

Lifting the Lid: Thinking outside the "Gay box"

Lifting the Lid was a one-day training event facilitated by Terrence Higgins Trust's Sector Development Team. The training occurred NINE times between 21st September 2005 and 10th February 2006 and was undertaken in London (twice), Manchester, Bristol, Birmingham, Liverpool, Cardiff, Plymouth, and Newcastle. Three other implementations of the intervention were cancelled (in Brighton, Leeds and Sheffield).

89 people attended these nine *Lifting the Lid* training days and 74 (83%) completed the evaluation form. All attendees were asked to complete side A of the form (questions 1-11) before the training commenced and then complete side B (questions 12-21) after the event. They could then return the form to the trainer in a sealed envelope or return it direct to Sigma Research via freepost.

BEFORE ATTENDING THE TRAINING EVENT

Q1. What kind organisation do you work in?

(n=72, missing 2)	Frequency	%
Primary Care Trust	22	31
NHS Health Care Trust	3	4
Voluntary sector	28	39
Other	19	26
Total	72	100

Q2. What is your job role? Respondents were able to tick more than one job role so there are more jobs listed than respondents.

(n=73, missing 1)	Frequency	%
Gay men's health promoter	38	44
LGBT youth worker	9	10
Sexual health promotion worker	8	9
Drugs & alcohol worker	8	9
Health advisor	6	7
Counsellor / mental health worker	4	5
HIV coordinator	3	4
Health service commissioner	3	4
Other	7	8

Other answers included Development officer (2); Trustee (2); Trainer; Administrator; and Child Care Support Worker.

Q3. What proportion of your job is concerned Gay men's health promotion?

(n=72, missing 2)	Frequency	%
Little or none of it	12	17
Less than half	28	39
About half	4	6
More than half	6	8
All or almost of it	22	31
Total	72	100

Q4. Are you aware of the planning framework called *Making it Count*?

(n=73, missing 1)	Frequency	%
Never heard of it	21	29
Heard about it but not read	10	14
Read some of it	22	30
Read all of it	20	27
Total	73	100

Q5. How well do you feel you understand *Making it Count's* bio-psycho-social model of HIV incidence? Of those that had heard of it and read any of it.

(n=42)	Frequency	%
Not at all	3	7
A little	7	17
Somewhat	24	57
Completely	8	19
Total	42	100

Q6. Over the last year, have you used MIC in planning your work? Of those that had heard of it and read any of it (n=42).

(n=42)	Frequency	%
Not at all	4	10
A little	21	50
A lot	17	40
Total	42	100

Q7. Those that had heard of it and read any of *Making it Count* (n=42) were asked **To what extent would you agree with the following statements:**

Q7a. MIC can help me focus on the broader determinants of HIV transmission among Gay men.

(n=42)	Frequency	%
Strongly Disagree	0	0
Disagree	1	2
Neither	8	19
Agree	21	50
Strongly Agree	12	29
Total	42	100

Q7b. MIC is difficult to understand.

(n=42)	Frequency	%
Strongly Disagree	8	19
Disagree	12	29
Neither	11	26
Agree	9	21
Strongly Agree	2	5
Total	42	100

Q7c. MIC considers a broad range of factors influencing Gay men's sexual behaviours.

(n=42)	Frequency	%
Strongly Disagree	0	0
Disagree	1	2
Neither	4	10
Agree	19	45
Strongly Agree	18	43
Total	42	100

Q8. How much did you already know about the societal factors that impact on Gay men's health?

(n=73, missing 1)	Frequency	%
Little or nothing	2	3
Some	33	45
Lots	35	48
I'm an expert	3	4
Total	73	100

Q9. How much do you already know about CHANGING the societal factors that impact on Gay men's health?

(n=73, missing 1)	Frequency	%
Little or nothing	11	15
Some	46	63
Lots	14	19
I'm an expert	2	3
Total	73	100

Q11. What are you hoping to personally get out of today?

Three people did not answer the question. The majority (n=42, 60%) of the remainder spoke exclusively about their hope to gain an overview of *Making it Count* and that the training might increase their understanding of the document.

- To have a greater understanding of the MiC framework.
- Gives me new ideas and a grounding of MiC. It is a chance to think big and develop new ideas and concepts.
- To learn more about MiC to improve my effectiveness in my job.
- Good to have a refresher on MiC.
- I have good understanding of MiC to increase awareness.
- Ideas, energy, and a fuller understanding of MiC.
- New ideas and a chance to stand back and take some time. I have a better awareness, increased knowledge and ideas to bring back to my practice.

The remainder of respondents (n=28, 40%) talked about other benefits the training may bring including the opportunity for networking, learning new ways to work with Gay men and gaining a shared understanding.

- Get up to speed with HIV prevention.
- Want to learn more around sexual health issues.
- Want to meet people who are thinking outside the box.
- Great to be meeting others who do similar work.
- Creative approaches and joint thinking - good for collaborations.
- Getting to know THT better and meeting other professionals.
- Networking & understanding of difficulties of other agencies.
- Ideas for HIV prevention with men who have sex with men but do not identify as gay or who uses the gay scene.
- More input on how to tackle obstacles to reduce HIV incidence.

AFTER THE TRAINING EVENT

Q12. What do you understand to be the difference between HIV prevalence and HIV incidence?

At the conclusion of the training the majority of respondents were able to correctly identify the differences between HIV prevalence and HIV incidence.

- 51% (38) people answered the question correctly.
- 23% (17) people did not answer the question correctly.
- 26% (19) did not answer the question at all.

Q13. [AFTER THE TRAINING] How well do you feel you understand MiC bio-psycho-social model of incidence?

ALL ANSWERS (N=73, missing 1)	Frequency	%
Not at all	2	4
A little	11	15
Somewhat	45	62
Completely	15	21
Total	73	100

This question is identical to question 5 which was answered prior to the training by those respondents that had previously read *Making it Count*. Those that had never heard of MiC - or heard of it but never read it - could answer question 13 after the training but not question 5 before it. Below, those respondents with no prior experience of MiC are presented separately, since we can be certain their understanding of MiC was based on the *Lifting the Lid* training alone.

Of those that had never heard of MiC or heard of it but not read any of it before the training (N=31)	Frequency	%
Not at all	2	6
A little	10	32
Somewhat	15	48
Completely	4	13
Total	31	100

The next table shows question 13 by question 5 for those respondents that had read *Making it Count* prior to the training event. Their answers to question 5 from prior to the training are in the columns - their answers to question 13 (after the training) are in the rows.

The shaded/ bold cells show no change in individual perception of their understanding of MiC from before to after the training. All answers to the RIGHT of the shaded/ bold cells show improved understanding of MiC as a consequence of the training. All answers to the LEFT of the shaded/ bold cells show reduced understanding of MiC as a consequence of the training.

Of those that had READ some or all of MiC before the training (n=41, missing 1)	AFTER: Not at all	AFTER: A little	AFTER: Somewhat	AFTER: Completely
BEFORE: Not at all (n=3)	0	0	67% (n=2)	33% (n=1)
BEFORE: A little (n=6)	0	17% (n=1)	67% (n=4)	17% (n=1)
BEFORE: Somewhat (n=24)	0	0	79% (n=19)	21% (n=5)
BEFORE: Completely (n=8)	0	0	50% (n=4)	50% (n=4)

Q14. What would you say was your agency’s approach to influencing Gay and Bisexual men’s sexual behaviour?

The majority (n=30, 59%) described their agency’s ethos and principals based on a bio-psycho-social model with a ‘You decide’ approach. Several of the agencies described a common approach - such as client centred, providing resources and services. Others described a mix of health-focussed targeting and community development.

- Providing informed choice for clients.
- Promote taking responsibility for health and behaviour.
- Holistic and wide ranging areas inside and outside the “Gay Box”. Particularly tackling mental health/self esteem/isolation issues.
- Education is addressed.
- Non-judgmental provision of access to materials and resources.

The remaining respondents (21, 41%) talked about various other issues.

- It is all management and commissioning struggles against the worker.
- Needs better communication and new ideas.
- I am in the box and trying to get out.
- Too early in my career to say what their agency’s approach is.
- My agency is proactive and inclusive of all ideas.

One participant answered that he “left it up to the Commissioning Consortium”.

Q15. Do you know more about MiC than when you arrived?

(n=74)	Frequency	%
No more than when I arrived	13	18
A little more	38	51
Much more	23	31
Total	74	100

Q16. How much discussion was given to CHAPS programmes of work?

(n=72, missing 2)	Frequency	%
Too little	10	14
An acceptable amount	59	82
Too much	3	4
Total	72	100

Q17. Do you agree or disagree with the following statements as a consequence of the training.

Q17a I learnt things that were new to me.

(n=74)	Frequency	%
Disagree	8	11
Neither	20	27
Agree	46	62
Total	74	100

The 46 respondents that AGREED they had learnt things that were new to them were asked:

Q17b What was the most useful thing you learned?

Of those 46 respondents, 38 offered a response. 16 (42%) mentioned ASTORS as the most important thing they learned. Others talked about PEP and developments in its availability, while heterosexism and homophobia were also mentioned.

Q17b I have increased my ability to think critically about my own work.

(n=73, missing 1)	Frequency	%
Disagree	8	11
Neither	24	33
Agree	41	56
Total	73	100

Q17c I have been inspired to try new work practices.

(n=71, missing 3)	Frequency	%
Disagree	10	14
Neither	30	42
Agree	31	44
Total	71	100

The 31 respondents that AGREED they had been inspired to try new work practices were asked:

Q17d What new practice might you try?

The majority of answers concerned either the use of ASTORS or PEP or general statements concerning a desire to implement interventions “outside the box”.

- Use ASTORS for planning and effectiveness.
- Develop services with the community.
- Combine information giving for gay men, with development work for example access to PEP.
- Developments with PEP and funding for PEP.
- Discussion within every strand of diversity and keeping it outside the box.
- Always use ASTORS when planning interventions and outside the box with equality issues.

Q18. (Looking back at your answer to question 11) did you get what you were looking for from the training?

(n=71, missing 3)	Frequency	%
Not at all	3	4
A little	12	17
Somewhat	16	23
Mostly	31	44
Completely	9	13
Total	71	100

Q19. To what extent would you agree with the following statements:

Q19a I would have liked more information about the day beforehand.

(n=74)	Frequency	%
Strongly Disagree	11	15
Disagree	2	3
Neither	14	19
Agree	23	31
Strongly Agree	24	32
Total	74	100

Q19b The trainer(s) listened carefully to what I said.

(n=73, missing 1)	Frequency	%.
Strongly Disagree	0	0
Disagree	1	1
Neither	7	10
Agree	20	27
Strongly Agree	45	62
Total	73	100

Q19c I was treated with courtesy and respect.

(n=72, missing 2)	Frequency	%
Strongly Disagree	0	0
Disagree	0	0
Neither	1	1
Agree	11	15
Strongly Agree	60	83
Total	72	100

Q19d The trainers knew what they were doing.

(n=74)	Frequency	%
Strongly Disagree	1	1
Disagree	1	1
Neither	12	16
Agree	16	22
Strongly Agree	44	60
Total	74	100

Q19e The organisation of the course was good.

(n=74)	Frequency	%
Strongly Disagree	2	3
Disagree	4	5
Neither	9	12
Agree	25	34
Strongly Agree	34	46
Total	74	100

Q19f What happened wasn't at all what I expected.

(n=72, missing 2)	Frequency	%
Strongly Disagree	21	29
Disagree	8	11
Neither	21	29
Agree	17	24
Strongly Agree	5	7
Total	72	100

Q20. The overall aim of the training was a better understanding of the wider structural factors that impact upon sexual risk behaviour among Gay men. Do you think it achieved this aim for you?

(n=71, missing 3)	Frequency	%
Yes, a lot	34	48
Yes, a little	30	42
No, not at all	7	10
Total	71	100

Those respondents that answered *No, not at all* (n=7) were asked:

Why do you say that? (ALL QUOTES INCLUDED)

- If that was the aim the course was mis-sold & also not focussed on this.
- Reinforced current ways of working rather than anything radically new.
- The term 'Gay box' is TOTALLY misleading. One other (at least) talked about something completely different to what THT described as the 'Gay Box'. We already do most of the things suggested . Why weren't we given 'Informative' pre-course notes as opposed to just a 'Glossy ad that said nothing'?
- NOT AT ALL ENGAGING BORING.
- For me it was pitched at too basic a level. It repeated, as dogma, texts from *Making it Count*. We didn't discuss/ challenge.
- There was no discussion of how wide structural factors engender HIV prevention needs. Discussing homophobia & heterosexism in abstract terms doesn't make this clear.
- Already knew what they are, discussing issues, constraints & future support was most important.
- Language of question not accessible. Didn't seem to cover it.

Q21. What other comments do you have about this training course overall, including things you felt were missing?

Positive outcomes (n=23)

- Fun!
- Thank you. (x3)
- Very good / well done. (x 4)
- Helpful.
- Was a good relaxed day and well presented.
- It was a lovely training day. The facilitators were friendly and encouraging.
- Thoroughly enjoyed it. Has made me think and want to know more.
- Excellent, nice to see something in our hometown hope to see more up here.
- Thank you! I leave with a clearer focus on how I want to develop [my] youth group.
- Creative and informative content, given at the right pace - very enjoyable.
- Good environment and excellently facilitated encouraging everyone to participate fully.
- A very enjoyable day. Well done to facilitator as is difficult to run a session with only 4 participants.
- Really enjoyed the day. I would like to learn more.
- Good background info.
- I thought the training was really informative and broadened my knowledge relating to HIV and working with LGB groups, networking and sharing info.
- Quite comprehensive, made relevant to different sectors.
- Enjoyed day. Interesting discussions/scenarios. Lots of interaction.
- It was quite a lot for one day but it was lively and constructive

Constructive feedback and negative comments (n=25)

Pre-training information (n=4)

- Pre-course information poor, didn't get email confirmation therefore got time wrong.
- Re Training info - we should have been asked to check out MiC. first. For me almost a wasted day. Sorry brutal but honest.
- Very poorly organised - one applicant never had a place confirmed.
- I have serious problems with the admin side of this training. I was not sent emails I was promised, felt left in the dark and subsequently arrived at the wrong time. It felt that their business was more important than those attending the training.

Course aim, content, length, timing (n=8)

- It seemed ok although maybe a clearer definition of task? So that I could identify the relevance of attending the training.
- The training seemed very THT centred - should include best practice from other sources.
- Brain storming exercise about factors that impact on sexual risk behaviours amongst gay and bisexual me.
- No explanation of what a bio-psycho-social model is. Poor explanation of the framework for reducing needs. Some blatant promotion of THT interventions under the dubious heading of showcasing structural interventions. Facilitation was ok but context was questionable in places. No stated learning outcome.
- Needs to be like 2 or 3 days to really move forward our thinking out of the box to Lift the lid. Ta.
- Enjoyed the day. Lot of info. Maybe should be done over two days.
- Applying this knowledge to our work
- I needed this when MiC first came out when I had to justify what I do and why.

Definitions and language (n=5)

- Felt that a definition of the 'Gay box' was missing/ or confusing (x4)
- Some of the examples of 'out of the box' were 'in the box'
- Found that parts of the training were very 'wordy'. Surely the aim should be to use clear uncomplicated language. Felt quite thick at times due to language used.
- Jargon a bit confusing at times
- CHAPS is complex and needs to be adapted to meet various levels of understanding, explain in laymen terms

Training style and knowledge (n=8)

- Pleasant, informal learning environment - really affable trainer. Pitched at a sensible level. Thank you!
- I thought that the presenter was not so good. He was reading from sheets, however he did explain that his partner was ill and it should have been a 2 hander, but he was doing it alone....
- The attendees were better at some aspects - eg way Bi & non-identified men ignored - than the trainer
- It should always be facilitated by 2 people - It's too much stuff for one person to present.
- One presenter needs to gain more confidence and read less from the slides. Eye contact, smile and enjoy!
- Trainers should NEVER EVER read from prepared scripts
- Would have appreciated competent trainers
- Give the guy from THT trainers training

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