Sigma Research Seminars 2009-2010
Summary of intervention recommendations

In 2009, Sigma published several qualitative, or mixed methods, research reports (namely: Relative safety II, Sexually charged, and Wasted opportunities) that explored a range of factors that influence how gay men and other MSM ascribe meaning to sex and intimacy, and how this impacts on their HIV risk-related behaviour. The themes of stigma and responsibility running through these projects formed the basis of CHAPS research seminars in five cities. These seminars were funded by CHAPS, and were advertised with the help of local host agencies to health promoters, commissioners, clinical staff and other stakeholders.

At the C13 CHAPS conference in Sheffield, held early in March 2010, the seminar facilitators reviewed the outcomes of the seminar discussions to members of a conference workshop. After hearing about the main themes discussed across the ten seminars, workshop participants broke into small groups to discuss and prioritise the intervention recommendations that also arose during the series of seminars. The workshop was an opportunity for attendees to consolidate the outcomes of the research seminars into achievable plans of action.

This summary document lists the suggested interventions arising from participants at the ten research seminars. It also summarises which of these interventions the participants in the workshop at C13 felt to be most actionable, and how they felt it may be best for CHAPS and other stakeholders to proceed.

1. Direct contact intervention ideas

- We need to be honest about what we can hope to achieve with printed interventions. They will not lead to behaviour change, although they can help to build empathy, increase knowledge, and help men to gain insight. What else is in our bag of tricks that then goes further? Talking and listening interventions involve building a degree of trust, and ultimately over time they can help to build confidence and self-esteem.

- Is it feasible or even desirable to plan interventions to get men talking to one another more in saunas? Does good health promotion not work in some places because it breaks the sexual mystique?

- There are saunas signing up to the Playzone code, and also some providers are finding that sauna-based testing services are very acceptable and popular.

- Poster idea for a sauna: – 'Risky? You already know the answer....do you really need us to tell you again?' (built in limitations and strengths of this approach?)

- The gay men's HIV prevention sector is best known for a focus on condom responsibilities, but where are we on responsibility for knowing your HIV status?

- Lesbian and Gay Foundation reflected pride in their work back to gay men in a celebration of their condom scheme the tag was 'We're proud to be behind you'...pitching the work of the sector as a matter of pride and responsibility.

- Balancing a health message with fun – relieves weight of responsibility, and of stigma. Sex Tips for Men (LGF), and Hot Sex: Wrapped and Ready(GMFA) are good examples. Web and video interventions could include anti-HIV stigma porn.

- Work HIV issues into other journalism features, not just in a regular 'HIV' column. Gain greater editorial space and HIV features in a range of print and online media.

- Develop a project that aims to tackle the connection between men's use of alcohol and sexual risk – perhaps look to Delay Training relating to sexual health for young people for ideas?

- Sometimes we separate our service users too much. One weekend residential intervention blended men from a generic MSM support group, with a group of men with diagnosed HIV. The impact for both sets of men was huge in terms of reducing isolation, and knowing someone with HIV.

- High visibility of people who are open about living with HIV is paramount.

- Example from Holland of a drama-based outreach intervention. A highly-skilled drama group enters a venue – three actors pretending to be customers play out a loud argument, in which HIV discrimination is a central theme. A fourth observes to make sure responses from the crowd don't get out of hand, and steps in at a predetermined point to tell the crowd what has just happened and why. It stimulated a very memorable learning moment and wide-ranging discussion about everyone who witnessed it, and allowed people to articulate fears and concerns about HIV that they had never verbalised before in that setting.

1.1 Prioritising and discussion in detail of a few of these ideas in workshop at C13:

The working group at C13 didn't really get to grips in much detail with the intervention ideas listed above (perhaps because the list was too long). The notes from the working group simply say:

- Printed materials – data needs to be tested over a few times (but not for all, some men would be ok getting information online / print information)
- There was considerable disagreement in this group that took up most of its time about whether print interventions change behaviour on their own. It was stated that print interventions may work for the majority, but are less effective on their own with men who are in higher need.
- Playzone excludes sex on premises venues, because they don't want to detract from the sexual mystique...commercial interests tend to take priority.

2. Sector development intervention ideas

- We need an evidence base that clearly tells the story about how HIV incidence is averted. This will better enable us to focus on the planes that land safety, and why, rather than only investigating crashes after they have happened.

- The Teenage Pregnancy Strategy has a new focus on young women's aspirations. In young women's case, what are the components of their lives

that lead them to only have mothering as their immediate aspiration? In the case of gay and bisexual men, what would such an investigation need to examine? What might we expect to find, and intervention approaches might best address such issues?

- ***Reflecting on responsibility should not always lead us to sexual conservatism. Do we have an ethic of working that allows us to maintain men's right to enjoy sexual freedom, while also being 'responsible'? How do we enact 'Best sex, least harm'?***

- Should gay men's sexual health be all about HIV? Are we neglecting the ways in which we can help men to have more pleasure-filled, fulfilling sexual lives?

- Need to improve the dissemination of successful anti-stigma programmes. Too many people have felt for too long that stigma is 'too big' to deal with.

- Need to fully address overt and implicit stigmas within our own organisations, and those that we deal with. We could establish service quality indicators in order to do so.

- Perhaps undertake more work as a sector to find out what other charities promoting anti-stigma interventions are doing?

- Need clear guidance on how the matter of criminal liability is best handled in clinical and voluntary sector settings.

2.1 Prioritising and discussion in detail of a few of these ideas in workshop at C13

The working group at C13 prioritised:

- *Reflecting on responsibility should not always lead us to sexual conservatism. Do we have an ethic of working that allows us to maintain men's right to enjoy sexual freedom, while also being 'responsible'? How do we enact 'Best sex, least harm'?*

Challenges

- Providing information on various levels of risk of different behaviours is regarded as problematic
- Shift from individual to collective responsibility may help to build this up
- Workers often feel it is all our own responsibility to stop men taking risk – when there are so many other businesses and institutions which also share in creating risky environments
- There is little current opportunity in PSVs for men to explore their expectations of one another in regard to risk

Successful examples

- Sigma Research evidence and accompanying workshops that disseminate, enable debate and workforce development

Practical ways forward

- The sector could begin to help saunas develop house rules, minimum expectations for sharing ethics with consistent attitudes about safety (given that often prevention workers can be rather judgemental, this will

take work within health promotion as well) – this can link in with Playzone standards
- Help to shift men away from regarding anal sex as their one opportunity for sexual pleasure
- Tell people what we know to be the truth about risk
- Develop / roll out Making it Count – 'Best sex, least harm'.

3. Community development intervention ideas

- Need to find new places to open dialogues about stigma and its impact. Are there opportunities to do this as we undertake community development interventions?

- Groupwork can sometimes be a touchstone for activism or at least for group cohesion. This can lead to further action, as there is often a good effect felt from the 'strength in numbers'.

- Can we work more closely with bar and club venues that are only in use at night as drug and alcohol-infused spaces to see what other purposes their space might be put to during the day for non-alcohol related activities with gay and bisexual men?

- Need to re-gain a national agency that represents people with diagnosed HIV acting as an empowering community voice.

- One intervention in Manchester focussed on getting high visibility LGBT posters out into local GP surgeries, and empowered local volunteers to mystery shop to ensure they were up.

3.1 Prioritising and discussion in detail of a few of these ideas in workshop at C13

The working group at C13 did not focus so much on any one of these intervention ideas, but instead chose to broadly note the benefits of community development interventions:

- Gives people access across a broader area, working together on issues that interest them. This will make them more likely to gain funding. Networking together and sharing practice will help people involved in such initiatives learn from each other.

- Rural areas can consider using the internet to provide support across a wider place, allowing people direct opportunities to network with one another is an important element of this. It helps to build confidence and people share key information with one another.

4. Policy Intervention Ideas arising during the Sigma Research seminars across the country on Stigma and Responsibility:

- Sex and Relationships Education could be audited through the use of Equality Impact Assessments – as a tool to encourage schools to challenge homophobia and proactively teach diversity.

- Ensure that sexuality equity provisions are written into Local Area Agreements, and into all local strategies.

- ***NHS Primary Care Trusts should collaborate to pool their HIV prevention and stigma spend.***

- We separate 'direct contact' and 'structural' interventions far too often. It is very empowering to men we seek to influence to also be aware that we are out there fighting their corner with the councils, with the government, and at other structural levels. How good are we at communicating that across to all of our different stakeholders?

- ***Undertake anti-stigma interventions in healthcare settings following on from an audit of men's experiences of local services.***

- Devise an action research project that will build an evidence base about the process and impact of structural interventions.

- What more can be done to ensure that the Disability Discrimination Act is being used to its fullest effect?

4.1 Prioritising and discussion in detail of a few of these ideas in workshop at C13

The working group at C13 chose to discuss the points in the list above about

- *NHS PCTs pooling their spend on addressing HIV prevention and stigma* and
- *developing anti-stigma interventions in healthcare settings.*

Challenges, examples and practical ways forward on each of these were discussed.

4.1.1 PCTs pooling their prevention / stigma spend

Challenges / questions

- is there such a thing as a budget to tackle HIV stigma?
- Broader than the NHS, as there is a need to also incorporate social care
- Competition often stops collaboration between local authorities

Examples

- Pan London – but how is this work transferable?

Practical ways forward

- Sharing information
- Developing 'gold standards'
- Find ways of addressing destructive elements of competition
- Generating ideas about how to do it
- Recognise the barriers to this happening

4.1.2 Anti stigma interventions in healthcare settings

Challenges / questions

- Often regarded as too big and too scary to tackle

- Disconnect between ideal and practices (ie. Evidence of discriminatory treatment access to dentists) means there are some policies that reinforce stigma and discrimination in some local settings

Practical ways forward

- Use DDA / EA (public duty) as a 'hook' to address the issue
- Start by focussing on local areas with the biggest problems following an audit of service provision
- Identify business practices and where change is needed
- Input to initial training of healthcare workers
- Don't be confrontational – identify and offer solutions
- Share best practice and 'model' change
- Explore how best to involve people with diagnosed HIV in the process

5. 'Stigma' and 'Responsibility' intervention pledge cards

Following a review of what came up during the Sigma Research Seminars over the past few months, and having an opportunity to think in greater detail about some of the intervention suggestions arising from those discussions, workshop participants at C 13 were asked to fill in two pledge cards. One was for them to take home, to prompt them that they would like to carry through an idea arising from the workshop. The other was for us to feed back into CHAPS. The top of the card read:

> **"In order to better address the cross-cutting theme of STIGMA / RESPONSIBILITY (circle one), I would like CHAPS to prioritise this in its current workplan."**

Those completing the cards were offered the choice to add their name to the comment, in case anyone from the various CHAPS sub-committees or the programme board wanted to get in touch. All of the comments to CHAPS given on 21 cards from workshop participants have been anonymised and are recorded below (where names were given, these may be supplied upon request).

'Stigma' oriented intervention recommendations for CHAPS

- The negative attitudes / fears of untested or HIV negative men have towards the idea of a sexually active positive man.
- Providing opportunities for HIV positive people to gain support, information and confidence from other positive people from a much wider geographical area. This will need more inter-agency co-operation.
- Campaign / work theme about negative and undiagnosed men's stigmatising rejection, lack of brotherhood, or sense of community respect for positive men. Acknowledge and engage with the diversity in the community of PLHIV. Model partnership, develop gold standards for domestic organisations.
- Help identify / challenge barriers within the sector to promoting 'corrective' action to tackle stigma.
- More HIV positive speakers.
- Work on areas that focus on rural issues and the problems this causes for gay men and MSM and for those who are now HIV positive.
- I am glad to see groups working together, but would like to see people in more rural areas having access to a more broader availability of services, giving them information, support, and confidence, and shared practice, learning from each other.

- Focus on the stigma of ageism within the gay community. If feels like being over 30 you should be drawing your pension. Why do we persist in stigmatising our own community?
- Consider how stigma works and can be responded to in different contexts (eg. Low v. High prevalence, rural v urban v small town) and how this is influenced by the local community (not specifically the gay community only) (ie in local print media, etc)
- A national coordinated response to tackle stigma. How are we going to do it?

'Responsibility' oriented intervention recommendations for CHAPS

- Addressing the issue of 'language' around responsibility to minimise negative associations and maximise positive empowerment.
- CHAPS clearly stating their position on HIV responsibility for the sector, and a programme of giving all the knowledge we have to men.
- That the information is to gay men 'No condom shows that you are HIV positive'. Then there will be no discussion at saunas etc, since if you don't want to use a condom you are considered to be HIV positive and the choice is yours to go and have UAI with that person.
- How do gay men feel about health care interventions attempting to identify past sexual partners (after testing HIV positive) so that those partners can access services? What is acceptable or not when it comes to contact tracing, and where does responsibility lay?
- Developing coordinated interventions by different agencies that address the same theme (eg. STI check-ups, responsibility for safer sex) at the same time in different media (print, mass media, groupwork, face to face, mentoring, etc.).
- Make sure all agencies are aware of and get training on Making it Count IV
- That ALL gay men are responsible for their own sexual health including HIV. This includes preventing them.
- To work in a more comprehensive way to tackle other areas, like guilt, which is related to the concept of responsibility. More counselling and mental health interventions.
- How the Playzone concept can be better managed over time. THT only had funds to draw scheme participants in for one year, then lost funding. The idea is that the scheme would be self-regulating. Patently only relevant to the most dedicated premises, so good work was consequently lost.
- Establish ground-rules for saunas when you pay to enter, to make it clear everyone is responsible, you cannot assume the other person is. This should be stated by the receptionist, and condoms offered on the door.

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