

**C8 before & after evaluation
8th national CHAPS Conference**



**Bristol 14th & 15th March 2005
Sigma Research, June 2005**

SUMMARY

- 42% of delegates completed the evaluation and are included here.
- The majority of delegates were health promoters working in England who had attended previous CHAPS conferences.
- The geographic spread and job roles of delegates was very similar to last year, as was how they heard about the conference and their motivations for attending.
- Only 1% disagreed that the organisation of the conference was good.
- Only 4% disagreed that the range of themes at the conference was good.
- 54% said their personal aspirations for the conference had been met 'mostly' or completely'.
- 71% agreed they had learnt something new - very similar to last year.
- 64% agreed they had increased their ability to think critically about their own work - very similar to last year.
- 47% agreed they had been inspired to try new working practices - an increase from 32% last year.
- 93% would recommend the conference to others.

RETURNS

	C7	C8
Registered delegates	340	368
Registered and attended	316	313
Attendance rate	93%	85%
Not registered but attended	--	19
Total delegates	316	332
Survey returns	166	138
Response rate	53%	42%

- **Both the attendance rate and evaluation response rate were lower for C8 than for C7.**

All associations described below are significant at the 95% level. (ie. They are associations we would expect to see by chance less frequently than 5% of the time, or 1 in 20. This also means that 1 in 20 of the associations described is 'a fluke' but we don't know which.)

Q1. Job roles [not exclusive]

	C7	C8
Health promoter	69%	69%
Researcher	17%	13%
GUM provider	8%	11%
NHS Commissioners / policy maker	9%	5%
News media	2%	2%
Other	19%	29%

- **Job roles among C8 delegates were very similar to C7.**

C8 - other roles specified included:

- Alternative therapist
- Assessment & referrals officer
- Charity administrator
- Community development work
- Community police officer
- Counsellor
- Designer
- Fundraiser
- HIV nurse specialist
- LGBT Youth work
- Local authority - Homophobia
- Manager
- Mental Health professional
- Outreach
- Police
- Policy officer
- Therapist
- Project support
- Psychologist
- Run a support group
- Social Worker
- Student
- Trainer
- Trustee
- Voluntary sector service provider not specific to gay mens health
- Volunteer
- Youth Worker

Q2. Areas worked

	C7 [missing n=11]		C8 [missing n=6]	
	Frequency	%	Frequency	%
England	135	87	116	88
<i>England wide</i>	3	2	5	4
<i>London</i>	56	36	41	31
<i>South England</i>	18	12	29	22
<i>Midlands & Eastern England</i>	24	16	20	15
<i>North England</i>	34	22	21	16
Wales	2	1	2	2
Scotland	3	2	3	2
Northern Ireland	1	1	1	1
Outside Britain	14	9	10	8
<i>Belgium</i>	2	--	1	
<i>Denmark</i>	--	--	2	
<i>Finland</i>	1	--	--	
<i>Republic of Ireland</i>	3	--	2	
<i>Norway</i>	2	--	1	
<i>Netherlands</i>	1	--	--	
<i>Sweden</i>	5	--	4	

- **Geographic spread was very similar across the two years.**

Q3. How heard about conference [not exclusive]

	C7	C8
previous attender	62%	65%
direct mailing	34%	29%
through a colleague	31%	27%
other	5%	3% [inc: on THT web site; work for THT; talking to Yorkshire MESMAC]

- **How people heard about the conference was very similar across the two years.**

BEFORE THE CONFERENCE

Q4. Indicate your strongest reasons for attending

First reason scored 3 points, second reason 2 points, third reason 1 point. Unticked reasons scored 0 points. Respondents who ticked rather than ranked the reasons contributed 1 point to each reason ticked.

	C7			C8		
	Mean score	Rank	Std. Deviation	Mean score	Rank	Std. Deviation
To learn new things	1.45	1	1.263	1.52	1	1.268
I've benefited from previous conferences	1.07	2	1.222	1.04	2	1.264
To meet people working in similar field	0.98	3	0.966	0.90	4	0.938
Provides a platform for my work	0.81	4	1.142	1.01	3	1.247
It's Britain's only gay & bi men's HIV conference	0.64	5	1.051	0.48	5	0.873
To feel less isolated in my work	0.28	6	0.659	0.18	6	0.607
My manager insisted	0.10	7	0.400	0.06	8	0.378
It's in [this town]	0.07	8	0.374	0.06	9	0.337
It's free	0.07	9	0.351	0.14	7	0.461
To meet up with people I've not seen for a while	0.05	10	0.252	0.09	10	0.417
Other	0.10		0.470	0.04		0.293

- **The overall ranking of reasons for attendance was very similar in the two years.**
- **Compared to C7, attendance at C8 may have been slightly more likely to be driven by people seeking a platform for their work and slightly less by the fact that it is free.**

C8 - other reasons specified:

- To get a bigger picture
- To help me think about what I do and why I do it
- To see what has changed
- Organiser
- **For C8, GUM providers were more likely cite 'It's in Bristol' (mean score 0.27) than were others (mean score 0.03).**
- **For C8, members of the media were more likely to cite 'It's free' (mean score 1.00) than others (mean score 0.13).**

Q5. What are you hoping to personally get out of the conference?

26 people did not answer the question

Reasons given	C7	C8
Gain more knowledge (general learning)	54	47
New ideas / inspiration	51	42
Networking	50	36
Research findings	14	9
Best (good) practice	11	10
Improve work with Gay men	8	6
Policy issues / development	5	3
(Learn about) NPT's ie. PEP & PREP	5	2
Understanding other agencies / projects	5	4
(Learn about) criminalisation	3	2
(Learn about) funding, fundraising	3	2
Improve youth work	1	1
Improve work with African sector	1	-
(Learn about) homophobia	1	-
(Learn about) treatment information	1	-
Raise profile of my organisation / present results of my work	-	7
(Learn about) stigma and discrimination	-	1
(Learn about) HIV and the law	-	1
(Learn about) drug use	-	1

Q6,7,9,10 Collaborative planning tools

		...the planning framework <i>Making it Count</i>	...the planning document <i>The Field Guide</i>
Q6/9. Are you aware of...	I've never heard of it	12%	32%
	I've heard of it but not read any of it	10%	17%
	I've read some but not all of it	42%	26%
	I've read all of the document	37%	25%
Q7/10. Over the last year, have you used...	No, not at all	36%	63%
	Yes, a little	43%	29%
	yes, a lot	21%	9%

- Delegates working in England were more likely to have read some or all of ***Making it Count*** (85% had) than were delegates from other countries (43%).

Q6. In your opinion, what is the weakest aspect of Making it Count?

82 delegates gave no answer

7 delegates said unsure / don't know

Too difficult (n=13)

- Great theory but lacking practicality
- Does not actually help me do my role
- I don't understand the model
- If not academic then difficult to read
- Language & terminology slightly inaccessible
- Quite biased by stats
- The bio-psycho-social model diagram is daunting
- The language used tends to make things appear more complex than they are
- Too wordy
- Very jargon heavy
- Very jargon orientated & so takes longer to digest
- Very wordy and too academic
- You need a pretty good level of education to understand it

Too much (n=8)

- Appears to repeat itself, make it more concise
- Has 1000 aims in it
- Long document
- Maybe too much info
- The size of the document
- The summary is very long / I find it too big to use in my work with others
- Too lengthy
- Too long and word heavy

Too little (n=9)

- Follow up
- It doesn't fully (yet) address non-HIV related factors
- Lack of detail in structural intervention
- I think the aims sub-aims are inconsistently unpacked explained
- Many of the needs defined within strategic aims need to be clearer and more focussed
- Section on statutory sector needs more work on
- Statutory sector action requirements
- That it doesn't discuss and make proposals on the relative effectiveness of different health promotion methods & suggest what PCT's should spend on each
- Too general in some areas

Too narrow (n=6)

- Clarity of its availability to men with HIV
- That it always focuses on gay and bi men and ignores the benefit of integrated pieces of work with lesbians and bi women and Transgendered people
- That it's a set framework trying to incorporate existing work
- it focuses on preventing HIV -ve men becoming +ve & no perspective on working with men who are +ve
- Too prescriptive and not necessarily allow their own innovation to meet locally

The production (n=3)

- The binding (x2)
- The spine

Not known/used enough (n=6)

- information it contains is still not available to everyone
- Its not well known enough
- Lack of sign up endorsement by wider stakeholders
- Limited dissemination
- Little used in commissioning in many areas
- Not widely known about

No weakness (n=7)

- A well written guide - not come across any weakness directly
- Altogether a solid document
- For me, coming from another country it predominantly lives as a model to be adapted to the situation in Belgium
- Is there one?
- Nil for the time being
- nothing comes to mind immediately
- Think as a working, living framework it has developed well

Q7. In your opinion, what is the weakest aspect of The Field Guide?

99 delegates gave no answer

11 said unsure / don't know

Too difficult (n=8)

- Accessibility - wordiness
- If not academic then difficult to read
- Far too wordy and jargon laden
- Language & terminology slightly inaccessible
- Not well structured / Diffuse aims
- The language used tends to make things appear more complex than they are - but generally its more accessible
- Too lengthy and does not actually help me do my role
- Very jargon heavy
- Very jargon orientated & so takes longer to digest

Too much (n=1)

- Maybe too much info

Too narrow (n=2)

- Clarity of its availability to men with HIV
- Maybe that certain areas are difficult to implement in Preston (small backward city)

Too little (n=7)

- Could be expanded to include a wider range of practical examples
- failure to describe indicators of success / markers for monitoring per intervention
- failure to provide framework for planning a work programme
- Lack of detail in structural interventions
- That as new element of CHAPS it needs to be bed down and in future include more work examples
- That it doesn't discuss and make proposals on the relative effectiveness of different health promotion methods & suggest what PCT's should spend on each
- The structural interventions section needs to be more extensive

Style (n=1)

- A bit preachy

Content / structure (n=5)

- Evaluation
- HIV relationships
- Planning stages
- Structural interventions chapter failure to use ASTORS as a mode of description
- The structural interventions section needs developing with better synergy between this and DC sections.

The production (n=2)

- The binding
- The name

No weakness (n=2)

- Can't identify any as yet
- Is there one?

Q12. Thinking about my role in gay and bisexual men's health promotion over the last year, I would have benefitted from more skills and knowledge in the area of..."

44 delegates gave no response

Anything, everything (n=5)

- All areas.
- Just about anything.
- HIV prevention for MSM.
- HIV prevention work.
- Only been in post four weeks.

Lobbying, campaigning, influencing and understanding policy and law (n=11)

- Campaigning and lobbying (x2).
- Influencing local government.
- Navigating through agency, PCT & LA politics that impact on local interventions.
- New legislation affecting young gay mens work & specifically work in schools.
- Sex and the law / Government strategy.
- Legal issues.
- NHS policy.
- NHS structures & funding.
- Serving the new NHS.
- HIV & the law, sex offences act.

Planning, funding and executing work (n=10)

- ASTORs
- Planning and resources.
- Planning events with specific service providers.
- Planning work strategically.
- Needs more co-ordination nationwide.
- Commissioning and mechanisms others utilise to obtain funding in gay mens work.
- Creative approaches to planning and developing work with LGBT communities - different cultures race & class etc
- Management supervision.
- Not having a full team to meet all the demands that men present with
- Recruiting suitable volunteers.

Partnership working, collaboration (N=6)

- Community safety, working with police communities etc to tackle homophobia.
- Working in partnership with more agencies, particularly statutory agencies.
- Working in schools on homophobic bullying etc particularly gaining access.
- Partnership working across sector & developing links.
- More effective partnerships / Better links with CHAPS work / Better relationship with providers.
- Joint and partnership working with agencies without a specific health promotion remit.

Work using specific METHODS (n=10)

- Counselling.
- Outreach.
- Sexual health drop-in centres.
- Short-term therapeutic interventions for working with men, especially around self-esteem.
- Running groups & outreach work.
- Writing copy that grabs attention of gay / bi men (to be relevant).
- Setting up a community based HIV and hepatitis screening and vaccination drop-in service.
- direct one to more work with men.
- Harm reduction.
- Training and workshop plans that have been useful to other projects / sharing good practice.

Work in specific SETTINGS (n=4)

- Accessing the community other than cruising sites and venues.
- Male prostitution and outreach work on the internet.
- HIV and gay men in rural areas where funding and support are very limited unlike big cities such as London / Manchester.

- Project design for work on the scene and for prevention initiatives on the internet

Working with specific TARGET GROUPS (n=19)

- Working with African gay men / diversity / culture.
- African men who have sex with men and how they fit into the broader picture.
- Developing positive relationships with African gay males.
- Encouraging African men who are gay to come out in the open and be empowered to take part in sexual health issues.
- New migrant communities.
- Working with minorities like Muslims, South Asians etc
- Targeting young gay men from different cultures and ethnicities.
- Work being carried out for young gay men.
- Working with young men who have sex with men.
- Promotional work with young gay men.
- Working with, and for, +ve gay men.
- HIV in relationships.
- Working with non-scene / obvious target groups.
- Needs of married gay men who are bisexual or gay.
- Engaging older men in semi-rural areas.
- Targeting men who are not out or don't class themselves as gay / bisexual.
- Development of specific interventions targeting the leather scene & ethnic minorities.
- Working with worried well clients.
- Sex workers and how to approach the subject.

Understanding and doing research (n=11)

- research methods.
- Critically evaluating research.
- Qualitative work.
- Qualitative research.
- Statistics (x2)
- research audit into areas of our work.
- Health profiling & needs assessment.
- Logistic regression.
- Demographic info about HIV prevalence / How to understand local epidemiology in relation to national stats.
- service audit.

Specific issues (n=36)

- Drug and alcohol use and risk caused by.
- drug-related sex.
- Drugs (x3)
- STI's (x3)
- PEP (x2)
- Mental health - gay and bi men.
- Mental health / psychological well being
- Mental health issues / Sex addiction
- Depression, internalised homophobia xenophobia in general.
- Emotional support that could be offered.
- Psychology
- Behaviour of gay & bi men towards sex and their awareness and knowledge about STI & HIV.
- Gay mens sexual behaviour and risk taking attitudes
- understandings of negative men.
- Disclosure - insight on HIV criminalisation.
- Getting the safer sex message through in a way that makes people listen and feel its relevant.
- If there's any connection between high risk sex and if you are newly come out or if you have been out a long time?
- Transmission and criminalisation.
- Race & cultural aspects of gay life.
- Forced marriages - What support for parents also?
- Engaging local men to access & be open to health promotion.
- Complex reasoning of gay men & sexual decisions.
- Engaging mainstream communities in celebrating diversity and reducing the stigma attached.

- Field guide.
- HAART.
- Empowerment for a gay collective.
- Understanding why people don't come to be HIV +.
- Why HIV incidence is going up in my country as in many other countries.
- Prevention methods and targeting communities within gay and bisexual health
- What support agencies and resources are available and how to access them.

Q13. What, in your opinion are currently the major obstacles to reducing future HIV infections among men who have sex with men in Britain?

28 delegates gave no response

Complacency, ignorance, apathy, fatigue (n=26)

- A lot of younger men think it has gone away affects only older men and don't know anyone with HIV or AIDS as in 90s.
- message fatigue, apathy, isolation.
- The idea that HIV is treatable in the same way as diabetes.
- An attitude of "it won't happen to me" shown by some men who have been exposed to good education and awareness of safe sex issues.
- Complacency - the syphilis epidemic has shown how some people are still doing unsafe sex / HIV is just like diabetes - no it ain't.
- Complacency of HIV infection.
- "That its gone away" (we don't see any of your (THTs) ads anymore).
- That men don't want to acknowledge it as an issue so don't take in the info.
- Complacency - current health promotions not working.
- Apathy.
- People who are immune to messages.
- Complacency - HIV is on to the headlines.
- Gay mens diminishing perspective on the relevance and prevalence of HIV in their lives.
- Getting messages over to the younger men.
- Making HIV relevant to their lives.
- Mens complacency.
- Information overload by gay and bi men and their lack of interest in putting in place mechanisms to protect themselves.
- The glamorisation / normalisation of "barebacking" - Witness gaydar profiles. The belief that HIV is manageable with a minimum of side effects - 1 Pill etc.
- Revitalizing a tired old message / Relevance to young homosexually active men.
- Naivete of young.
- Ignorance - it wont happen to me.
- Ignorance / lack of responsibility.
- Safer sex fatigue (especially young men).

Increasing anal intercourse / decreasing condom use (n=6)

- To enforce the use of condoms.
- An increase in the incidence of barebacking (although many gay men still consistently use condoms for AI).
- Attitudes and non-usage of condoms.
- being able to get condom resources to where they are needed most. Expectations of health promoters and health care promoters - high - personal responsibility often much lower.
- Attitudes that are too sex positive.
- Normalisation of unprotected sex in many parts of the gay scene.

Stigma - heterosexism / homophobia (n=10)

- Stigma (x3)
- stigma and prejudice
- Homophobia (x4)
- Heterosexism / Gay mens lack of care & support for each other
- Homo/bi/trans phobia & invisibility of positive role models in mainstream press etc / Internalised prejudice and its impact on behaviour and self worth
- Discrimination, stigma and .. politicising of HIV

Criminalisation of HIV transmission (n=4)

- Criminalisation of HIV transmission (x4)

Lack of funding (n=17)

- Lack of resources (x2).
- Funding / Need to demonstrate effectiveness.
- Funding (x2)
- Funding and failure to recognise the importance of local community based responses
- Lack of funding (Daily Mail readers)...
- Lack of funding (guaranteed)
- Resources and funding
- Disinvestment of outreach services
- Commissioning sexual health services in areas with lower HIV prevalence / smaller gay communities
- Lack of funding for sexual health ..
- PCT's moving funding from gay mens health promo to fill funding black holes
- Money / Public understanding peoples PCT willingness to source help
- The lack of ring-fenced budget ...
- Lack of commissioning from mainstream agencies in particular mental health agencies
- The infighting and separation of the PCT system

Lack of political will / sympathetic political climate (n=14)

- The de-gaying of the HIV epidemic in the UK.
- The fact that gay men are ignored.
- Resources and political will.
- Government and the media.
- Political climate.
- Lack of commitment to the gay community / individualisation..
- lack of political will to address gay mens health as a top priority ...
- Lack of mainstream endorsement of use of gay mens place in the epidemic lack of mainstream spaces for addressing gay mens needs / Sector complacency ..
- Lack of debate (reflecting ongoing homophobia).
- More infrastructure resources / CHAPS networks in the regions.
- Open and honest discussion in mainstream media.
- Misunderstanding of stats.
- The fact that various agencies including the media give the impression that gay men do not get HIV
- Increase in fundamentalism

Lack of education in schools (n=11)

- Education in schools
- Education, and campaign/ message fatigue
- Effective education
- Lack of sex education in schools
- they are bored of information
- Not enough education to under 21's I mean a lot who don't know The basics of HIV & safe sex.
- Sex education eg. lack of consistent standard and coverage of emotional and identity aspects ...
- Not being able to work in schools / Colleges
- Not working with very young men / How hard it is to get into school & talk to very young gay men
- Refusal of schools to engage in gay issues & educate their LGB students properly
- Educating youth

Limited vision and poor planning of health promoters (n=14)

- Lack of new and innovative ideas for interventions
- THE obsession with mass media campaigning at the expense of other interventions at a policy and community level
- Poor basic information provision - unrealistic targets & gaps in service provision
- Dogma of thought in GU health promoters. Lack of international dialogue...
- Agencies not seeing gay men as socially, politically and culturally diverse and not thinking outside the box, gay men are not a homogenous population.
- Health promotion - it does not work

- Lack of co-ordinated services / approach
- There needs to be a more co-ordinated national effort
- Thinking and planning about the pandemic - "problem thinking"
- Previous health promotion not wanting to tell gay men what to do
- Tired safe sex messages
- ... Lack of new health promotion models that focus on cognitive aspects of HIV prevention / health promotion
- Lack of unified strategy too many groups doing similar work

Absence of specific interventions (n=9)

- A lack of support, psychological services.
- Addressing needs of self-esteem.
- The lack of a well thought out psychology of sexual health underlying all work.
- condom provision and drug use.
- Access to free condoms / lube.
- Lack of condoms in saunas.
- health promotion in internet chat rooms.
- Mens emotional needs (as individuals). Knowledge was never enough. We all know this we know some men stay -ve and have lots of sex and others don't.
- The promotion of services is there but the back up services or staff conduct of services often doesn't meet what is being taught mainly due to long waiting times short appointments & sheer volume of case load.

Failure to target specific groups (n=6)

- Accessing hard to reach non-scene gay men who have sex with men
- Inclusivity of harder to reach groups in greater need
- Reaching everyone at risk and engaging them with messages
- Giving skills to those men that are not accessing the services that are out there for them
- My role predominantly concentrates on African communities, therefore my biggest challenge & focus will be on African M.M. but do not identify themselves as gay
- Reaching men not using the scene

Characteristics of gay men (N=5)

- Excessive drug use and no media
- Drugs and sub cultures
- (use of) Crystal meth
- Treatment optimism
- The increasing levels of individual disconnection on a psychological level / isolation anxiety low self worth

AFTER THE CONFERENCE

Q14. Which conference sessions did you attend?

Number of responses =134 [4 missing answers]

Most popular slot in each session are in bold.

Monday A.M. – Pre-conference satellite sessions

- 8 Work with young gay men
- 10 Scene detached work
- 22 The psychology of sexual health**
- 6 Male sex workers

99 Opening plenary

Monday P.M. Session 1

- 11 Introducing *Making It Count*
- 25 A holistic approach to gay men's health promotion
- 13 Treating & preventing HIV post-HAART
- 27 HIV transmission & the law**
- 26 Barriers to health care for gay men
- 20 Resources that target work with gay men

Monday P.M. Session 2

- 17 Primary care, health care & gay men
- 18 Working with Black homosexually active men
- 20 GUM services in the community
- 15 Do interventions around disclosure work?
- 18 Effective groupwork for gay men?
- 29 "When boys fly" – film presentation**

Tuesday A.M. Session 1

- 24 Stigma, discrimination & risk among HIV positive men**
- 24 Criminalisation of HIV**
- 20 Working with male sex workers
- 19 Risk factors for sero-conversion & geographic differences
- 14 Psychotherapeutic approaches to sexual addiction
- 13 Partnerships between gay men's & African's HIV sectors

Tuesday A.M. Session 2

- 19 Redefining community, restoring identity
- 32 Gay men & crystal meth
- 18 Hostility at home – young gay men & gay dads
- 2 Introducing Post Exposure Prophylaxis (PEP)
- 15 International perspectives of HIV prevention needs
- 35 Sex laws – the facts**

Tuesday P.M. Session 3

- 24 Bringing "fem" back into fashion
- 20 Gay men and GHB
- 16 PEP programme review
- 30 Competency based training for sessional outreach workers**
- 18 ABC of LGV

Tuesday P.M. Session 4

- 11 Good practice guidelines for working with young gay men
- 12 The role of (new) prevention technologies
- 34 Human rights, homophobia & HIV**
- 34 Sex & the internet**
- 6 Groupwork for gay men – a national possibility

43 Closing plenary

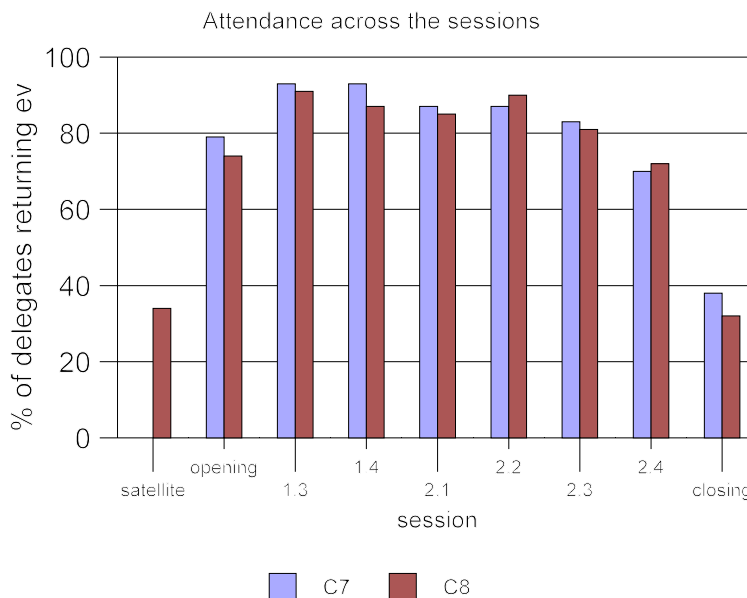
Conference attrition

The graph shows the proportion of evaluation respondents who attended a session in each time slot (there were no satellite events in C7).

At C7, 48% of delegates who said they were at the opening plenary were at the closing plenary.

At C8 this figure was 43%.

- **The pattern of attrition is very similar in the two years.**



Q15a "The organisation of the conference was good."

	C7	C8
Agree	94%	94%
Neither agree nor disagree	5%	5%
Disagree	1%	1%

[if disagree] → **Why do you say that?**

- Eating lunch sat on the floor / Lack of healthy food available & no water apart from at lunch

Q15b "The range of themes in the conference was good."

	C7	C8
Agree	83%	82%
Neither agree nor disagree	14%	14%
Disagree	3%	4%

- **The same high proportion of delegates as last year felt the range of themes at the conference was good.**

[if disagree] → **What other themes should have been given a platform?**

- A stronger focus on practice and "how to" & practitioners needs to be preserved. Distinguish the conference from an academic model. Make sure every activity gives people examples of what they can do and how.
- Debate needs to be more open, many subjects have been covered in previous conferences
- More relevant to practice issues on a more localised level
- Very little on BME issues and working outside of London
- Work in rural and semi rural areas.

Q16a I learnt things that were new to me.

	C7	C8
Agree	69%	71%
Neither agree nor disagree	23%	21%
Disagree	8%	8%

- **Same high proportion of delegates as last year felt they had learnt something new.**
 - Attenders at the opening plenary **more likely** to agree (75%) than others (58%).
 - Attenders at 'Primary care, health and gay men' **more likely** to agree (93%) than others (68%).
 - Attenders at 'GUM services in the community' **less likely** to agree (42%) than others (76%).

[if agree, n=89] → **What was the most useful thing you learnt?**
25 delegates gave no answer

Theme	Number
Criminalisation (2 sessions)	11
Sex laws	8
Internet	6
Crystal Meth	5
GHB	5
Drug use (general)	3
Plenary	4
LGV	4
PEP	4
MIC 3	3
Insight study	3
Stigma	3
Sex workers	2
Human rights and HIV	2
Bringing fem into fashion	2
Disclosure	2
Gay men and GPs	1
Psycho-therapeutic approaches	1
Sexual addiction	1
Partnership in Gay and African communities	1
PREP	1
Practical ways of working with schools	1
Impact of mental health on LGBT health	1
Married men	1
<i>Other</i>	6

- The amount of work that is going on around the UK.
- That projects should liaise much more.
- Learned to see bigger picture / smaller picture - outside my work experience.
- How the gay and bi mens sector does not like to talk about internalised and other prejudices - perhaps this is hard to do but important in our work.
- All of it was valuable.

Q16b I have increased my ability to think critically about my own work

	C7	C8
Agree	66%	64%
Neither agree nor disagree	24%	25%
Disagree	10%	12%

- **Same high proportion of delegates as last year felt they had increased their ability to think critically about their work.**
- **Agreement was not associated with sessions attended.**

Q16c I have been inspired to try new work practices.

	C7	C8
Agree	32%	47%
Neither agree nor disagree	53%	43%
Disagree	15%	10%

- **Increase on last year in the proportion of delegates inspired to try new working practices.**
- Attenders at 'Introduction to Making It Count' **more likely** to agree (80%) than others (44%).
- Attenders at 'Bringing fem back into fashion' **more likely** to agree (70%) than others (42%).
- Attenders at 'Good practice guidelines for working with young gay men' **more likely** to agree (80%) than others (44%).
- Attenders at 'Scene detached work' satellite session **less likely** to agree (11%) than others (49%).
- Attenders at 'GUM services in the community' **less likely** to agree (21%) than others (51%).
- Attenders at 'Stigma, discrimination and risk among HIV positive men' **less likely** to agree (25%) than others (51%).

[if agree, n=60] → What new practice might you try?

- 17 delegates gave no answer
- 8 more multi-agency debates - consultation, networking with other agencies
- 4 more work around drugs (and sex)
- 4 more internet work (outreach, promotion, peer educators)
- 4 thinking more carefully about "fem" in every aspect of work
- 3 more involvement in research & evaluation
- 3 refine holistic approaches
- 2 more use of *Making it Count* (bio-psychosocial model)
- 2 more engagement with PEP guidelines
- 2 more attention to issues around disclosure
- 2 more attention to sex workers
- 2 new workshops
- 1 set up a Gay men's "customer panel"
- 1 offering syphilis testing
- 1 offering access to Hep B vaccination
- 1 Competency frameworks for staff / accreditation
- 1 more clearly defining our target group
- 1 implementing a training framework
- 1 more distribution of information to reflect diverse LGBT community.
- 1 try a motivational interview booklet and post-test counselling
- 1 More awareness of other services I can refer to

Q16d I have a better understanding of the needs of my role in the gay and bisexual men's health sector.

	C7	C8
Agree	48%	59%
Neither agree nor disagree	40%	35%
Disagree	12%	6%

- **Increase in proportion of delegates gaining insight into the needs of their role.**
 - Attenders at 'HIV transmission and the law' **more likely** to agree (78%) than others (54%).
 - Attenders at 'Groupwork for gay men - a national possibility?' **less likely** to agree (0%) than others (61%).

Q17. Looking back at your answer to Question 5, did you get what you were looking for from the conference?

	C7	C8
Not at all	1%	2%
A little	15%	13%
Somewhat	29%	30%
Mostly	47%	41%
Completely	8%	13%

- **Proportion achieving self-defined aims for attendance was similar in both years, with a slight increase in polarisation in C8.**

Q18. Will you attend C8 next year?

	C7	C8
If I can	87%	83%
Maybe, maybe not	11%	15%
Unlikely	2%	2%

- **Similar proportions in both years intended to attend again.**

Q19a I'd recommend the CHAPS conference to other people concerned with health promotion with gay and bisexual men.

	C7	C8
Agree	91%	93%
Neither agree nor disagree	5%	5%
Disagree	4%	2%

- **Similar proportions in both years would recommend the conference to others.**

[if disagree] → **Why do you say that?**

- Mysogynistic, uninviting, intimidating, very disappointing, made me want to leave the field
- Not relevant to work in our local area
- Too London THT-centric

Q19b The CHAPS conference is now a key event in my calendar.

	C7	C8
Agree	67%	78%
Neither agree nor disagree	29%	16%
Disagree	5%	6%

- **There has been an increase in the proportion of delegates who consider the conference a key event in their diary.**

Q20 Please complete the following sentence in fewer than twenty words: "The main way in which I benefited from this conference was..."

28 delegates gave no response.

NEGATIVE - general (n=1)

- I didn't at all. It made me angry, uninspired, disappointed and made me think seriously about staying in this field

Meeting others - networking (n=33)

- Meeting colleagues
- Meeting other people in the field
- Meeting other people working in the field but with a different approach to mine
- Meeting other professionals & gaining access to lots of info
- Meeting with other people in the field
- Meeting, listening, learning, sharing
- Networking (x6)
- Networking, learning about innovative ways to work with sex workers
- Networking / Learning / sharing and having fun celebrating our sector and our work.
- Networking / re-motivating.
- Networking and gaining inspiration from colleagues.
- Networking getting a sense of how others work.
- Networking opportunities / idea sharing and confirming good practice.
- Networking with key people aligned with my work.
- Networking with other disciplines.
- Networking with people in the field that borders my own.
- Making contact with a network of colleagues who are similarly committed to addressing the criminalisation of HIV transmission in the coming months
- A chance to share good practice / meet workers I had never met before

- Being able to speak with policy makers at a national level
- In presenting and networking
- increase my knowledge network with other professionals
- Increased contacts / knowledge of other male sex work services
- Increased networking platform for my work
- To meet fellow professionals and increase networking opportunities
- To meet others of other agencies and learn from their experiences
- The discussions that took place in-between sessions
- Thought and discussion afterwards with my colleagues
- The opportunity to explore ideas & work with other agencies on refining these

Learning (n=32)

- Learn some new knowledge and gained contacts
- Learning and understanding new ways of working
- Learning about work methods from other parts of the UK
- Learning more
- Learnt a few new ideas
- Learnt lots of new info & contacts I can use to feed back to other people I work with
- More knowledge / See what others are doing right or wrong
- Found out what's new and who's doing what & how they are doing it.
- Gained a better understanding of the diversity out there and who we neglect
- Hearing expert presentations / new ideas/ and debating them as professionals / Challenging and being challenged plus good fun / social side
- Hearing about how people are hearing similar things
- Hear about other work / share experiences
- Hearing about work similar to mine being done elsewhere in the country
- I am leaving but new knowledge & info that I hope to use
- Updated my knowledge of current issues / Networking
- Updating my knowledge of important current issues
- Being updated / being exposed to new ideas and ways of doing things
- Gaining new information and finding out about what is happening in the field of sexual health
- Getting a range of issues and experiences in a compact and understandable way
- New information / Networking / Ford Hickson's address
- To feel more confident in my knowledge base around HIV & sector health issues for gay & bisexual men
- info and better ways of working practices
- That I have increased my body of knowledge
- To explore up to date issues and topics and maintain knowledge levels
- The ability to hear others ideas and working methods
- The opportunity to engage in informed debate
- Through obtaining new updated info on recent developments
- Increasing my understanding of health needs providing a drive to change things

(and teaching)

- Sharing good practice
- Sharing knowledge and experience and networking with other agencies
- Information exchange

Specific sessions - specific (n=12)

- By listening to Peter Tatchell and Simon Nelson in an inspiring session.
- Ford Hickson opening speech gave me cause to think that followed throughout the conference.
- Better understanding of sex workers and sex and the law.
- The information on sex and the law and info gained RE sex-working.
- Through the sessions on disclosure, GHB & risk factors for sero-conversion... excellent sessions.
- To keep up to date & to network especially HIV & the law.
- Update on info and session on human rights
- Getting ideas of working with +ve men
- It increased my knowledge of drugs and drug use in gay men in the UK
- It confirmed for me the issues of self-esteem, drugs and culture have a role in risk taking
- Evaluating my own work, by seeing others research presented. Enjoyed opening and Fem session - more social politics
- That I am more aware of how much more work we have to do on the internet

Sessions - general (n=4)

- Attending sessions to learn from the speakers who on the whole were excellent & presented useful info.
- By attending the interactive workshops.
- Gaining understanding & knowledge from workshops.
- Presented results.

Understanding the wider context (n=5)

- A better understanding of how sexual health work differs in different parts of the country.
- A stronger sense of the strategic direction work in own area.
- Awareness of attitudes and ideas from a range of people working in this field.
- Wider understanding of the key issues for gay men and health.
- Knowing I have support and my work is similar to others.

Space to think (N=4)

- Being away from my work environment and looking at topic from a different angle.
- By getting the chance to think again about my role and responsibilities in reducing HIV transmission as an HIV prevention specialist.
- Having the space to think about new ideas and discuss these with colleagues.
- Having an open mind to new ways of working.

Inspiration (N=11)

- Inspiration to act and to network.
- Energising / Inspiring.
- Getting inspiration to articles and future campaign ideas as well as getting a stronger network among colleagues abroad.
- I became inspired and motivated to work in areas beyond me.
- It reinvigorated my spirit by being with passionate co-workers.
- Reinvigorated.
- Reconnecting with frontline prevention workers.
- Understanding that I can influence work & changes in the PCT.
- It was stimulating.
- Obtaining info & help in applying to my role.
- To become more confident in the outreach work I undertake.

Affirmation (n=6)

- Sharing my ideas / Affirmation of my work.
- It reminded me how innovative my work was and how effective it can be.
- Seeing that what I do already is recognised as the best way of doing things.
- Getting chance to focus on the work I do & how I do it.
- Re-finding some things I had lost sight of.
- Personal growth and seeing excellent teamwork.

Q21. What other comments do you have about C8 or this evaluation?

69 delegates gave no response

NEGATIVE - general (n=5)

- Don't find many of the delegates to be friendly or mixed.
- It hasn't changed in 4 years. All the wrong people attend, what a waste of money. It seems more like a social gathering to me.
- ... Frustration with a number of sessions repeating previous years date / work.
- More evidence of successful practice initiatives - less tired discussion & accusatory finger pointing at various sectors of other work community.

POSITIVE - general (n=22)

- Thank you.
- Thanks CHAPS.
- Very good.
- Great thanks.
- Well done.
- Well done - fab time.

- The organisation was excellent.
- Gets better all the time.
- Fab keep it up.
- Good as always.
- Well done / I enjoyed myself and learned from it.
- Well run as usual.
- Very good / Very well organised/ Plenty of variety in sessions.
- Thanks well organised I loved the cliched music.
- Variety of topics was good / Session on human rights was excellent.
- Excellent venue & excellent thought provoking informative workshops.
- Excellent venue & organised well / Good to see many at the evening event.
- Good range of workshops to be able to interact & some excellent speakers & facilitators.
- Great conference / Excellent organisation.
- It was an excellent challenging and enjoyable two days.
- I enjoyed it, mostly excellent presentations.
- My 1st CHAPS conf! Really enjoyed it, very very interesting & useful for my own work.

General comments on content (n=4)

- A lot of themes were somewhat similar to last years C7 conf in Liverpool however there's a feel of continuity from last years debate.
- How in the field is translated on the ground. Is this work about a pat on our back or is it about showing us what more needs to be done, how better?
- Looking forward to seeing issues from CHAPS in practice.
- I think it would be beneficial to widen the focus from gay and bisexual men to all those who should be targeted to reduce HIV transmission.

Comment on sessions - positive (n=3)

- The fem workshop bought up a lot of issues about how we represent ourselves as beautiful muscled white men. More gendered, race, class & broader LGBT sessions would be great. & exploration of psychology work with LGBT people that support our work.
- I appreciate the increasing amount of psychology in the working sessions.
- Pre-conf sessions added to the experience / best value of last five years.

Comment on sessions - negative (n=6)

- Too many sessions lack depth - Is discussing "camp" as health promoters really worth our time?
- The African HIV group went off topic. The PEP review was of the campaign not the subject.
- the focus around work in London and the cities - we need to look at rural & semi-rural areas
- Overall C8 was good conf although a there was a bit of criticism of other peoples work & this often gets in the way of taking things forward. There was a clear message that everything is right in the south but the north needs to work harder not ...
- More information on Hepatitis please as there is an increase in some as well as syphilis
- More interactive sessions and other sessions should end with either an outcome or a recommendation

More information beforehand (n=3)

- Superb organisation and conference except lack of info beforehand made travel planning tricky.
- Newbies like me could do with knowing more as to what is expected of us and have it more clear what we can participate in.
- Sometimes its not clear of the level of content in the sessions - could the programme say more?

Social (n=3)

- A better entertainment programme (dinner and social) instead of club night.
- It would be great to have a social evening with free drinks from 19:30 - 22:00.
- Dynamo and Vibes excellent & novel and enjoyable. Good opportunity to let my hair down.
- The best yet / Lack of cultural spiritual elements / We are people too.

Venue (n=6)

- The quality of the venue - very nice / Better atmosphere this year.
- The venue was not as good as last year in supporting networking.
- Poor lunch on day two - not much choice.
- Not enough water available - Positioning of speakers / equipment - a lot of times it was difficult to see visuals / screens.

- last year more microphones needed for example roving hand held, should have been 2 people front and back of the room / Are half an hour tea breaks needed.
- More networking opportunities / More availability of THT staff / More organised social elements.

Timing - it needs to be longer (n=6)

- Could the conference be a little longer? Less London-based information.
- Start earlier on first day and finish earlier.
- You did a very good work. Only critique, so many good subjects it was a shame the conference was only 1 1/2 days. Most sessions had 2 or 3 subjects I would like to have attended.
- Right balance of topics / Early morning session Tue? How well was it attended?
- Would be good to have some more "networking" time - maybe spread over three days
- Too many sessions running concurrently / Pre booking sessions may allow for demand to be assessed before time tabling.

Information online afterwards (n=3)

- Can we be sure the info will be on the internet as it didn't appear for C7. Can you send out emails with a link as soon as the site is in place.
- CHAPS keeps its momentum. I liked the debates that were had and some of the non-HIV stuff as useful (Fem session). Can presentations be put online as soon as conference ends?
- Please have info online soon about workshops / presentations I could not attend.

Timing - NOT in March (n=2)

- Please move it from March. At last month of the financial / reporting year it is one of our busiest times. How about April instead?
- I think you should have it at the end of the current financial year - many people can't attend as no money in training / travel budgets in March.

Evaluation form (n=3)

- Well organised enjoyable conference, good to have evaluation form to encourage thinking.
- Pre and post forms should be separate. Pre-conference forms submitted early on day one.
- So nice to have a proper form after the blank sheets of last year.

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[ends]