
Article:
Robertson, S. orcid.org/0000-0002-5683-363X, Zwolinsky, S., Pringle, A. et al. (3 more authors) (2013) 'It is fun, fitness and football really': a process evaluation of a football-based health intervention for men. Qualitative Research in Sport, Exercise and Health, 5 (3). pp. 419-439. ISSN 2159-676X

https://doi.org/10.1080/2159676X.2013.831372

“It’s fun, fitness and football really”: a process evaluation of a football based health intervention for men

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Abstract:

Concerns about gender inequalities in longevity, particularly premature male mortality, have prompted a range of innovative approaches to health promotion work with men dating back to the 1980s. In developing such work, sport, and football in particular, has emerged as a gendered cultural field that has utility for engaging men in health initiatives. Evaluations of such work, whilst few in number, have shown that health initiatives using football settings, football based interventions, or even football club branding, can have positive impact on various health measures in the short and the longer term. However, little work to date has looked at the underlying mechanisms that generate success in such projects. This paper presents secondary analysis of data collected during the evaluation of the Premier League Health (PLH) programme specifically focusing on these underlying mechanisms and how/where gender (masculinities) appears in these processes. We draw on interview data with sixteen staff who had been involved in the delivery of the PLH initiative and fifty-eight men who took part. Thematic analysis highlighted two overarching (and underpinning) themes: ‘Trust’, what processes it was key to and how it was developed and sustained; ‘Change’, including what it was facilitated by and what impact it had. The paper adds to our understanding of how active listening, flexibility and sustained engagement are key to sports based projects generating success. Furthermore, it demonstrates how the physicality and sociability of involvement, rather than any direct focus on ‘health’ was important in acting as a spring-board for facilitating reflection and aiding lifestyle changes for the men in line with PLH programme desired outcomes.

Key Words: Men's health, masculinity, health promotion, health intervention, competitiveness

Introduction:

Despite increasing interest and action on aspects of men's health since the 1990s, concerns around gender inequalities in longevity persist and the challenge of how best to engage men in public health initiatives continues to be one of the major themes within the men's health arena (Robertson & White 2011). In the UK, since around 2000, specific attention has been given to using sport generally and football specifically, as a means of successfully engaging men in health promoting activity[1]. Research and evaluation of interventions has shown how football and football settings can be effective in providing opportunities to engage men from socio-economically deprived backgrounds who are not currently meeting health lifestyle guidelines (Pringle et al 2011; Hunt et al 2013; Gray et al 2013) and in engaging men with a variety of mental health issues who have found it difficult to attend 'standard' NHS services (Darongkamas et al 2011; Pringle & Sayers 2004). In terms of impact following engagement, Zwolinsky et al (2013) showed that interventions carried out through football clubs were effective in making statistically significant differences to lifestyle factors (physical activity, diet, smoking, alcohol consumption) toward nationally recommended guidelines and Brady et al (2010) showed sustained improvement in measures of cardiovascular health at 1yr after a 10 week football based intervention for overweight/obese men. A further study by Darongkamas et al (2011) showed that establishing a football team for male mental health service users improved a range of self-reported psychosocial measures such as 'mood', 'outlook', 'social life' and 'confidence'. Alongside playing, watching football has also been shown to generate similar opportunities for providing a sense of belonging, altering mood and providing a cathartic release of tension for men (Pringle 2004). There is then growing

evidence in terms of the opportunity football provides to initially engage men and to subsequently improve proxy indicators for physical health (lifestyle factors) and to benefit mental wellbeing[2].

To date, little work has focused on the processes by which such improvements in health and wellbeing are achieved for men through such initiatives. Within this paper we explore qualitative data gathered from a large scale evaluation study to consider the processes at work when top flight English football clubs established health promotion initiatives for men. We pay particular attention to what generated 'success' and to the role of gender (masculinities) within these processes. The paper situates itself in a gender relations framework understanding masculinities as varying 'configurations of practice' that men move within and between in differing social contexts rather than as static character traits (Connell 1995; Robertson 2007). Furthermore, after Robertson & Williams (2012), we recognise masculinities as both the producer and product of structure and agency; that is, we recognise that whilst men's health (and other) practices are diverse they are not simply a matter of "free choice." Although social structures do not determine action in a simplistic sense they can and do constrain the choices available; they act to encourage particular configurations of gendered practice and restrict others. This is important in understanding the data presented here as being more than just descriptive, idiosyncratic accounts.

PLH programme description:

Premier League Health (PLH) was a 3 year programme of men's health promotion located in sixteen top flight English football clubs specifically targeting men aged u8-35 years from socio-economically deprived communities - though men from a mucu wider age range engaged with the various projects (White et al 2012). The processes of recruiting men varied

across the sixteen projects and included: advertising on screens at games; local newspaper adverts; recruitment via community groups (e.g. Children's Centres, drug rehabilitation programmes, job centres) that were project partners and GP referrals. Programme interventions delivered by the clubs were free, many projects laid on transport to and from the venue and some incentivised participation through use of match day tickets, games held at the club ground, and provision of club branded kit and equipment etc. Interventions varied between clubs and included: educational activities on match days for supporters; weekly physical activity/lifestyle classes; varied outreach approaches targeted at specific groups of men in local communities. Some interventions were based around match days, some based around the club ground and others were community based but club branded and linked. These interventions therefore were not standardized across the programme, though they were delivered by project staff who received shared education and training in health and behavioural change activities and in working with men on health issues. These project staff were a mix of accredited health trainers, coaching staff and allied health professionals, some of whom already worked within the clubs community programmes others who were brought in especially to deliver on the PLH work. The initial training consisted of a two day workshop organised and delivered by physical activity and men's health specialists at Leeds Metropolitan University but drawing in a range of practitioners and previous men's health project workers to provide a mix of evidence based and practice focused sessions. This was followed up a year later with a further two days that focused more on shared PLH learning to date again facilitated by staff from Leeds Metropolitan University. Clubs delivering PLH worked in collaboration with a range of local partners, including healthcare agencies, local authorities and education providers, who contributed a range of resources to support the activities and interventions. The demographics of men attending the PLH programme and the

impact on outcome measures have been reported elsewhere (Pringle et al 2011; Pringle et al 2013; Zwolinsky et al 2013).

Method:

Approval for the evaluation was gained through Leeds Metropolitan University ethics review process. The data analysed and presented in this paper were collected from interviews with sixteen staff responsible for delivering and/or managing the initiatives in their respective clubs and fifty-eight men who had participated in the initiatives[3]. The interviews mainly took place during or immediately after a project session and ranged from 15-25 minutes with the men themselves and 25-40 minutes with those delivering/managing the initiative. The interviews were semi-structured with questions focusing around: reasons for engagement with the initiative; reasons for staying involved; previous experience of engaging with health services. Interviews were digitally recorded, transcribed verbatim and participants were given pseudonyms.

For this paper, this existing data set was subject to secondary analysis asking the specific questions: 1) "What are the underlying processes and features at work within the programme that lead to success" 2) "Where and how does gender (masculinities) appear in these processes." All the data was primary coded in relation to these questions by SR looking at both the semantic and latent content of the data; that is, considering both the surface and deeper meaning within the accounts given (Braun & Clarke 2006). This coded data was then collated into potential themes. Two team members, SR and SZ, then met to refine the specifics of each theme and an initial thematic framework was generated. Finally, all team members were invited to consider this framework and to further refine if necessary (no further refining took place). In the extracts that follow, participants are identified by use of a

pseudonym (but not by club to assist with anonymity and confidentiality) and staff are identified as HT (for health trainer[4]) with clubs being made anonymous by use of alphabetical lettering.

Findings and discussion:

Two overarching (and underpinning) themes emerged through the analysis: Trust (including what processes it was key to and how it was developed/sustained) and Change (including what it was facilitated by and what it impacted on). The relationship of these two themes to each other and to sub-themes/codes is shown in Figure One.

[Insert Figure One around here]

Trust

Trust was the single biggest factor flowing through the interviews of both the staff and the men engaging with the initiatives and was entwined, both implicitly and explicitly, with a range of processes required for making projects successful.

Initial engagement:

Men, particularly those from socio-economically deprived communities, are frequently described as a "hard to reach" group in terms of health promotion initiatives (e.g. Brady et al 2010, pg. 2966; Hunt et al 2013). Yet histories of the structural embedding of neglect, abuse, resentment, cultural misunderstanding and mistrust that some men from within such communities may feel in relation to health (and other) professionals can help explain why such men might be hard to reach (Kierans et al 2007). Developing trust was therefore an essential element in helping initial engagement within the PLH projects.

The greatest factor facilitating engagement was word-of-mouth and the concomitant importance of trusted relationships between friends and members of a community in recognising an initiative as both safe (often presented as 'overcoming fears') and worthwhile (often presented as 'good' or 'enjoyable'):

> "I think a lot of guys are apprehensive about going to a project blind that they know nothing about. Getting somebody down to the first session is always the most difficult thing, because guys are unsure about what it is, whereas with word of mouth, if they hear it from a friend… I think it's the whole trust thing, they trust their friend. If they know their friend is at a session they find it easier to go along rather than going down on your own and not really knowing what you're signing up for" [HT, E]

Significant here is how this difficulty in engaging people in a community project is specifically presented by this worker (and others) as a gendered concern impacting particularly on men. Previous research has suggested that men often have a suspicion and mistrust of community initiatives, possibly generated through a general lack of participation in local community activities, and compounded by the discursive construction of (daytime) community spaces as women's domains (Sixsmith and Boneham 2001). Whilst other outreach projects aimed at marginalised communities or groups, show word of mouth as essential in facilitating engagement (Peck et al 2008; Tumiel-Berhalter 2011) it seems this may have even more resonance for men in developing the trust required to initiate involvement. The implication of this for the projects was that recruitment tended to take longer than anticipated but could increase rapidly once trusted contacts had been firmly established:

"Flyers and referrals initially got some interest and from then on it was more of a case of people attending, telling their friends, people attending. [Once] We got word of mouth, because initially we really struggled for the first six to nine months engaging men, they just weren't coming. We weren't sure really why that was and we looked at the marketing strategy and realised that we were doing all we could do. But I think word of mouth, massive help." [HT, D]

Such accounts from the staff involved in the projects were reinforced in many interviews with the men who said that they had either come because of the influence of a friend or had influenced a friend to attend:

I: "How did you first find out about it?"
Oliver: "Well [name] is my mate and I knock around with him and he said to me, 'I want as many people to come as possible' and I asked a few others and they all come down and just really enjoyed it."

Established (trusted) community partnerships (including those with NHS services; GPs, smoking cessation, weight loss etc.) were also important for some projects in facilitating engagement for men and in creating integrated working opportunities:

I: "How did you find out about it?"
Neil: "From Sure Start, my kids go to the Sure Start centre I found out through that and I've just been a regular from that."

> "More recently we've brought on [a community rehabilitation project]. We're now part of their project, it's their lads that attend our sessions. They are mostly homeless people or ex-convicts, drug addicts, and they do a 12 week rehab program with [community project], where they do lifestyle classes and as part of that program they come and do physical activity tying in with our program." [HT, B]

Given women's generally greater involvement in community projects, and the role they are often attributed in influencing male partners in relation to help-seeking (e.g. Coles et al 2010), their contribution was also recognised. In particular, when women had existing, trusted community contacts she would often take a role in introducing her male partner to PLH projects:

> I: "How did you first find out about it?"
>
> Ian: "My partner was on a course at Sure Start and I went in and I met [worker] and he was like 'we offer this for dads.' He was on about this course starting off and I've been involved ever since really."

As well as word of mouth and community partnerships, sport club branding could also engender trust, or at least a level of familiarity, in the initiative being promoted for many of the men See also: Brady et al 2010; Hunt et al 2013):

> "I think it [success in engaging] was about how we used the football club and the lads to promote sessions, and how we initially got it out there by promoting and utilising that status" [HT, B]

I: “Was that one of the main reasons why you came down because it’s associated with [club]?”

Frank: “I’ve always been a [club] supporter since I was four years old, I’ve been coming here for 34 years. I absolutely love the club. I mean not any day goes by where I do not wear the colours, this is how passionate they are to me.”

It is difficult to tell from data here whether it is the club branding, or sport itself as a (gendered) cultural field, or the football venue as a (gendered) ‘safe/familiar’ local social space, that generated trusting engagement. It is likely that all three of these play a part but the balance of influence of each might be different for different men depending on their prior interest and engagement with the club/sport/venue. There were nuances recognised by those leading the PLH projects about what club related intervention work was appropriate and when it was appropriate. In particular, it was recognised that whilst providing basic information about health (and about the projects) at matches was acceptable, attempting interventions beyond this on match days was potentially problematic:

“People just want to watch the football at the weekend” [HT, A]

“They’re all passive messages that people can read in their own time. I think that’s very important for men. When we had the approaches that were in your face when people have got other things going on, like trying to get in to watch the match, people weren’t interested, it wasn’t on their agenda.” [HT, C]

This echo's previous empirical work (Dunn et al 2010) on engaging men at football games and links to a wider point, which we return to later, about how much 'health' can be directly inserted into football club based initiatives.

Developing and sustaining trust:

Beyond initial engagement, trust has been recognised as a recurring theme of importance in sustained community health work (e.g. South, White & Gamsu 2012) and was clearly vital for men's involvement with PLH and also to the processes of change discussed later. But how is such trust developed? After making initial engagement, the trust required for sustained involvement seemed to develop through two key processes: active listening and flexibility, and positive social interaction.

Rather than a linear model of projects being designed by health professionals and delivered to (passive) lay male participants, the interventions in PLH developed through processes that pro-actively learned about men's interests, needs and concerns and responded flexibly to these. This was the case even when initial project plans had been quite fixed but subsequently failed to meet needs that later became apparent. As an example, the decision to run badminton alongside football was significant in reaching South Asian men who had limited interest in football but who made up a large part of the local community for one club:

> I: "What would your best advice for another club be?"
>
> HT, A: "I think the main thing would be to work *with* the community. It's very easy to say we want to set up this, and you might not get high attendance to the session. It would have been easy to centre our project on football but it's not really what the

community wanted. So speak to the community, listen to what they want and to their needs."

"I came down cos it was Badminton" [Chris]

This was reflected at other clubs who adjusted or extended available options in initiatives to meet the expressed needs of the men they were engaging:

I: "What kind of things do you do in the sessions?"
Wayne: "I do boxing and circuit training. I'd like to do football but I've got a cartilage tear in my knee so I can't do football because of the injury"

I: "Do you like the fact that it isn't just football?"
Liam: "Yeah you can do training, boxing, and then you can get involved in the half marathons and whatever else if you're interested, so it's dead good like."

For the men, this listening and flexibility often related very much to the practical arrangements of the sessions. The majority of the men felt that sessions being free was important to their being able to attend - though once they were fully involved some also said they would pay a nominal fee if required. Being local, or accessible via provided transport, was also important, as was the timing of the sessions to fit in around work and other commitments. Listening to these aspects and evolving projects accordingly was important for success across the clubs.

Very significant in terms of sustained engagement was the opportunity to drop into and out of both individual sessions and the initiative itself. Many of the men engaging with PLH had the complex social problems and often chaotic lives associated with socio-economic deprivation (Coote, Allen & Woodhead 2004) which could make regular, 'on-time' attendance difficult and it was important that this did not create problems:

> Chris: "I've missed one or two weeks."
>
> I: "And what's it like coming back?"
>
> Chris: "It makes no difference whatsoever. I missed four weeks consecutive but nobody says anything, nobody asks you questions, you just turn up and they're glad to see you."
>
> I: "Do you think that's important?"
>
> Chris: "Course it is, yeah! If people miss for any reason, when they come back it's like the gap doesn't exist, it would be as though they just slept. When they come back you just ask them how they are, there is no script to it, it makes no difference at all."

> "There have been times where I've not been able to come for weeks. But I know I'm able to just walk back through that door, I know that there is still a happy atmosphere and just go back in and do what I was doing before I left. Obviously there might be new people there but you just get talking" [Dave]

The importance of being able to move into and out of, drop and pick up, social connections unconditionally and without question has been recognised in previous empirical and conceptual work on men's relationships (Robertson 2007, pg.110; Robertson & Monaghan 2011). The ability to engage in a social space specifically without the need for 'personal

sharing' has also been shown to be important (Robertson & Monaghan 2011, pg. 160) and should not be under-estimated in terms of its impact on building trust and making projects 'acceptable' and indeed enjoyable for men.

Linked to this notion of flexibility, ironically, was the importance the men attached to the stability that regular sessions provided. For many men the projects provided a structure that facilitated the personal discipline important for regulating other areas of their life:

> "The fact it was once a week, a regular weekly thing, it fits, it's easy and keeps you in a routine." [Noel]

> Harry: "When I left the detox unit I found out about here and I started… you know structure, which was really important to me to have a structure, somewhere to go, to take part in things really."
> I: "Do you think you lost that structure before?"
> Harry: "100 per cent, at its worst due to my behaviour, my drug taking. You know this kind of structured up part of my week."

This resonates with discipline and control being important aspects of (hegemonic) masculinity practices (Courtenay, 2004). In contrast to some work presenting hegemonic masculinity as almost always health damaging (e.g. Peate 2004), we would suggest that for many of the men attending PLH it was important to (re)develop, to (re)gain control and order rather than viewing such configurations of practice as automatically negative and pejorative aspects of masculinity (Macdonald 2011).

Yet stability and (re)gaining control was not achieved by regular attendance for short time-limited periods. As seen earlier, the opportunity to drop out of projects for periods of time *but knowing you can return* at any point was very significant in providing a secure, trusted base. This meant that interventions that were of relatively short duration, for example, an 8-12 week intervention to improve physical activity (which was how a lot of the PLH projects were originally envisaged) were quite quickly seen as not meeting the needs of the men who required something a little more enduring:

> "When we did the first 12 week sessions, it didn't feel like we'd done all we needed to do. It was taking four to six weeks to get to know somebody, and get to gain their respect. By the time you'd got to know them it was kind of like "we're done, see you later." We were conscious we were losing people from the program, they weren't doing anything, they were just coming, playing football, and then back into their life. So now we have a continuous session and it's very, very personal now and it's very individual." [HT, B]

> "The project was supposed to be a 12 week intervention but we learnt very early on as soon people got involved they didn't really want to leave so we very quickly established on-going sessions. So now, they've still got the support there for one another, they're still in an environment with the football club and the staff who've seen their development and hopefully it's established enough that they can do it on their own." [HT, C]

> "Originally we were doing a ten week course and then we cut it, then we'd do another ten. But there was a void there, because these guys were enjoying it, so why did we

stop it after ten weeks and throw them away? There's no point, so we just left it open." [HT, J]

The importance of longer term, community development projects, rather than short term interventions, for improving men's health has been noted for some time (Robertson 1995) and is shown here to be a significant mechanism for generating positive outcomes. Yet the challenges of developing and delivering more sustained approaches to addressing men's health needs within a neo-liberal policy framework remain a cause for concern (Williams, Robertson & Hewison 2009).

In addition to active listening and flexibility, positive social interaction was a central mechanism in men's sustained engagement with PLH projects. The challenges for developing supportive, health-enhancing relationships (social capital) for men in socio-economically deprived locations has been recognised in previous research (Dolan 2007; Sixsmith & Boneham 2001) and sport/football has been identified as a way to help meet these challenges for some men (White & Witty 2009). The PLH projects acted as a gendered cultural field where men felt safe and comfortable in developing peer relationships in a setting that fostered health enhancing activity:

"It's fun, fitness and football really, just sort of team bonding, get to know other people with similar interests […] The social element is huge." [Frank]

"I did 20 years in the army and I miss exercising with other people, I miss the fun of doing it. I come from a very male environment and I'm looking for a little bit more than just going for a run down the sea front where you're actually on your own all the time. I

like to come down, I like to mix in with a different group of people and it's fun!" [Johnny]

Previous work has identified the importance of 'vibrant physicality', the embodiment of feeling good, to men's sense of enjoyment, health and wellbeing (Monaghan 2001; Robertson 2006) and how social engagement facilitates the maintenance of health enhancing behaviour (Marcus & Forsyth, 2009). This was evident within the PLH projects with many men citing terms like "enjoyment", "fun", "feeling really good" "got my mojo back" or "feeling high as a kite" as reasons they continued involvement. However, evidence here, as shown in the quotes above, suggests that this is not only about the enjoyment of individual exercise; rather, understanding notions of 'feeling well' (even 'feeling fit') more fully requires consideration of embodied masculinities developed through enjoyable inter-subjective social encounters.

The sport/football based nature of the PLH interventions raises the interesting issue of 'competitiveness' as a possible facilitator and barrier to sustained engagement in the projects and this is made more significant by the (often pejorative) role competitiveness is ascribed in the performance of (hegemonic) masculinity. There is no doubt that the competitive nature of a sport based intervention appealed to some of the men:

"It gets competitive, people are fouled and everything, just general football isn't it. I'm a competitive person, always have been, even though it's just a kick about between friends. I make sure that people know I don't play to lose, I want to get a win obviously. I want to be the best at what I'm doing." [Ian]

> “Obviously when you’re out there with the football it’s a bit competitive and stuff like that but everyone goes home with a smile on their face and enjoys the game. […] It’s always going to be competitive; no one comes to a game of football to lose even if it is with your mates.” [Kevin]

The use of the word ‘obviously’ in both the above accounts implies that there is an expectation that men playing football will, by their very (essentialist) nature, be competitive. However, care needs to be taken in reading this too simplistically. Whilst an element of competition undoubtedly added to the men’s sense of enjoyment (being another aspect of what constituted ‘vibrant physicality’) the extent of this was tempered by both the men themselves and those running projects to ensure that the balance of the group dynamics, and particularly the friendship and inclusivity seen as such an important part of engagement, was maintained:

> “We have banter, good fun. There’s no animosity between anybody, even if there is, if somebody’s got a bit of grievance, then the guys, they nip it in the bud. Any aggression or anything, we’re all together even when we’re playing the matches, you just calm down a bit so… and the encouragement from the lads is dead good, we’ve all like bonded together.” [Liam]

> “If it started getting a bit too focused on competition we would lose a lot of what it’s all about really, the spirit of this place, it’s open to all people of all abilities.” [Chris]

> "We've tried to build the social element into it, it helps draw people in when they see friendly faces and feel welcome. Rather than focusing on elements of competition we try to make it a friendly atmosphere." [HT, A]

To this extent, our findings partly confirm previous evaluations which found that (older) men recognise the value of passing time together in less competitive ways (Ruxton, 2006). Spandler & McKeown (2012) have suggested that football can simultaneously embody negative aspects of masculinities (in which they include competitiveness) alongside positive aspects such as team spirit, community and solidarity. Our findings confirm this though we would probably go further and also suggest that this binary could be broken in a way that allows even aspects of competitiveness, when contained within a friendly, committed community group of men, to be viewed in a more positive light.

It is clear then that the social aspects of interventions were important to men and this had implications for the structure and form of project delivery if their engagement was to be sustained. As well as getting the shape of projects right in terms of the issues outlined earlier (timing, location, cost, on-going programme etc.), the content of sessions had to be well thought through. One aspect in particular, the direct 'health' content of sessions, had to be kept in balance with the men's primary motivation for attending; the 'fitness, fun and football'. Having to negotiate this balance was a common narrative of those delivering the projects but also appeared implicitly in some of the men's accounts:

> "We had a big resistance. I got somebody in, it was on men specific cancers, and this lady came and gave a PowerPoint presentation. There were a couple of people in the group who said that I tricked them, that I lured them with football and then give them

all health, and if they want to have health talk they would go to the doctors, which is fair enough." [HT, L]

"The health trainer would give them snippets, small talks. Definitely short and sweet because the area we are in is very deprived and they [the men] have a lot of this [health] stuff thrown at them, 'you must do this'. […] So it's more, 'if you'd like to learn more, come and see me afterwards, see the health trainer'" [HT, D]

"It makes it easy for you to come along because it's so relaxed and enjoyable. You start laughing and joking and the barriers come right down. It makes you feel like you're not doing it because you have to but because you want to. It doesn't even feel like you're learning anything sometimes, you're just having a laugh." [Eddie, emphasis added]

Evidence here supports previous work that recognises how the structural embedding of health as a 'feminised' concept (Robertson, 2007: 139) can create problems in addressing 'health' directly within health promotion initiatives for men (Coles et al 2010). Recognising this, listening to the men's views, their motivations for attending, and adjusting projects accordingly, was clearly key to building trust, sustaining engagement and thereby facilitating change.

Change

Trust then, developed and sustained through the mechanisms outlined in the previous section, acted as a springboard for change. This change was facilitated through three main mechanisms: the physically vibrant, socially enjoyable aspects of projects; the 'emotional

space' for reflection that the projects created; and encouragement generating enthusiasm for further change. Each of these is considered below.

The importance of social connections and the associated vibrant physicality, acted as a mechanism that helped generate not only a feeling of wellbeing but also established positive lifestyle changes. At its most basic, the pleasure experienced by engagement in projects generated change almost by default, in a way that seemed like a happy (often implicitly unexpected) by-product to the men:

> I: "Do you set yourself any targets or goals, like we were talking about weight loss before…"
> Barry: "No I don't really, if it comes it comes, then it's a bonus. I just enjoy what I'm doing at the sessions here so…"

> "I thought it might be loads of hard work but it's enjoyable and it's made me more active. I want to be out more and before I was just sat in my house all the time just piling weight on." [Mark]

> I: "What do you like about the programme?"
> Thomas: "Have a good laugh with the lads, you get loads of fitness, lose a bit of weight and that, mainly we have a good laugh with the lads."

For some men, the very act of engaging with the initiative, making these social connections, was a significant change *in and of itself*:

> "I've never been a confident person. The initial trying to get into the scheme was quite a big step for me, just for meeting new people, I don't really find that easy, and everyone sort of made me feel so welcome, it's a really nice atmosphere." [Barry]

> "I've got PTSD [Post-Traumatic Stress Disorder], so getting out is not something I'm very good at. So coming here I was nervous at first but then [project facilitators] made me feel dead welcome so I came and stuck it out. And there was no one judging me if I didn't come, if I said "I'm not feeling too good, I'm not coming tonight". It was a dead relaxed atmosphere everyone was having a joke and taking the mick out of each other but it made me feel dead relaxed. Before I came down I was bricking myself, I hadn't been out for months." [Eddie]

Yet even for those men who did not have trouble with initial engagement, the physical activity and social involvement within projects generated positive shifts in how they thought and felt about themselves, increasing confidence and leading to a range of lifestyle changes. As one project facilitator explains:

> "There is nothing better than feeling good about yourself. If you feel good about yourself and your confidence levels are high, your esteems up, you're capable of things. […] They start doing things they couldn't do at the beginning and start to think 'maybe now I'm in a position to have a go at that'. So we're opening up gateways to all other kinds of things" [HT, G]

Confidence and associated self-efficacy and self-esteem (which do not just 'appear' intra-psychically but become embodied through active involvement; Robertson 2006) then formed

a basis for further life changes for the men. This changed embodied emotionality not only shifted men's lifestyle practices but also impacted on inter-subjective encounters with others. Some men spoke about increased involvement with their children, either directly through joint involvement with the project or as an indirect (but important) consequence of their involvement:

> "My son comes here, he's 21, it gives us something to do together, he loves it […] And they do a family programme as well, so I do that with my daughter, she's got Asperger's, it gives her a release of anger when she's on the punchbag. She loves that so, yeah, it's brought me closer with my daughter like." [Garth]

> "Before I joined I didn't want to do anything. Now I walk to the shops, take the kids to school, do everything I never used to do." [Mark]

Other men spoke about taking the learning from the project to family members but also to work colleagues:

> "I always talk to the guys at work, like things you get taught. Like breakfast, it's bran flakes or porridge that sustains you, doesn't give you peaks and sugar rushes and you're not hungry and craving the wrong thing. So, yeah, I pass a lot of it [learning] on." [Karl]

It seems then that whilst the 'feminisation of health' means that care has to be taken in addressing health directly within projects (as highlighted earlier), we suggest that, given the right context and motivation, men are not only interested in positive life changes for

themselves but are able and willing to act as conduits for facilitating change in their family and others health practices (see also Williams, 2007; White et al 2009). The importance of these opportunities for change within the family created by the projects was also recognised by those delivering the interventions:

> "Like I say, we've got guys with kids, the kids have never been to a football match. They might not support [club] but it [match tickets used as reward/incentive in project] gives them an opportunity to spend more time together." [HT, B]

Overall, and in line with previous research (McElroy et al 2008), the physical and social engagement within the projects impacted on men's sense of identity. This was mainly talked about as increased 'confidence' or 'esteem' but also reflected a generally more positive outlook:

> "When you start getting fit your frame of mind changes, you've got a brighter outlook" [Fred]

This changed sense of self and outlook led to changes in lifestyle practices in terms of self-reported; 'reduced smoking', 'weight loss', 'increased activity' and 'healthier eating'. These changes in lifestyle then often had positive impact on men's wider relationships with family, friends and work colleagues facilitating opportunities for forming new (potentially less harmful) social connections.

Men's engagement in projects seemed to provide an 'emotional space', creating opportunities for assessing and adjusting their lives:

> “The work that I do is quite stressful and doing exercise is not only a good way of de-stressing but it also occupies your time. In London a lot of people de-stress by maybe going to the pub or things that are not that healthy. With this, it sounds a bit corny, it obviously helps your body but it helps your mind as well because it puts everything in order.” [Wayne]

> I: “Did the project help you settle down?”
> Ian: “It keeps my mind away from certain things, like I’m not tempted to go out and do stuff [drinking and cannabis]. It’s like security if you like. It’s nice, it gets you away from whatever else is going on, troubles or whatever.”

> “It’s a big motivating factor for me coming along here. […] It’s been part of the parcel that’s kept me off heroin and crack for six months. I haven’t smoked for six months, my diet’s healthier, my whole wellbeing and outlook, the way I think, is much healthier as well.” [Harry]

It seems from these men’s accounts that space provided by the projects facilitated change in a way that was not necessarily related to specific, conscious decisions. Rather, in line with Bourdieu’s (1979) work, it seems that entering a new cultural ‘field’ (the project) assisted in keeping some men from other health damaging ‘fields’ (particularly drink and drug culture) providing the opportunities for the formation of new habits, practices and motivations (associated with the project aims). These become (gradually) embedded and embodied; that is, they become part of the men’s new ‘habitus’, part of their new ‘logic of practice’ (Bourdieu 1992). As Kenny says “It’s [doing exercise] sort of built into the brain, hardwired

into the brain" and as Fred explains "Talking tonight about smoking is the first time I've mentioned it, it's just not in my head anymore".

These shifts in men's outlook and material practices, which this 'emotional space' creates, were also observed by those facilitating the projects:

> "[The men] have learnt how to eat healthily and they've curbed their temper at home, they're more appreciative of other people's issues and just not their own. So it's not just them, there are other things going on in life they need to think about, and to question themselves; "is it always me that is right?"" [HT, G]

> "A lot of the men have problems at home, drug and alcohol problems, problems with the law and family issues and I think it's just two hours away from that life where they can concentrate on having a bit of a laugh with the lads, getting fit as a bit of a bonus point as well. But it's just two hours away from that hectic life they've got to focus on having a bit of fun." [HT, H]

> "I think it's giving them space and time to be themselves and develop themselves and get a chance to look at themselves and others and see how they relate. The group they may have been in, or still are in, outside [the project] may have an overriding influence on them. We all know about peer pressure, and maybe they get to see a different way. Little things like that can be massive." [HT, G]

This 'emotional space' then provides opportunities for reflecting on gendered identity. As mentioned earlier, and linked to work by Spandler & McKeown (2012), it seems that, despite

the obvious (masculine) gendered links with football, approaches taken within projects could act to mitigate some of the negative masculinities elements and encourage positive aspects of sociability. Earlier quotes from Garth and Mark suggest that men *have* become more involved in family life, and, as suggested below, more able and willing to consider the impact of their behaviour on those around them:

> "I do worry about am how I'm gonna end up, so this is why changing my health is very important to me. I've got four grandchildren I'd like to see them grow up, and my wife, I'd like to be around a lot longer for her as well" [Colin]

This was partly seen to be due to projects working in ways that might shift hegemonic gendered norms and practices:

> I: "Is the male-centred element of the project important?"
> "A male only approach can make them feel a bit more comfortable about coming in and opening up with other people; it helps break down the masculine stereotypes." [HT, A]

> "As we were doing the evening sessions I could see some of them stretching, closing their eyes and breathing. I said, 'What's going on with you lot?' And they said, 'We all go to yoga together', I said 'Yeah sure!' 'No, we really do!' And you know, yoga isn't seen as a particularly manly thing and these group of lads were quite depressed and trying to recover from drug addiction, and they all started going to yoga together, I thought it was brilliant!" [HT, C]

There is then a great deal of skill involved in developing projects that appeal to men, and that are male focused, whilst at the same time delivering them in ways that act to resist (rather than replicate) damaging configurations of masculinity practices. The 'emotional space' offered within projects that aimed to fully understand and meet men's expressed needs seemed to help maintain this balance. The individual qualities and skills of those delivering the PLH work - such as enthusiasm, commitment and appropriate sensitivity to men's needs, recognised in previous men's health programmes (e.g. White et al 2008) - should not be underestimated in generating the right mood and tone within projects.

Finally, encouragement was a key mechanism for generating and sustaining change. Noticing small changes in the way they felt or looked often provided motivation for the men to sustain involvement in the project but also facilitated change beyond the project; observed or felt changes in one area often created momentum for further change in other areas:

> "I've lost weight, got fitness, I'm a lot better at football, cut down on smoking. It's even helped me in my day to day life style; like before I came here I just used to stay in or smoke drugs, play on my PlayStation. Now, I come here I do whatever, I go home see my girlfriend and keep busy round the house, keeps me active every single day. There's not a day goes by that I'm not active." [Dave]

This encouragement could also come from external motivations, it could be provided by those facilitating the sessions, or the other men attending, in both direct and indirect ways:

"I've just packed in smoking, smoked for thirty years. It was hard to quit but with the support here… because it's 'fitness, fitness, fitness' and, you know, 'you're doing good why do you wanna go back to that' [smoking]" [Liam]

I: "Has this helped you stop smoking?"
Fred: "Without a doubt. It became part of the package if you see what I'm saying. I did this on a Monday, smoking group Tuesday, and I didn't want to come here and say 'Oh, I've started smoking again'. Not that these fellows [other men in project] would have said anything but I didn't wanna let anyone down."

Change then becomes embedded (and embodied) through engagement in socially enjoyable, physical engagement in PLH projects that allow the emotional space (often rarely available to these men) for reflection on self-identity; that is, it allows them to focus on what Giddens (1991) terms the "reflexive project of the self". Furthermore, the positive feelings of wellbeing that this engagement then embodies, through both individual and inter-subjective encounters, encourages motivation to maintain and further deepen this reflexive process and the concomitant changes in the men's social practices.

Conclusion:

There is no doubt that evaluating complex community based interventions is a difficult process that is influenced by conflicting agendas as to 'what counts' as evidence and how/where this should be gathered (Coote et al 2004). This paper presents one aspect of a larger evaluation that focuses on understanding how change mechanisms occurred within the

PLH programme and the role of gender (masculinities) within these processes. There are of course limitations within such work. The interviews that form the basis of the data presented were conducted with those delivering the projects within the PLH programme – who may well wish to present a positive view of the work they undertook - and with men who had or were taking part – who may have a different view to those who engaged and then rapidly left the projects (or indeed those who never wished to engage).

Nevertheless, there are important lessons that can be learnt from this analysis that help advance our understanding of the practice of promoting health through sport settings/approaches and the role of leisure and pleasure within this. Community outreach approaches delivered through links with football clubs can indeed provide a first contact point for men who historically have fallen outside the reach of orthodox service delivery. Establishing and sustaining trust is a key mechanism in the delivery of such work. Men's limited engagement in (day time) community spaces meant that building trust relies heavily on utilising existing networks and relationships (often through 'word-of-mouth') to create a safe, familiar environment for the projects. Sustaining trust is subsequently achieved through actively listening to what the men want from projects, flexibly adjusting to meet these needs and by recognising and emphasising the physical and social pleasure that comes from engaging with others in the projects. This sociability is an important mediator in maintaining health practices.

Such trust takes time and effort to gain and maintain. Most PLH staff found it crucial to provide on-going, rather than time-limited projects for the men that they could come and go from as they dealt with other often chaotic aspects of their life. This longer term approach, delivered in a friendly, non-judgemental environment, created a strong and secure base and a

spring-board for the men that facilitated reflection and aided lifestyle changes. Feeling the benefits of such changes encouraged further involvement and change for the men in ways that felt natural and enjoyable rather than forced.

Some elements of these underlying mechanisms would benefit from further work. Whilst those studies discussed in the introduction have highlighted the benefits to health and wellbeing that can accrue through men's engagement in football (directly or as supporters), or through stadia premises, little empirical research has yet fully considered exactly how this works and for which men. Work here concurs with other work that suggests that while club brand and stadia as familiar settings might be useful for facilitating engagement, care needs to be taken in attempting interventions seen too directly as 'health', particularly work undertaken on match days as some of the PLH initiatives were. More needs to be done to unpack exactly what this means for those developing future interventions in terms of what level of direct reference to 'health' is acceptable and at what point in which interventions. Linked to this, the role of competitiveness in team sports based interventions warrants further exploration. Whilst many of the men (and those delivering projects) felt that competition was an important element in generating the vibrantly physical enjoyable aspects of the intervention, it was also clear that the extent of this needed to be bounded in order to enable all to participate, enjoy and benefit. Finally, it appears that the positive feelings generated through physical interaction with other men in social spaces that do not require but can facilitate personal sharing and health related discussions, acted almost unconsciously to enable lifestyle change. Whilst we have started a consideration of this within this paper, future work could explore further how such an environment is created and more thoroughly consider how these positive feelings, this embodied emotionality, converts to lifestyle change.

Acknowledgements

The authors gratefully acknowledge the contribution of all those individuals and agencies who partnered PLH, including the Football Pools, the Premier League, the participants and people in the 16 EPL clubs, along with the people in the authors' organizations who supported this work.

Funding

FA Premier League (the commissioners) with funding provided by the Football Pools (the sponsors).

Notes

1) This is part of a wider approach to using various aspects of 'what men like' (i.e. links to masculinities) to involve men in health promotion and has also included initiatives that engage men through rugby (Witty & White 2011), in the workplace (Dolan et al 2005) and at pubs, barbers and racing venues (DeVille-Almond 2009).
2) We do not however suggest that utilising football in this way is unproblematic and purely beneficial. Previous research (e.g. Robertson, 2003; Spandler & McKeown 2012) also highlights the care that needs to be taken when using sport/football to promote the health of men and we are cognisant of such work.
3) Data was not collected from two of the clubs, one withdrew and one had the main staff member leave and access to participants for interviews could no longer be easily facilitated.
4) Not all these staff were health trainers, this notation is just a simple means of differentiating them from the men attending the initiatives.

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