

## **C7 before & after evaluation 7<sup>th</sup> national CHAPS conference**



**Liverpool 2<sup>nd</sup> & 3<sup>rd</sup> March 2004  
Sigma Research, June 2004**

---

### **SUMMARY**

- 53% of delegates took part in the evaluation.
- The majority of delegates were health promoters working in England who had attended previous CHAPS conferences.

#### ***Before the event***

- The primary motivations for attending were learning, networking and having benefited from previous CHAPS conferences.
- 21% would have liked more information about the conference before arriving.
- 18% would have liked more influence over the content of the conference.

#### ***The event***

- The three most common ways in which delegates navigated their way through the conference proceedings was by concentrating on young men (youth work); PEP/PREP; and clinical services.
- Only 1% disagreed that the organisation of the conference was good.
- Only 3% disagreed that the range of themes at the conference was good.

#### ***Outcomes of the event***

- 55% said their personal aspirations for the conference had been met 'mostly' or completely'.
- The three most commonly identified benefits from the conference were networking, gaining knowledge, and new ideas/inspiration.
- 69% agreed they had learnt something new. The most three common areas of new learning were PEP/PREP, criminal prosecutions for the transmission of HIV, and youth-work.
- 66% agreed they had increased their ability to think critically about their own work.
- 32% agreed they had been inspired to try new working practices, which covered a wide range of activities.
- 94% would recommend the conference to others.
- The three most common additional comments were that the conference was a good event overall, that the workshops were weak, and that combining accommodation and conference venue was good.

## RETURNS

Registered delegates	340	Survey returns	166
Attendees	316	Survey response rate	53%
Attendance rate	93%		

■ All associations described 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]

69%	Health promoter
17%	Researcher
8%	GUM provider
9%	NHS Commissioner / policy maker
2%	News media
19%	Other

#### Other roles specified:

- AIDS Charity Director
- Body Positive Acting Chief Exec
- Counsellor / Psychotherapist
- HIV policy and communications voluntary
- HIV support worker
- Infectious Disease
- Manager LGB Project
- Manager of service and staff
- Mental Health Nurse
- Officer of gay social group
- Outreach
- Outreach Worker
- Police Lesbian & Gay Liaison Officer
- Psychologist
- Public Health Development specialist
- Sector Management and support for PLWHIV
- Service Manager
- Social Worker (HIV)
- Therapeutic Services
- Trainee Consultant Lecturer

### Q2. Geographical areas of work [missing n=11]

	Frequency	Percent
England	<b>135</b>	<b>87.1</b>
England wide	3	1.9
London	56	36.1
South England	18	11.6
Mid England	24	15.5
North England	34	21.9
Wales	<b>2</b>	<b>1.3</b>
Scotland	<b>3</b>	<b>1.9</b>
N Ireland	<b>1</b>	<b>0.6</b>
outside Britain	<b>14</b>	<b>9</b>
Sweden	5	
Ireland	3	
Belgium	2	
Norway	2	
Finland	1	
Netherlands	1	

### Q3. How did you hear about the conference? [not exclusive]

62%	previous attender
34%	direct mailing
31%	through a colleague
5%	other (CHAPS partner, email from THT, CHAPS website, work at THT)

## BEFORE THE CONFERENCE

Respondents were asked to complete a number of sections on the evaluation form before the start of 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.

	<b>Mean score</b>	<b>Std. Deviation</b>
To learn new things	1.45	1.263
I've benefited from previous conferences	1.07	1.222
To meet people working in similar field	0.98	0.966
Provides a platform for my work	0.81	1.142
It's Britain's only gay & bi men's HIV conference	0.64	1.051
To feel less isolated in my work	0.28	0.659
My manager insisted	0.1	0.4
It's in Liverpool	0.07	0.374
It's free	0.07	0.351
To meet up with people I've not seen for a while	0.05	0.252
Other	0.1	0.47

*Other reasons specified:*

- On behalf of my social group & PCT
  - Personal interest
  - Running stall for my agency
  - Part of my job remit
- Health promoters were more likely cite 'to meet people doing similar work' (mean score 1.11) than were others (mean score 0.69).
- Commissioners were more likely to cite 'It's in Liverpool' (mean score 0.27) than others (mean score 0.05).

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

23 respondents gave no answer  
 79 respondents gave 1 answer  
 52 respondents gave 2 answers  
 12 respondents gave 3 answers

<i>Number</i>	<i>Theme</i>
54	Gain more knowledge (General)
50	Networking
50	New ideas / inspiration
14	Research findings
11	Best Practice
8	Improve work with Gay men
5	Policy issues / Development
5	NPT's Inc PEP & PREP
5	Understanding other agencies
3	Criminalisation
3	Commissioning
1	Fundraising
1	Improve youth work
1	Improve work with African sector
1	New Developments
1	Homophobia
1	treatment information

**Q6a. "I would have liked more information about the conference before arriving."**

21% Agree  
30% Neither agree nor disagree  
49% Disagree

- GUM staff were more likely to agree (54%, or 7/13) than others (18%, or 27/153).
- No association was found between responses to this item and the geographical area where individuals worked.

**Q6b. "I would have liked more opportunity to influence the content of the conference."**

18% Agree  
65% Neither agree nor disagree  
18% Disagree

- No association was found with job role.
- No association was found with geographical area worked.

[nb. Questions 7 and 8 asked sector needs assessment questions whose answers are not part of the evaluation of the conference. The findings are not reported here.]

---

## **AFTER THE CONFERENCE**

---

**Q9. Which sessions did you attend?**

Number of responses =164 [2 missing answers]

The most popular slot(s) in each session are presented in **bold** type.

130 Opening plenary

*Tuesday P.M. Session 1*

**38 Changing legislation**

**38 Gay men & drug use**

31 Syphilis, HIV & Stigma

17 Reforming religion

16 GU clinic services into the community (*starter session*)

13 Tackling homophobic bullying in schools (*workshop*)

*Tuesday P.M. Session 2*

**41 The internet**

40 Criminalising non-disclosure of HIV status

35 Effectiveness of HIV health promotion

14 PCTs and commissioning

14 Implementing the National Strategy

10 HIV transmission (*starter session*)

*Wednesday A.M. Session 1*

**38 New prevention technologies**

31 Redefining community, restoring identity

23 Good practice in young gay men's work

19 Clinics into the community: syphilis

16 Impact of HIV on relationships (*workshop*)

15 Partnership working & Men who sell sex

*Wednesday A.M. Session 2*

**46 Undiagnosed infection**

- 29 Gay men's use of primary health services
- 23 Clinics into the community: hepatitis
- 18 Modernisation in youth work
- 17 Post-exposure prophylaxis (*starter session*)
- 9 Developing the gay men's health sector (*workshop*)

*Wednesday P.M. Session 3*

**58 Tending to fail?**

- 24 Social capital and networks
- 20 Evolving ethnicities
- 19 Structural interventions in non-urban settings
- 15 Tailoring services for male sex workers

*Wednesday P.M. Session 4*

**37 Pre- and post-exposure prophylaxis**

- 29 Sexual health needs of longer term diagnosed PWHIV
- 27 Behind the headlines
- 16 A national programme of group-work
- 6 Reviewing the magazine format

- 62 Closing plenary

■ **Factor analysis revealed a very large number of ways in which delegates combined sessions.**

**The most common 'routes' through the conference were:**

*Route 1: Younger men*

- Tackling homophobic bullying in schools (*workshop*)
- The internet
- Good practice in young gay men's work
- Modernisation in youth work
- Tailoring services for male sex workers

*Route 2: NPTs*

- HIV transmission (*starter session*)
- New prevention technologies
- Post-exposure prophylaxis (*starter session*)
- Pre- and post-exposure prophylaxis

*Route 3: Clinical*

- Syphilis, HIV & Stigma
- Clinics into the community: syphilis
- Undiagnosed infection
- Tailoring services for male sex workers
- Sexual health needs of longer term diagnosed PWHIV

*Route 4: PCTs*

- PCTs and commissioning
- New prevention technologies
- Gay men's use of primary health services

*Route 5: Therapy*

- Gay men & drug use
- Impact of HIV on relationships (*workshop*)
- Developing the gay men's health sector (*workshop*)
- A national programme of group-work

*Route 6: Scene*

- Gay men & drug use
- The Internet
- Redefining community, restoring identity
- Tailoring services for male sex workers

**Q10a "The organisation of the conference was good."**

94% Agree  
6% Neither agree nor disagree  
<1% Disagree

- No association was found with job role.
- No association was found with the geographical area where the individual worked.

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

- Sessions should be shorter, too much time in questions and answers.

**Q10b "The range of themes in the conference was good."**

83% Agree  
14% Neither agree nor disagree  
3% Disagree

- Health promoters were less likely to disagree (1%) than others (9%).
- Commissioners were more likely to disagree (13%) than others (2%)
- No association was found with the geographical area where individuals worked.

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

- [agree] but think that there needed to be more discussion space re practice.
- [agree] but London centric.
- I attended the ones relevant to my work.
- Less themes and more input from eminent speakers should be encouraged.
- More psychological perspectives.
- More discussion / workshops to debate issues.
- Still a focus on research services; need more debate sessions and session sharing. techniques for monitoring / evaluation / project planning / PCT negotiations etc.
- There needs to be a clear strand around +ve men.

**Q11a "I learnt things that were new to me."**

8% Disagree  
23% Neither agree nor disagree  
69% Agree

- No association was found with job role.
- No association was found with geographical area worked.
- Attenders at 'Tailoring services to male sex workers' *less likely* to agree (40%, 6/15) than others (72%, 106/148).
- Attenders at 'Structural interventions in non-urban settings' *more likely* to agree (95%, 18/19) than others 65%, 94/144).

[if agree, n=115] → **What was the most useful thing you learnt?**

38 gave no answer  
71 respondents gave 1 answer  
6 respondents gave 2 answers

<b>Number</b>	<b>Theme</b>
20	PEP / PREP
11	Criminalisation / disclosure
10	Youth work
5	Research findings / updates
5	Commissioning / legislation / policy
4	HIV testing / untested & undiagnosed
4	Community services & interventions
3	GU services
2	Networking
2	Working with minority ethnic groups
2	HIV risk and behaviours
2	HIV+ve men's health needs
2	Internet use & Sex
1	Working with gay men

**Q11b "I have increased my ability to think critically about my own work"**

66% Agree  
24% Neither agree nor disagree  
10% Disagree

- No association was found with job role.
- No association was found with geographical area worked.
- Attenders at 'Redefining community, restoring identity' *more likely* to agree (84%, 26/31) than others (62%, 81/131).
- Attenders at 'Developing the gay men's health sector' *more likely* to disagree (44%, 4/9) than others (9%, 12/153).

**Q11c "I have been inspired to try new work practices."**

15% Disagree  
53% Neither agree nor disagree  
32% Agree

- No association was found with job role.
- No association was found with geographical area worked.
- Attenders at 'Tailoring services to male sex workers' *more likely* to agree (60%, 9/15) than others (29%, 43/147).

**[if agree] → What new practice might you try?**

[responses were very varied and have been grouped under six headings]

*Strategic population aims*

- Campaign around new prevention technologies.
- PEP.
- Microbicides.
- Campaign around criminalisation.

*Direct Contact target groups*

- Approaching BME.
- Follow up youth stuff.
- Next years project targets.
- Review services on ethnic diversity.
- Youth work.

#### *Direct Contact interventions*

- Clinics in the community.
- Internet based projects.
- Mens "health clinics" within sexual health strategy framework.
- Outreaching on the internet.
- Particularly interested in looking at the GMFA groupwork project.
- Working in the field level in gay venue.

#### *Community interventions*

- Building closer relationships with advertisers.
- Media pro-active.
- Community involvement.
- Hep B community work.
- More community focussed.
- Video on homophobic bullying.
- Work at anti-bullying in schools.
- Community safety strategies.

#### *Facilitation interventions*

- Consult local community if they require Hep B testing outside of GUM.
- Develop strategy to challenge criminalisation.
- Get colleagues to explore personal values in doing work.
- Commission [local provider] to deliver training to local staff groups.
- Leading a sector development programme for HIV/SH providers as in Brighton model.
- Better implementation of diversity policies within organisation.
- Promotion of HIV as stand alone prevention initiative.
- Put our organisation in the eyes of the patient.
- Shall circulate work before publication to more relevant people in the field.
- The monitoring and evaluation of any work carried out.

#### *Generalised*

- It gave me new ideas / Developed ideas I had around my work.

#### **11d "I have a better understanding of the needs of my role in the gay and bisexual men's health sector."**

- 48% Agree
- 40% Neither agree nor disagree
- 12% Disagree

- No association was found with job role.
- No association was found with geographical area worked.
- Attenders at 'Developing the gay men's health sector' *more likely* to disagree (44%, 4/9) than others (10%, 14/147).

#### **Q12 Looking back at your answer to Question 5, did you get what you were looking for from the conference?**

- 1% Not at all
- 15% A little
- 29% Somewhat
- 47% Mostly
- 8% Completely

- No association was found with job role.
- No association was found with geographical area worked.
- Attenders at 'PCTs and commissioning' were *less likely* to say 'mostly / completely' (21%, 3/14) than others (58%, 83/143).
- Attenders at 'Good practice in young gay men's work' were *less likely* to say 'mostly / completely' (36%, 8/22) than others (58%, 78/135).

**Q13 Will you attend C8 next year?**

- 87% If I can
- 11% Maybe, maybe not
- 2% Unlikely

- Health promoters were more likely to say 'if I can' (91%, 103/113) than others (78%, 38/49).
- No association was found with geographical area worked.
- Attenders at 'Behind the Headlines' were *more likely* to say 'if I can' (100%, 27/27) than others (84%, 114/135).

**Q14a "I'd recommend the CHAPS conference to other people concerned with health promotion with gay and bisexual men." [missing for n=3]**

- 94% Agree
- 5% Neither agree nor disagree
- 4% Disagree

- Attenders at 'Developing the gay men's health sector' *more likely* to disagree (33%, 3/9) than others (2%, 3/154).

[if disagree] → Why do you say that?

- I felt it is THT dominated and doesn't represent other views outside the THT agenda.
- Its become a monopoly.
- Subscribes to a very slanted THT agenda.
- Not as productive as it appears / needs more workshop / should be more fun.
- Sexual health yes - health no.
- With health promotion in sexual health, regardless of the sexual choice.

**Q14b "The CHAPS conference is now a key event in my calendar."**

[missing for n=2]

- 67% Agree
- 29% Neither agree nor disagree
- 5% Disagree

**Q15 Please complete the following sentence in fewer than 20 words:**

**"The main way in which I benefitted from this conference was..."**

- 39 respondents gave no answer
- 74 respondents gave 1 answer
- 47 respondents gave 2 answers
- 6 respondents gave 3 answers

<i>Number</i>	<i>Theme</i>
56	Networking
34	Gain more knowledge (General)
28	New ideas / inspiration
17	Reflections on work practices
7	Understanding of other agencies
7	Research findings
6	Criminalisation
6	PEP & PREP
5	Improve work with Gay men
5	Best practice
3	Regional understanding
2	Treatment Information
2	Policy issues / development
2	Improve youth work
1	Homophobia
1	Improve work with African sector

**Q16 What other comments do you have about C7 or this evaluation?**

45 respondents gave no answer  
91 respondents gave 1 answer  
25 respondents gave 2 answers  
5 respondents gave 3 answers

<i>Number</i>	<i>Theme</i>
48	Good event / conference
31	Negative comment on workshops
14	Good venue / one stop shop
10	Negative comment on hotel for conference venue
5	Cabaret was good
5	Too much research / jargon
5	Networking / peer support
5	About C8
4	Negative comment on hotel for accommodation
4	Good workshops
4	Generalised negative evaluation
2	Generalised positive evaluation

Ford Hickson  
[Ford.Hickson@sigmaresearch.org.uk](mailto:Ford.Hickson@sigmaresearch.org.uk)  
Sigma Research  
June 2004

[ends]