</i></p> <p>As noted above rigorous evaluation with process and health economic evaluations are underway to further test this intervention but the key elements of why it appears to work are:</p> <ol style="list-style-type: none"> <li>1. <u>Evidence informed</u>: This intervention is based on a large programme of research including systematic reviews of research on adolescent men and pregnancy, empirical research conducted in Ireland on the topic, systematic reviews of what works best in the delivery of relationship and sexuality education, and a firm theoretical basis to inform each of the activities and components that make up the intervention (see list of publications by the authors <a href="http://www.qub.ac.uk/sites/IfIWereJack/Publications">http://www.qub.ac.uk/sites/IfIWereJack/Publications</a>)</li> <li>2. <u>Participatory approach</u>: From the outset, we involved the main statutory stakeholders involved in the delivery of RSE to schools on an all-island basis. An extensive consultation with teachers and pupils was also undertaken and this has helped make an acceptable culturally-sensitive user-endorsed intervention which can be delivered into classrooms.</li> </ol>
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	<p>3. <u>Outcomes focussed</u>: ‘What will the intervention do and change; how will it do it and how might that be demonstrated?’ has been the key question informing the design and development of the intervention. The question has focussed attention on an underpinning theory of behavioural change, identifying effective components and implementing rigorous evaluation from the outset.</p> <p>4. <u>Culturally-sensitive</u> (see below).</p> <p>The intervention is designed to be culturally sensitive as it relies upon young people identifying with the lead actor Jack and being able to ‘imagine being Jack’ and being in the situation of an unintended pregnancy. For this reason, each time we have transferred this to a new geographical setting (Ireland, Northern Ireland, South Australia), a new interactive video film has been shot. Modifications to other parts of the intervention have been minor.</p> <p>The programme could easily be transferred to youth settings.</p>
<p>Is the project/intervention primarily based on ‘doing’ (activities) or on ‘talking’ (verbal communication) (If both, does one precede the other? Is one reliant on the other? Is it important which of these?)</p>	<p>The intervention begins with an immersive role play scenario (through the use of an interactive video drama). The young people watch the drama on individual computers wearing headphones. Thereafter, the intervention is based around verbal communication activities with peers, teachers and parents. Parents are also involved in this intervention.</p>
<p>Any additional information (including any further important aspects of the context the project operates in or web links to project reports etc.)</p>	<p>Full details of the intervention and all associated publications can be found on:  <a href="http://www.qub.ac.uk/sites/IfIWereJack/">http://www.qub.ac.uk/sites/IfIWereJack/</a>  News Item: <a href="http://www.nets.nihr.ac.uk/news/all/2014/new-study-addressing-unintended-teenage-pregnancy">http://www.nets.nihr.ac.uk/news/all/2014/new-study-addressing-unintended-teenage-pregnancy</a>  NIHR Project Page: <a href="http://www.nets.nihr.ac.uk/projects/phr/1215326">http://www.nets.nihr.ac.uk/projects/phr/1215326</a></p>