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promoting lesbian and gay health and wellbeing

Talking Spaces II

*Evidence-Based Therapeutic Groupwork
with Gay and Bisexual Men*



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Talking Spaces II

Evidence-Based Therapeutic Groupwork
with Gay and Bisexual Men

Dedicated to

Professor Petruska Clarkson
1947 – 2006

who inspired many talking spaces, some of which directly contributed to the
creation and development of the PACE groupwork programme.





To be 'gay' is not to... identify with the psychological traits and the visible masks of the homosexual, but to try to develop a way of life.

The development towards which the problem of homosexuality tends is the one of friendship. Affection, tenderness, friendship, fidelity, camaraderie and companionship. Things which our rather sanitized society can't allow a place for...

To imagine a sexual act... is not what disturbs people. But that individuals are beginning to love one another – there's the problem.

Michel Foucault, from *Friendship as a Way of Life*



Contents

	Introduction	4
One: The PACE Therapeutic Groupwork Programme	Aims of the programme	5
	Beyond information provision	6
	Groupwork research	8
	Why do groups work?	8
	Whose outcomes?	9
	Specific needs	11
	So what do gay men want?	12
	Who participates?	13
	Targeting	14
	Cost effectiveness & efficiency	15
Two: Practical Lessons Learned in Planning and Delivering Groupwork	The workshops and groups	17
	Recruitment of workshop participants	18
	Assessment	22
	Group facilitation	23
	Promotion to the frontline	24
	Co-working	24
	Groupworker HIV status	24
	Delivering the workshops	25
	What happens in workshops?	26
	Follow-up work	29
	Groupworker supervision and ethics	30
Three: Evaluation of the Programme	Evaluation design	31
	End-of-workshops evaluation form	31
	In-depth evaluation	33
	- Methodology	33
	Results	34
	- Demographic information	34
	- Aspirations and Expectations	35
	- Impact of participating in the workshops	39
	- Sexual health variables checklist	45
- Feedback on experience of workshops	50	
Four: Conclusions and Recommendations	Research and evaluation	52
	Equity and access	52
	Sexual health policy and commissioning	53
	Groupwork design and recruitment	53
	Groupwork practice	54
	Groupwork training	54
	Future developments	54
	References	55
	The Authors	56
	About PACE	56
Acknowledgments	56	





Introduction

Our first report, *Talking Spaces: A therapeutic groupwork approach to HIV prevention with gay men*, was published in 1996 and subsequently as a chapter in *Working with Men for Change* in 1999 (Wild (Ed), UCL Press). It articulated the PACE approach to therapeutic groupwork with gay and bisexual men¹, setting out the research background and theoretical basis and detailing an evaluation of the pilot workshops and groups that took place in 1995.

The results of that evaluation demonstrated the effectiveness of a therapeutic groupwork approach in:

- engaging gay men in a sexual health initiative;
- building self-esteem and emotional well-being among gay men;
- enabling gay men to develop improved assertion and negotiation skills;
- enabling improved communication about sexual activity;
- increasing motivation and confidence to have safer sex
- decreasing reported likelihood of having unsafe sex; and
- integrating HIV prevention into generic services.

Since 1995, over 2500 gay men have participated in PACE groups and workshops on the themes of self-esteem, relationships, communication, assertion, HIV, sex, and sexuality.

Talking Spaces II presents the development of our thinking over the ten years since the first *Talking Spaces*. Part One details the theoretical approach and research context that underpin the programme, and discusses the role of therapeutic groupwork as a health promotion method.

Part Two focuses on the practical lessons learned in the planning and delivery of the programme over the last 10 years.

Part Three details a further in-depth evaluation of workshops and groups delivered in 2002/3. The results of the evaluation build on the initial findings above, and evidence a significant increase in the amount of change attributed to workshops by the 2002/3 sample compared to the 1995 sample, suggesting that the quality and effectiveness of the programme have improved over time.

And Part Four summarises the conclusions and recommendations from the first three sections of the report.

Talking Spaces II demonstrates that therapeutic groupwork is an attractive, cost-efficient and clinically effective means of conducting health promotion with gay men.

¹For simplicity, we will use the word gay throughout this report to include all gay, queer, bisexual, polysexual, non-defined and other men who desire and/or have sexual relations with other men.



One: The PACE Therapeutic Groupwork Programme

PACE has provided workshops and groups for gay men since 1989. These workshops address psychological and emotional factors contributing to gay men's sexual health, and are facilitated in a relaxed and participative style.

The workshops explore the areas of self-esteem, communication, assertiveness, relationships, sex and HIV. They offer opportunities for gay men to talk about issues and concerns with others, take time to consider personal implications, gain insight and information and develop communication and other inter-personal skills to improve the quality of their relationships.

The workshops are facilitated by qualified and experienced professional groupworkers who draw on a range of therapeutic research, theory and practice.

The current sexual health groupwork programme began in 1995, funded by a variety of health and local authorities. Since April 2001, PACE has delivered over 500 hours of therapeutic groupwork each year to gay men resident in London, as part of the London Gay Men's HIV Prevention Partnership (LGMHPP), funded by the London Primary Care Trusts.

Aims of the Programme

Workshops and groups are designed to contribute to meeting sexual health needs identified in the UK's national sexual health framework for gay and bisexual men, *Making It Count* (Hickson 2003). In particular, the programme aims to meet needs relating to the second key aim of *Making It Count*:

To reduce HIV sero-discordant unprotected anal intercourse, condom failure and HIV positive to HIV negative semen transfer.

The detailed objectives of this aim are as follows:

Homosexually active men of all cultural and religious affiliations have control over the sex they have. Including:

- *Men are able to invite and decline sexual contact, either verbally or non-verbally.*
- *Men are able to manage and where required to assert or protect their personal boundaries during sexual encounters.*
- *No man is sexually exploited.*
- *No man's sexuality is a problem to him.*
- *No man engages in sexual behaviour he does not want because he feels it is expected of him.*
- *Men can envisage a future for themselves and a means to achieve it.*
- *Men have opportunities for psycho-social change.*

Homosexually active men of all cultural and religious affiliations are equipped and competent to negotiate sex. Including:

- *Men have the self-confidence to negotiate sex.*
- *Men have the interpersonal skills to negotiate sex.*





The PACE Therapeutic Groupwork Programme

- *Men are free from internal conflicts and dilemmas about sex and sexuality, including conflicting beliefs, ideals and emotional responses and needs, desires and behaviours.*

Homosexually active men are aware of the possible HIV-related consequences of their sexual actions for themselves and their sexual partners.

Beyond Information Provision

Much of the health promotion work undertaken in the UK, on a wide range of health issues, relies predominantly on the provision of information. Our view as counsellors and group therapists has been that information provision alone is unlikely to help many gay men make significant changes to the ways they relate sexually with other gay men.

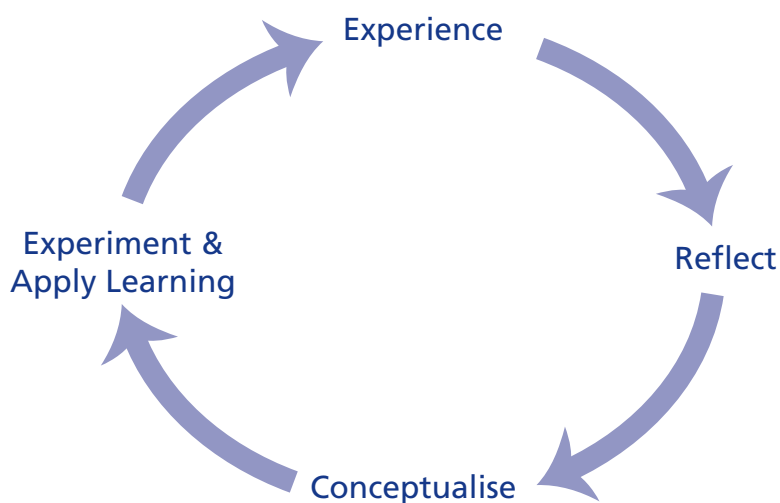
As long ago as the mid-1990s, Professors Peter Aggleton and Anne Oakley were warning that the simplistic equation “knowledge = behaviour change” is a fallacy.

“There is no evidence that increasing knowledge levels (beyond the near saturation level already reached) is likely to have any beneficial effect on the behaviour of men who have sex with men. Efforts to assess such knowledge levels are best eschewed in favour of examining beliefs about HIV and AIDS, and the relationship between these beliefs and sexual practice.” (Aggleton 1995)

*“The most outstanding lesson that emerges from many years of studying young people and sexual risk-taking is that **there is no inevitable connection between knowledge and behaviour.**” (Oakley 1996) [Oakley’s emphasis]*

Despite these warnings, a focus on ‘getting the message across’ continues to dominate many health promotion interventions in the UK. Such interventions lack a number of the key factors that are effective in helping people change their behaviour.

For example, Kolb’s work on adult learning suggests that learning involves more than simply being the passive recipient of information (Kolb 1984).





The PACE Therapeutic Groupwork Programme

Kolb proposed that people learn from having an experience of some kind, having an opportunity to reflect on that experience, being introduced to helpful theoretical concepts that explain or illuminate the experience and then finally, and crucially in order for the 'learning' to make a difference to future behaviour, experimenting with how they can apply this learning the next time they happen upon a similar experience.

Our own experience leads us to emphasise that adults need to understand, reflect on and, especially, practise new behaviours in order for them to be integrated into their usual ways of being and relating to others.

Gordon, from the US Centre for Mental Health Research on AIDS, echoes our concerns about the need for a more sophisticated perspective in the field of health promotion for gay men. He has written:

"Future prevention outcomes still depend on a fuller appreciation that HIV is transmitted in inherently relationship-driven contexts (Auerbach, in press). Very little research has investigated relational dynamics, condom use, decision-making for both HIV transmission and acquisition when one partner is HIV-positive, intimacy, and the ways that partnerships are affected by culture and more proximal social contexts, and the translation of these findings into effective interventions." (Gordon 2004)

As professionals working within an LGBT counselling organisation, we have been passionate about making available to gay men the considerable body of theory and practice that has been developed in contemporary counselling and psychology in the fields of sex and relationships. Modern-day psychological theories, models and practical applications offer real solutions to many of the difficulties that gay men encounter in their sexual relationships and in their attempts to limit the transmission of HIV.

Not every gay man is interested or ready to engage with this way of working. As Prochaska and DiClemente (1983) show in their groundbreaking work on addiction, people vary in their level of readiness for change and in which phase of the change process they are in at any given time.

The gay men's sexual health promotion sector has tended to allocate the majority of available resources to information-providing interventions. This has resulted, we believe, from a combination of factors, including staff expertise, historical precedent, organisational and sectoral inertia and because these interventions can reach a large number of men. Our concern, however, is that since the early 1990s (after the initial health promotion campaigns of the late 1980s) there has been little evidence that these kinds of interventions are effective in enabling behaviour change.

Meanwhile, more in-depth health promotion methods such as groupwork and counselling, which do have evidence-bases to support their effectiveness, are rarely available outside London to the men who are ready to use them, despite *Making It Count* explicitly citing the need for men to have opportunities for psycho-social change. The reasons often cited by health promoters and funders for this vary from the expense of these methods to the difficulties of setting up new services and ensuring uptake.





The PACE Therapeutic Groupwork Programme

Groupwork Research

There has been very little research in the UK into the value and effectiveness of therapeutic groupwork as a health promotion method.

To find valid research we need to look abroad, most significantly to the United States, where there is a strong culture of using groupwork in a wide range of health settings. In addition, there are well-developed groupwork training and accreditation schemes for professionals, including social workers, counsellors and psychotherapists.

In his book *Preventing AIDS: A Sourcebook for Behavioural Interventions* (1998), Seth C. Kalichman devotes a whole chapter to Small Group Interventions. He reports:

“A critical mass of research on the efficacy of small-group HIV risk-reduction intervention outcomes has accumulated... In considering the intervention literature as a whole, several independent scientific review panels have concluded that small-group HIV risk-reduction interventions result in meaningful changes in HIV risk behaviours.”

He goes on to quote the US National Institutes of Health Consensus Development Conference Statement (1997) which found that group interventions:

“are effective for reducing behavioural risk for HIV/AIDS. These interventions should be widely disseminated. Their application in practice may require careful training of personnel, close monitoring of fidelity or procedures and ongoing monitoring of effectiveness.”

Why do groups work?

In his book *Solution-Focused Groupwork*, John Sharry (2001) states:

“I continue to be struck at how therapeutic groups can become crucibles of great healing and change which far outreaches the power of individual therapy alone.

In groups, the potential for clients finding solutions to their life problems is greatly enhanced as they not only have access to their own strengths and resources but also those of the other group members.”

This hypothesis is supported by other research findings. In their review of experimental group research, Bednar and Kaul (1994) report a large body of research demonstrating positive outcomes of experimental and therapeutic group work. They distinguish a range of factors (originally postulated by Yalom 1985) which, when experienced in a therapeutic group, appear to be instrumental in enabling learning and change. These factors are:

- **cohesion** – a sense of belonging and safety;
- **catharsis** – the expression of feelings and emotions;
- **self-understanding** – insight into who you are and what makes you tick;
- **interpersonal learning** – about interpersonal dynamics and skills, and/or about how people experience you interpersonally;





The PACE Therapeutic Groupwork Programme

- **instillation of hope** – for the possibility of change or development;
- **identification** – using others as role models; and
- **universality and normalisation** – the realisation that other people are similar to you, and that your feelings are normal.

It should be noted that these factors are not dependent on the content of a group, but relate to the process, the underlying experience, of participating in a group.

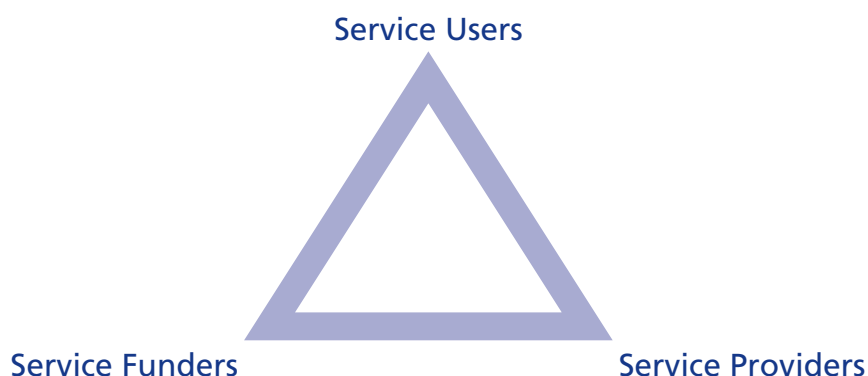
Experiential and therapeutic groups for gay men can:

- encourage participants to talk openly and fully about their feelings with other gay men
- foster a sense of belonging and safety as part of a group of gay men
- promote insight into personal identity and what is important to each person as a gay man
- provide 'live' opportunities to learn about relating to other gay men and develop new skills, such as assertion and negotiation, within a gay context
- provide opportunities to identify with a variety of other gay men
- provide a sense of normalisation and opportunities to feel understood when talking about difficult or emotive subjects
- provide role models to instil hope and a trajectory for development.

While there is considerable evidence of effectiveness and some development of theory to explain this, there are still many things we do not know about the specific factors that make groups work. As we said earlier, very little research has been carried out into groupwork in UK settings. We recommend that further research be undertaken into the application of therapeutic groupwork to health promotion work with gay men in the UK.

Whose Outcomes?

In designing the PACE groupwork programme and developing appropriate aims and objectives for the work, we have focused on the triangular relationship between service funders, providers and users.





The PACE Therapeutic Groupwork Programme

Each of these groups is a key stakeholder in the delivery of an effective groupwork programme. Achieving a good fit, through dialogue, between what the funders want, what the users want and what the providers can reasonably provide is crucial in establishing a successful programme.

The objectives of the funders of the PACE groupwork programme are clearly articulated in *Making It Count* (noted above). These objectives have been arrived at through a process of research and consultation between commissioners, researchers and providers. Our approach as therapeutic groupworkers has its own history of development, and its own strengths and limitations. Over the 11 years of the programme, we have developed our own sense of what we can offer and of how this can fit with commissioner objectives. However, these two perspectives alone are not sufficient, in our experience, to guarantee a successful intervention. The perspective of service users needs also to be integrated. Finally, the three perspectives need to engage with each other dynamically, responding and adjusting over time, for the intervention to be sustainable.

When public money is involved, it is particularly important to ensure a fit between these three groups – not just for accountability, but because without such a fit the chance of failure is considerably increased.

When we began the programme in 1995, a senior health promotion professional in the UK warned that it was no longer possible to recruit gay men to workshops. This has been echoed by other professionals in the UK, and from further afield, including Australia and the USA.

In discussing the limitations of small group approaches, Kalichman states:

“Community agencies are finding it increasingly difficult to get men to come to skills-building safer-sex workshops, again suggesting that the small group model has run its course in many gay communities.” (Kalichman 1998)

He adds: *“First, participating in groups does not have universal appeal. Individuals who are uncomfortable in group settings are unlikely to attend these interventions. Second, the logistics of scheduling several persons for a given time, much less to meet for multiple group sessions, poses a significant barrier to group interventions.”* (Kalichman 1998)

Our experience profoundly contradicts this. Since 1995, more than 3,500 men have booked onto or enquired about PACE workshops. During the same period, our colleagues at GMFA have engaged with over 7,000 men who have booked onto or enquired about their courses. In total, this represents nearly 10% of the estimated gay male population of London. This demonstrates that groupwork can be an attractive option to a considerable number of gay men.

Indeed, our waiting lists show that there is considerably more demand for our popular generic workshops (such as Friend or Foe and Looking for Mr Right) than we are currently able to meet.

Obviously, the large size of the gay community in London is significant, and providers in smaller cities face greater challenges in recruiting enough men to make a group viable. However, only 10 men are needed to run a workshop, and with sufficient creativity and strength of product, we believe workshops are viable in many settings where they do not currently take place.



The PACE Therapeutic Groupwork Programme

PACE groupwork has been accessed by men from a wide range of demographics, and enthusiastically rated as effective by the vast majority of these men. Attrition rates between 2001 and 2005 averaged 9.25% of participants. Even in these cases, a significant proportion of those who dropped out of a workshop did so after having participated in at least 9 hours of a 15-hour intervention.

We contend that much of the HIV prevention groupwork attempted with gay men in the US and the UK does not accord the wishes of potential service users the same level of importance as the objectives and preferences of funders and providers.

Our view is that many of the difficulties that providers have experienced in attempting to deliver groupwork relate not to gay men's lack of interest in groupwork per se, nor to the overall size of gay communities in other cities, but to a failure to sufficiently integrate the self-perceived needs of gay men into the intervention and inspire confidence that these needs will be met. This leaves gay men unconvinced that a workshop will be of use to them and unwilling to risk investing their time.

Kalichman lends weight to the argument for a more flexible and inclusive approach. In reporting successful attempts to engage gay men in sexual health interventions, he suggests that some projects were successful because they addressed gay men's needs more broadly and ventured outside of a strictly safer sex agenda -in order, paradoxically, to achieve sexual health outcomes more effectively.

"In some cases entire components or even sessions address issues relevant to the target population, even when these activities are only indirectly related to risk behaviour." (Kalichman 1998)

Specific Needs

Extending this principle to the needs of sub-groups of gay men, Parsons has underlined the need to design interventions around the specific needs of gay men who have unprotected sex.

"Interventions should be tailored to the unique needs of men who identify as barebackers, recognising they are likely to lack motivation to use condoms and not be interested in traditional HIV prevention programmes." (Parsons 2004)

He goes on to suggest that:

"a brief counselling approach that incorporates a style that is client-centred, and non-judgemental... may hold great promise for working with HIV positive men who engage in barebacking." (Parsons 2004)

Kalichman lends weight to the argument for more multi-layered interventions, and argues against offering off-the-shelf skills-building workshops to men who habitually have unprotected sex. He states:

"Preliminary evidence suggests that skills-training approaches may be ineffective for reducing unsafe sex among persons who have tested HIV seropositive but continue to practice unsafe sex." (Kalichman 1998)





The PACE Therapeutic Groupwork Programme

We agree that a more responsive, user-led intervention is likely to be more effective. We have found that many positive men who participate in our workshops value the opportunity to explore the psychological and emotional aspects of their sexual activity, among other aspects of their lives.

Using a group-led agenda, rather than imposing our own or the funder's agenda, we find that positive men are very likely to talk about unprotected sex during a workshop without prompting from us. Because it has come from the group itself, there is no sense of the subject being contrived. Many participants relate to the material being discussed, and consequently personal feelings and dilemmas are shared openly. The subsequent exploration has a liveliness and meaningfulness that both touches and affects those participating.

So, what do gay men want?

There is a relative dearth of high-quality research into the self-identified sexual health needs of gay men. An exception to this rule is a study conducted by Sigma Research (2000).

As part of a process to inform the development of the UK National Sexual Health Strategy, Sigma and partner organisations were commissioned by the Department of Health to consult on National Sexual Health Strategy and find out what gay men themselves perceived to be their sexual health needs. The researchers reached the following conclusions:

"Emotional intimacy, sexual pleasure and autonomy were cited far more often as valued aspects of sexuality and sexual activity than were freedom from STIs or control over conception.

An unsatisfying sex life and absence of emotional intimacy were cited far more often as obstacles to sexual health than were concern about or contact with STIs.

The Sexual Health Strategy will be addressing more unmet sexual health need if it prioritises increasing the prevalence of satisfying and safe sex lives as well as reducing the incidence of STIs and unwanted conception/birth."

Our approach, which is consistent with this finding, has been to design a holistic intervention that addresses the self-identified sexual health needs of gay men in combination with commissioner priorities. We have included a strong focus on enabling the development of good psychological health and relationship skills, while also integrating commissioner sexual health and HIV prevention objectives within the framework.

Our experience is that by maintaining an awareness of the triangular relationship between service users, providers and funders, and giving equal weight to the needs, wishes and preferences of each of these stakeholders, we are much more likely to be able to recruit and retain workshop participants and be successful in our programme aims.

The intended outcomes for the programme as a whole are as follows. As a result of attending the workshops/groups, participants would:

- have an improved understanding of themselves and their sexuality;
- have an enhanced sense of emotional well-being;





The PACE Therapeutic Groupwork Programme

- have developed skills and strategies for developing more intimate relationships;
- feel closer to having the kinds of relationships they want;
- have gained ideas and motivation for enjoying sex more;
- feel more comfortable and confident about talking about sex and relationships with others;
- have identified changes they wish to make in relating sexually;
- have identified strategies for achieving their sexual and relationship goals;
- feel more assertive in relationships in general and in sexual relationships in particular;
- feel more confident negotiating about sex in particular;
- feel more confident to deal with sexual situations they haven't handled well in the past;
- have increased motivation and ability to have safer sex; and
- talk about and recommend the workshops to other gay men.

These intended outcomes were the basis for the design and planning of the workshops and groups and the focus of our quality assurance and evaluation process.

Who participates?

The programme is available to all gay men with sexual health needs who live in London. A diverse group of men access the programme. The table below shows the different sub-groups of men who participated in workshops in 2004 and 2005.

Demographic	Group	2004	2005
HIV Status	Positive Men	39 (19%)	73 (30%)
	Negative Men	128 (62%)	114 (48%)
	Untested men	39 (19%)	53 (22%)
Educational Attainment	Lower Educational Qualifications	30 (14%)	47 (20%)
	Medium Educational Qualifications	32 (16 %)	43 (18%)
	High Educational Qualifications	143 (70%)	150 (62%)
Age	Up to 19	0	3 (1%)
	20 – 29	29 (14%)	34 (14%)
	30 – 39	90 (44%)	99 (41%)
	40 – 49	64 (31%)	79 (33%)
	50 – 59	22 (11%)	25 (10%)
Ethnicity	Asian	19 (9%)	16 (7%)
	Black	15 (7%)	58 (24%)
	Mixed	4 (1%)	3 (1%)
	White	165 (79%)	149 (63%)
	All Others	6 (3%)	12 (5%)





The PACE Therapeutic Groupwork Programme

This diversity provides a rich source of debate and information sharing within PACE workshops. Many participants comment on the value of sharing the workshop experience with men they may not normally socialise or talk personally with in the somewhat class-, race- and age-segregated gay scene.

Targeting

The LGMHPP programme strives to provide equitable services and to over-serve certain sub-groups of gay men who are at increased risk of involvement in HIV transmission. Currently, these are: African-Caribbean men, Asian men, younger men, HIV positive men and their partners and men with lower levels of educational qualifications.

Through a combination of programme design, targeted outreach work, mass media and small media promotion, we aim to increase take-up from these sub-groups. The figures in the above table demonstrate some success in recruiting more HIV positive, Black and lower educationally qualified men in 2005 compared to 2004, for example.

In relation to all these groups, we are most concerned about the under-representation of younger men on PACE workshops. A number of initiatives have been successful in recruiting younger men, particularly:

- providing residential workshops;
- engaging in considerable liaison work before the intervention; and
- involving youth workers in the delivery of the workshops.

We recommend that work to recruit more young men to PACE workshops be undertaken, which should include consultation, workshop design, marketing and outreach work.

Marketing is a complex art, and we have felt frustrated in our efforts by the limited resources that have been committed to promotion of the groupwork programme as well as by our limited control over the way the programme is promoted.

That said, various of our initiatives have been successful in enabling us to make some desirable impact on the demographic profile of groupwork participants and to learn about what it means to deliver genuinely culturally appropriate services.

For example, in 2002/3, we introduced several workshops specifically for Black and Asian men. Uptake by Black and Asian men across all workshops increased from 11% in 2001/2 to 19% in 2002/3. A majority (58%) of the 2002/3 men chose to access the specific Black and Asian workshops, with 42% choosing the generic workshops. This has been sustained over a number of years, showing clearly that a significant proportion of Black men prefer to participate in ethnicity-specific, rather than generic, workshops.

In 2004, led by Dennis Carney, PACE's Black Gay Men's Groupworker, our thinking about provision to ethnic minority gay men developed. It became clear that running joint workshops for Asian and African-Caribbean men was an artificial merging of two distinct cultural communities. Dennis proposed that it would be more appropriate to offer specific workshops for each sub-group of gay men.



The PACE Therapeutic Groupwork Programme

In conjunction with the Naz Project², we carried out some consultation to help us understand more about the needs, perceptions and preferences of Asian men in relation to groupwork. Our findings included the following observations:

“The main theme we encountered from potential participants over the course of the outreach work was their significant concerns and anxieties about what the workshop leaders would ‘do’ to them. There was a considerable mistrust, wondering if their participation was going to fulfil some other hidden agenda. There was a lack of understanding of what therapeutic groupwork is and how it might help them and, significantly, how confidentiality was going to be managed. Many people simply felt that mental health interventions were not relevant for them, but were for White British people.”

“We continue to deliver services within a culture where there remains mistrust and suspicion of psychological and other health interventions amongst some groups of gay men, for understandable historical and sociological reasons. Further, understanding the wider universal and individual culture-specific aspects of interventions, including their inter-playing tensions, is essential for effective promotion.” (Kam Dhillon, Researcher and Facilitator, Personal Communication 2006)

Informed by these findings, we undertook further outreach and promotional work, and successfully designed, recruited to and ran a residential workshop for Asian men – Masti. This is further evidence of the desirability of ethnicity-specific workshops.

The key to the success of this project was in the listening we did to the needs of the men we wished to target, and in the building of a relationship with them.

Cost-effectiveness and efficiency

One concern that is often raised by commissioners and providers of sexual health promotion services is the perceived higher cost of delivering therapeutic groupwork compared to other interventions. As a consequence, very little therapeutic groupwork is delivered to gay men in the UK outside London, and the capacity of the UK health promotion sector to deliver groupwork has not been cultivated.

The perception that groupwork is expensive compared to other methods is not borne out by reality. In the financial year 2004/5, the budget for the PACE groupwork programme was £160,000, with an additional £16,000 spent on promotion of the service. For these funds, 493 hours of groupwork were provided. 260 men participated in the groupwork, attending on average 15.8 hours of groupwork each. Thus, 4108 man-hours of groupwork were attended, amounting to a unit cost of £43 per man-hour of groupwork.

In the same year, the budget for sexual health counselling was £158,685, and 2577 hours of counselling were delivered. This represents a unit cost per hour of £62, before promotional costs are included. When these are included, the unit cost increases to £68 per hour of counselling. Even taking into account that a small proportion of these sessions were delivered to couples, the unit cost per hour delivered to an individual is still significantly higher than that for groupwork.

For outreach work, 6327 worker hours were delivered as part of the LGMHPP programme in 2004/5, at a cost of £433,579. This represents a unit cost per hour of service delivered of £69.

²The Naz Project is a London-based sexual health project that works with South Asian gay men, among other ethnic minority groups.





The PACE Therapeutic Groupwork Programme

Finally, we wish to note the lack of research into the comparative effectiveness of different types of health promotion methods, and the dearth of efforts from within the field to remedy this. Commissioners and health promoters are seriously hindered in their attempts to design effective health promotion programmes when there is no reliable evidence about which interventions are most effective in achieving desired outcomes in a variety of settings.

We recommend:

- That therapeutic groupwork is recognised as an attractive, efficient and effective method for sexual health promotion.
- That in-depth health promotion such as therapeutic groupwork should be more widely available to gay men across the UK who could make use of it.
- That wherever possible ethnicity-specific workshops are offered for Black and Asian gay men, in addition to an accessible and multi-cultural generic programme of workshops.
- That outreach and liaison work is undertaken by ethnically appropriate facilitators to develop appropriate interventions and maximise successful recruitment and delivery.
- That the gay men's sexual health promotion sector in the UK should develop and extend its capacity to offer therapeutic groupwork.
- That accredited training in groupwork should be provided, including high-quality supervision and professional development.
- That training in groupwork skills should be included in the training programmes of relevant allied professionals.
- That health promotion commissioning strategies fund research into the comparative effectiveness of different health promotion methods, and then consider effectiveness alongside cost when allocating funds.





Two: Practical Lessons Learned in Planning and Delivering Groupwork

The Workshops & Groups

Within the 530 hours of groupwork PACE offers each year, we provide a range of weekend workshops and groups, across four broad categories: Self-Esteem & Identity; Relationships & Communication; Sex & Sexuality; and HIV Status. Here is a selection of those currently available, along with the publicity information used to advertise them.

Workshop Focus	Title	Publicity
Self-Esteem & Identity	Friend or Foe	Are you a good friend to yourself or your own worst enemy? Friend or Foe is a weekend workshop on self-esteem, exploring how you can relate to yourself in more compassionate, supportive and constructive ways and be less critical, nasty or destructive to yourself.
	Masti	Masti is central to men connecting and playing together. Do you want to talk with other Asian men about masti in your life? Masti will be a fun and confidential weekend workshop for Asian gay or bi men to explore sex and relationships in their lives. Free of charge. Asian food served. Delivered in association with The Naz Project.
	Black Connection	Do you want to meet, talk and socialise with other Black men in a supportive, confidential and attitude-free environment? This monthly drop-in group will provide lots of opportunities for you to explore themes that interest you. All Black, African & African-Caribbean men welcome!
Relationships & Communication	Games People Play	Do you sometimes feel stuck in your ways of relating to other people? Games People Play is a weekend workshop using assertion skills as a way of breaking passive, aggressive and manipulating ways of relating to others.
	It Takes Two to Tangle	A weekend workshop for gay men to explore their experiences of relationships and develop an understanding of inter-personal dynamics and relationship skills. Individuals and couples are welcome.





Practical Lessons Learned in Planning and Delivering Groupwork

Workshop Focus	Title	Publicity
Sex & Sexuality	Out of Control	Do you feel out of control about sex? This weekend is for gay men who are unhappy about the amount or kind of sex they are having. The weekend will explore ways to gain control and develop a more positive relationship with your sex life.
	The Sex Programme	The Sex Programme is a chance to think about your own sexuality with other gay men in a respectful, fun and challenging group. The programme is carefully designed and uses a wide variety of individual and group exercises, homework assignments and discussion in the group. First, you look at your sexual relationship with yourself, exploring how you relate to yourself sexually, and then you move on to the sex and relationships you have with other people.
HIV Status	Positively Speaking	Do you want to talk with other HIV-positive men about sex, relationships and life? Positively Speaking is a residential weekend workshop for gay men living with the virus to talk with other men and find their own way forward. Free of charge.
	When Positive meets Negative	What happens when positive meets negative? When Positive Meets Negative is a weekend workshop for HIV-positive, negative and untested men to talk about their experiences of mixed-status sex and/or relationships and share ideas for managing any difficulties or concerns.

Recruitment of workshop participants

The difficulty most often reported to us by organisations interested in delivering groupwork interventions is that of recruiting sufficient participants to form a viable group.

Our preference is to run groups of between 10 – 12 men. (However, we have had some success in the past running groups with as few as 6 men.) To achieve 10 – 12 participants, we book 14 men onto each workshop. Cancellations and/or dropouts usually bring numbers to a workable level.





Practical Lessons Learned in Planning and Delivering Groupwork

From our experience, the keys to successful recruitment are:

- **Workshops that directly address the issues and concerns of the target groups**

There is significant evidence that when providers design an intervention that directly addresses gay men's needs, gay men will participate. For example, the self-esteem workshop (Friend or Foe) that we developed in response to feedback requesting such an intervention is still our most popular workshop.

Our experience supports the notion that HIV prevention 'fatigue' does negatively affect many gay men's desire to attend simplistic health promotion workshops. As James Bensley from GMFA has noted, if you want to recruit gay men to workshops, don't put the words 'health', 'safer sex' or 'HIV' in the title.

- **Workshops that are designed in formats and held at times that suit potential participants**

Evening and weekend workshops recruit more than double the number of men recruited to workshops that take place during weekdays.

Workshops that begin on a Friday evening have a significantly better attendance rate than workshops beginning on a Saturday morning. We believe this is because men find it easier to attend a workshop for the first time if it starts in the evening, when they are already up and usually out of their home environment. In contrast, significant motivation is required to go to an unknown groupwork event on a Saturday morning, rather than stay in bed! Friday-night sessions are designed to be fun, engaging and to demonstrate that the workshop will effectively address participants' needs. Residential workshops are attractive to many gay men, and are particularly useful for ensuring good recruitment for sub-groups of gay men; e.g. HIV-positive men, Asian men, African-Caribbean and young men.

- **Employing experienced, skilled and qualified group facilitators**

Given the significant amount of resources and organisation involved in bringing 12 gay men together to talk about sexual health and relationship issues, it makes sense not to scrimp on the delivery of the intervention. An effective, safe and high-quality intervention requires high-quality delivery.

Our evaluations show that 18% of newcomers to PACE workshops come because of the recommendation of friends. This word-of-mouth promotion is therefore very valuable, and is unlikely to occur if the intervention received is not a high-quality one. Furthermore, the negative impact on future recruitment caused by participants having adverse or neutral reactions to workshops should not be underestimated.

Our experience also supports Kalichman's assertion: *"There is evidence that matching group facilitators to participants along certain characteristics, such as age, ethnic background and gender may be important"* (Kalichman 1993). We would highlight ethnicity and HIV status as key characteristics where matching facilitators to service users has been effective in the PACE programme.





Practical Lessons Learned in Planning and Delivering Groupwork

- **A public image of the groupwork provider which inspires confidence that the intervention will have a beneficial impact**

Potential groupwork participants need to have confidence in the product to which they will be committing their time. The best evidence in support of this principle is GMFA's sell-out 'Arse Class' tours of the UK in 2004 and 2005. Where local agencies had been unable to recruit to their own workshops, GMFA, in collaboration with local agencies, was successful in filling and running workshops in all targeted cities. In an interesting comment on the trend towards local provision, 53% of course participants stated that they preferred courses to be provided by a national agency, 47% said they did not mind which agency provided the course, and no participants said they would have preferred provision by a local agency. (Personal Communication, James Bensley, GMFA, 2006).

This principle also pertains to the length of the intervention. Our own experience is that it is often easier to recruit to a longer weekend workshop, rather than a one-day or evening workshop, because potential participants report feeling more confident that they will get something effective out of their investment of time.

When promoting the PACE programme, we seek to convey these key values and qualities of PACE workshops:

- Fun, friendly, supportive, confidential and challenging;
 - Delivered by skilled, professional facilitators;
 - Inclusive – valuing the diversity of gay men;
 - An opportunity to look under the surface of a problem;
 - Generating practical solutions;
 - Respectful of different experiences and different choices;
 - Potentially life-changing.
- **Press advertising and targeted leafletting that convey the above principles in an attractive and accessible way and include images of the full diversity of potential participants**

Our experience is that personal development, while unfamiliar to large numbers of gay men, is also attractive to and valued by many of them if presented in a dynamic and relevant way.

We recognise that social inequalities impact certain groups' perceptions of personal development work. It is crucial to ensure representation and images of ethnic minority sub-groups of gay men, younger and older men, and men of different body types in all promotional material. In a similar vein, copy for publicity should be written in plain English and in a style that is accessible and acceptable to men with lower level educational qualifications.

We have also found that advertising in the mainstream gay press will inevitably produce a mainstream sample of workshop participants. To recruit non-mainstream gay men, and/or to disproportionately recruit targeted sub-groups of gay men, additional specialist promotional work is necessary.



Practical Lessons Learned in Planning and Delivering Groupwork

- **Targeted outreach and consultation work with key sub-groups of gay men**

Outreach work targeting key groups of gay men, for example Asian men and younger men, has been effective in increasing uptake for particular PACE workshops. This has included the use of specific publicity aimed at these groups, recruitment of facilitators from these communities/groups, visits to relevant agencies or groups, needs assessment and consultation on workshop design, facilitators building on-going relationships with key groups/agencies and joint delivery of groupwork services in some cases. We have also developed two monthly drop-in interventions, one for Black, African and African-Caribbean men (Black Connection) and one for HIV positive men (Positive Hub), which provide groupwork in a relaxed and sociable setting and also act as an introduction to the programme of more in-depth workshops and groups.

- **Complementary press work, to bring attention to a wider public and highlight key workshops and groups coming up**

Significant well-placed, free publicity can be obtained by targeted press releases, timed to correspond with the run-up to key workshops. Writing them in the style of a short article, and including a number of quotes, seems to increase the chance that editors will allot the necessary space.

- **A clear, user-friendly and comprehensive joining procedure for potential workshop participants**

It is widely acknowledged within the therapeutic community that a therapeutic intervention begins long before the first face-to-face meeting between client and counsellor or therapist. For example, in relation to a workshop, the therapeutic process begins when a person first sees an advert for a workshop (35% of first-time attendees come through the press), finds out about the workshop on the web (32%), hears from a friend about a workshop they attended (18%), or is told about workshops by a service organisation (13%).

It continues when they pick up the phone or send an email to book a place; talk to or correspond with the administrator about the workshop they wish to participate in; receive joining instructions for the workshop; confirm that they will attend; and set out on the journey to the venue for the first meeting. When they finally walk through the door for the first session, they have already been through a significant process. Along the way there have been many opportunities to get cold feet and opt out of the process, or indeed to get warm feet and feel more committed to the process.

Snape et al (2003) found, in relation to counselling clients, that the chance of dropout is increased when there is inconsistent contact or an absence of contact between the agency and the client in the run-up to the therapy beginning.

We recommend future research into the experiences and sexual health needs of men who enquire about or book onto a workshop and then cancel or fail to attend. We know very little about this group of men, even though they account for a substantial number of enquirers.





Practical Lessons Learned in Planning and Delivering Groupwork

At PACE, we have attempted to manage each step of this pre-group process to maximise the acceptability of the intervention to potential participants; to ensure a match between participants' expectations and what the workshop can actually offer; and to allay anxieties or misgivings about workshops and groups.

The quality of the pre-group contact will obviously affect the did-not-attend rate (those who book and fail to arrive at the first session). But, interestingly, our experience shows that it will also affect the attrition rate (those who attend the first session but drop out before the end of the programme) of workshops.

We discovered this when we noticed an increase in the attrition rate in 2004/5 to 14%, compared to an average of 7% for the previous two years. One would imagine that this could not relate to the pre-group contact, since once a person has arrived at the workshop, that job is done. In exploring the possible cause of the increase, however, we looked at the different factors that could be contributing - including publicity, venues, facilitators and administration. The only factor that had significantly changed in the relevant time period was that our groupwork administrator had moved on after seven years of working on the programme. Her duties had been taken over by a series of temporary staff. With hindsight, we realised that they had not been engaging potential groupwork participants with same level of sensitivity and care. Sure enough, after reviewing these processes with new staff, we saw the attrition rate fall to 7% in 2005/6.

In a nutshell, it seems that poor pre-group contact can result in participants arriving feeling more ambivalent, and therefore more likely to drop out, than if they had received good quality pre-group contact.

Assessment

Once recruitment has been achieved, the question of assessment of suitability for groupwork arises. Assessment for group psychotherapy is quite common in a number of health settings, particularly those working from a psychoanalytic approach. However, in the pilot phase of the programme, we took the decision to run workshops without formal assessment of participants. We arrived at this decision both because we were not convinced that assessing participants was necessary to ensure either safety or effectiveness for short-term groupwork, and because funding was not available for such assessment.

As Yalom (1985) points out, empirical research has not produced an accurate means of determining who will benefit from a group and who will disrupt or not benefit from groupwork. He quotes:

"G. Bond and M. Lieberman, who wrote one of the most competent reviews of research on selection, begin their report with this caveat: 'Readers who bring to this chapter a hope for guidance for better patient selection are best advised to read no farther.'"

Our experience suggests that the vast majority of men who go through the process of booking, confirming and arriving for the first session of a workshop are capable of participating and benefiting from the experience. Where there are group participants who find it difficult to work constructively within a group, the facilitators, who are trained to manage the full variety of different behaviours and styles, are usually able to





Practical Lessons Learned in Planning and Delivering Groupwork

contain and guide participants sufficiently to ensure a functional group.

During the 11 years we have run the programme, we have excluded only two people from participating in workshops -because, after various attempts to help them to do so, they remained unable to contribute constructively to the work of the group.

Group Facilitation

One of the most frequent pieces of feedback we have received over the last ten years has been appreciation for the quality of the facilitation of PACE workshops. For example:

“Excellent facilitators – very relaxed atmosphere.”

“Appreciated the sense of honesty and commitment on the part of the facilitators.”

“PACE workshops are a very high standard. A lot more professional than some, which seem a bit weaker in content.”

PACE facilitators have all completed 3 – 6 years of therapeutic training, supplemented by ongoing professional development, training and supervision. This has involved a significant investment of time, money and therapeutic work on the part of both individual facilitators and the organisation.

Effective training results in a professional who:

- works from a solid grounding in psychological and therapeutic theory;
- is skilled in effective therapeutic work with a diverse range of group members;
- has a well-developed understanding of their own psychological process, particularly in relation to the areas within which they work; and
- recognises the value of reflective practice, supervision and on-going psychological and personal development.

In exploring the limitations of groupwork as an HIV prevention method, Kalichman states:

“Another limitation of the small group interventions is the degree of interpersonal and leadership skills that are required to effectively facilitate groups.” (Kalichman 1998)

Therapeutic groupwork is not a well-developed health promotion method in the UK. The rare trainings that do exist are usually attached to long-term one-to-one counselling or psychotherapy courses.

The choices and direction of the HIV prevention sector are affected by many factors. Historically, there has been a strong emphasis on volunteer-based services and interventions, which arose from the effectiveness of these, particularly in the early years of the epidemic.

This heritage, while still valuable in many cases, does however militate against investment in and support for appropriate professional services.





Practical Lessons Learned in Planning and Delivering Groupwork

We recommend appropriate investment in the training and development of therapeutic groupworkers within the sector, so that this high-quality, highly effective style of intervention can be made available on a much wider basis.

Promotion to the front line

This practice, popular in the early days of the public sector's customer care initiatives in the late 1980s, meant that more experienced and able staff were promoted to the front line of service delivery, while less experienced staff worked alongside and were mentored by these more experienced staff. This is in contrast to the more traditional and still commonplace model of moving experienced practitioners into management or administrative roles, and employing inexperienced staff to deliver services.

A body of research in the psychological field has shown that significant practitioner experience of well-supervised therapeutic work is an important factor in achieving good clinical outcomes, particularly in an area such as this where there are not pre-developed and tested protocols for clinical work. (NHS Executive 1996)

This is also supported by evidence presented in Part Three of this report, which shows that significantly more positive change was reported by participants who attended workshops in 2002/3 than by those participating in workshops in 1995. There are a number of possible reasons for this increase. However, the same facilitators delivered the vast majority of both sets of workshops, and most other factors (administration, advertising, venues etc) were constant across both samples. Consequently, our view is that the most likely explanation is that the facilitators were significantly more experienced in their craft by 2002/3, through a combination of practice, training and supervision.

Our programme has been guided by the principle of promotion to the frontline, and we both prioritise the employment of facilitators who have significant experience and skill and support new facilitators through mentoring and supervision.

Co-working

The vast majority of PACE workshops are facilitated by two therapeutic groupworkers. This maximises the possibility for a safe and effective group, especially where costly (and questionable) assessment has not taken place.

Co-working also provides opportunities for:

- groupworkers with differing styles to complement each other;
- more group and individual data to be gathered by facilitators;
- processing and making sense of this data between the group facilitators;
- support, challenge and mentoring between facilitators; and
- the modelling to group participants of healthy relationship skills between the facilitators.

Groupworker HIV Status

Our experience is that when group facilitators are open about their HIV status, there is a significant effect on the group dynamic in relation to HIV. This is particularly true when there is a skilled, openly HIV-positive facilitator in the group. For example, HIV-positive group participants are more likely to come out as positive





Practical Lessons Learned in Planning and Delivering Groupwork

themselves, to raise personal issues relating to HIV and to engage with these issues more fully within the group.

Equally, untested and negative men are more likely to engage in HIV-related discussion and to broach sensitive or controversial issues if both facilitators are open about their status and if a trusted HIV-positive facilitator is running the group. In our experience, there remain a significant number of negative and untested men who have not knowingly met an HIV positive man.

Consequently, we recommend that facilitators should be open about their HIV status and that, when possible, recruitment of openly HIV positive, skilled groupwork facilitators should be prioritised. The likelihood of a significant dialogue between positive, negative and untested men on issues such as disclosure, responsibility, clarification of safer sex information and the realities of an HIV diagnosis is considerably increased in these circumstances.

Delivering the Workshops

Our objective is to create a safe and constructive environment where group participants can explore their personal sexual health concerns and needs with each other in ways that enable them to look under the surface of the problem and gain insight, understanding and, where desired, skills and strategies for change.

In line with much psychological research that evidences the contribution to positive clinical outcomes of a sound relationship between practitioners and clients, we commit considerable energy to building a therapeutic alliance with the group as a whole and with the individuals within it (NHS Executive 1996).

The PACE programme incorporates many theoretical and clinical influences. Its key features are:

- **An approach rooted in Humanistic Psychology**, including transactional analysis, Gestalt psychology, family therapy, person-centred, solution-focused therapy, cognitive-behavioural therapy, existential psychology, experiential learning and formative (body-oriented) psychology.
- **A person-centred ethos** – within the stated topic area of the workshop, being guided by each group participant as to their personal focus during the workshop. Building the structure of the workshop around these issues and concerns, rather than a pre-scripted programme with agendas devised by facilitators, researchers or funders. This creates a more vibrant, dynamic group experience, which is more personal to each participant, and therefore is more engaging and has more relevance and vitality.
- **A respectful stance** – holding a non-judgemental, non-pathologising and respectful stance towards group participants and the issues they bring. This includes maintaining an essentially value-neutral position on life-style choices such as monogamy/non-monogamy or consenting unprotected sex, for example.
- **An open, warm and self-disclosing facilitator style** – our style of group facilitation has grown more open, level and transparent as the programme has developed, as a result of considerable feedback from participants that this was welcomed and valuable to them. When facilitators present openly as level





Practical Lessons Learned in Planning and Delivering Groupwork

human beings, the potential for negative transference and competition is defused, and productive work can happen more quickly and effectively than when a closed professional veneer is maintained.

- **A participative and experiential groupwork style** – structuring the workshop so that active participation is the norm, rather than passive absorption of information. For example, by asking each person to identify their personal focus for the workshop and share it with the group; frequently using ‘go-rounds’, which ensure that everyone has a chance to speak; allotting time for participants to talk in-depth with the group around their area of focus; creating exercises, games, role-plays and practice sessions which actively involve participants.
- **Affirmation of and building on existing strengths** – helping participants solve their own problems by enquiring into areas of success and achievement in their lives. Clarifying how they have made these achievements and helping them apply these strengths and strategies to help resolve their current difficulty or issue.
- **Enabling and providing feedback** – facilitating and providing sensitive, high-quality, accurate feedback to participants about how others experience them, and, where appropriate, how their actions within the workshop mirror the issues and dilemmas they are tackling in their lives.
- **An action and practise-orientated style** – providing live opportunities to experiment and explore new ways of dealing with difficulties and practise skills in personal relating. For example, role-play or practice sessions, trust and other experiential exercises.
- **Provision of appropriate psychological theory** and tailored psychological models which illuminate issues or dilemmas described by participants and the offering of options for development within the workshop or afterwards. For example: models of relationships, conflict management, self-esteem, assertive communication etc.
- **Use of structures that support healthy relating** – employing structures that support positive relating habits and challenge unhelpful habits or conditioning. For example, attention to the emotional level of participants’ experience, which can be unfamiliar for many men; having a shared lunch on one day of the workshop, a cooperative social activity; including exercises which introduce non-sexual, physical touch, which is often an under-explored territory for gay men, and which is helpful in introducing the subject of physical relating to group discussions.
- **Fun and human contact** – this includes a lot of humour and playfulness during the workshops, enabling openness, enjoyment, relaxation of formality and defensiveness and affirmation of the value and contribution of each participant to the life of the workshop.

What happens in workshops?

The usual structure for a PACE workshop is to begin on a Friday evening with a series of exercises that enable group participants to get to know each other, make agreements about how we will work together over the weekend to ensure safety and productivity, and identify their personal focus for the workshop.





Practical Lessons Learned in Planning and Delivering Groupwork

The bulk of Saturday and Sunday are then spent working therapeutically with a selection of participants' focus issues. Usually about 45 minutes is allotted to an issue. One participant volunteers to take a few minutes to give more detail about the issue they want to focus on and what they would like to get from the 45-minute session. An open discussion ensues. Sometimes group members or facilitators will offer a theoretical perspective to help understand what the volunteer is describing, and sometimes the facilitators will suggest an exercise or role-play to further illuminate the issue or enable a new skill to be practised and developed.

These slots are interspersed with games, exercises and go-rounds (where each person gets a chance to say something about what is being discussed), as judged appropriate by the facilitators, to enliven, catalyse, clarify, focus, develop, open up thinking, practise skills or finish up the work of the group.

The following tables show the participant issues for three workshops, and therapeutic themes that emerged from the work of the group

Workshop: Positive Sex	Focus: Sex for HIV Positive Men
Participant's Issues	Therapeutic Themes
Sexual Dysfunction – I can't do some things I used to be able to do.	Acknowledging losses, frustration and anger associated with dysfunction. Focusing on what is possible (glass is half-full). Need to mourn what has been lost and practise expressing what is wanted and can be done (most things!), rather than obsessing about what cannot be done now.
Sexual life cycle: Abstinence – sex – risky – feel dirty – abstinence...	Divides sex into good sex and bad sex on a moral basis. Doesn't approach 'nice' boys so always ends up with 'nasty' boys and having 'dirty' sex. Practise approaching 'nice' boys.
Barebacking and Unsafe Sex	Painful bereavement after long-term relationship. Barebacking offers emotional intensity, which cancels out missing my ex-lover. Need to work through bereavement, perhaps in one-to-one counselling.
Feeling cynical about love & gay men. Why I'm so passive and defensive.	Lost relationship with family and close friend as a result of HIV. Feelings of not being worthwhile or valuable. Group acknowledged hurt and rejection. Frightened of investing energy in someone else, so doesn't. Practise being open to the possibility that there are gay men who won't be rejecting.





Practical Lessons Learned in Planning and Delivering Groupwork

Workshop: Friend or Foe	Focus: Self-Esteem
Participant's Issues	Therapeutic Themes
Being really hard on myself all the time – super-strict, never allowing myself to make any mistakes.	TA Parent-Adult-Child model. Over-developed critical parent ego-state. Exercise to practise development of nurturing and affirming parent ego-state.
I can't find my voice. I always doubt myself and think I have nothing to contribute at work and socially.	Gestalt Top Dog dynamic. Two chair role-play exercise to mobilise anger in the Under Dog and experience shutting up the critical Top Dog messages.
I don't approach people in bars because I'm so anxious about getting HIV or an STD from them.	Catastrophic – Anastrophic ³ mindset continuum. Understanding historical roots of catastrophic mindset. Techniques for self-soothing. Consideration of possible follow-up work.

Workshop: Out of Control	Focus: Sexual Compulsion
Participant's Issues	Therapeutic Themes
The amount of time I spend looking for sex	Boredom, through lack of meaningful activities. Has sex as an avoidance of trying to fulfil dreams and wishes re work. Afraid of failure. Needs support to get a job he likes and feels confident to do.
I've started to want and sometimes have unprotected sex	Desire for more intimate contact, but don't know how to get this on the gay scene. Not active in trying to get this – doesn't take the risk, so accepts what 'intimacy' is offered. Practise initiating more emotional intimacy, rather than purely physical.
Why I go out for sex when I'm distressed	Trying to 'manage' painful emotions from childhood, to do with sexual abuse and neglect. There are other ways to manage and deal with these feelings (i.e. therapy, survivors groups), and consequently move on from them.

³An Anastrophic mindset is the opposite of a catastrophic mindset and is typified by the refrain "It'll be alright, there's nothing to worry about"





Practical Lessons Learned in Planning and Delivering Groupwork

The following quote, from a participant on the above Out of Control Workshop, also conveys the experience and learning that took place.

“It made me realise a few things about sexual addiction, namely that if we dig deep under the things we do, we come to the realisation that the real problem is something else, something in our life is out of balance, i.e. we're out of work, we're out of love, we're going through a rough time, we don't feel good about who we are etc, etc.

For example, in the workshop I attended, the topic was sexual addiction but when it came to talk about us, most of the people in the group uncovered problems in their life which were not related to sex at all, and this is why men tend to use sex as a tool for numbing the pain that arises from other spheres of their lives.”

In relation to Kolb's (1984) learning cycle discussed above, this participant is reporting how he has used the workshop to reflect on his own and other's experiences. He then applies a theoretical concept to this reflection – that sexual compulsion is often a symptom of and distraction from deeper issues and pain. This understanding is helpful but not necessarily sufficient to ensure a change in behaviour. The participant then needs to find a way to experiment with and practise new strategies and habits that address the underlying issues in order for the learning cycle to be completed and change integrated. He might do this on his own or with friends, with a counsellor, by participating in a further workshop or a combination of these options.

Follow-Up Work.

As the above examples show, the work that takes place can be intensive and challenging for participants. For some, participation in the workshop will be sufficient to help them introduce the changes they want into their lives. For others, the workshop may mark the beginning of, or a staging point in, a longer process of development.

In addition, once a new approach or strategy has been adopted by a workshop participant, Prochaska and Diclemente (1983) have argued he may need support to maintain the changed behaviour. Kalichman underlines this point:

“Even under the best conditions, skills-building interventions will unlikely result in long-term behavioural changes for people at risk of HIV transmission. Maintenance of change requires ongoing support and alterations in the social environment to promote safer sex.” (Kalichman 1998)

And Gordon continues:

“The sustainability of intervention effects is also understudied. Successful prevention involves not only the initiation of behaviour change but also maintenance over long periods of time.” (Gordon, 2004)

In these cases, follow-up work with a one-to-one therapist or another workshop or group may be desirable. To offer groupwork within an agency where follow-up one-to-one work is also available, such as PACE, has obvious merits.





Practical Lessons Learned in Planning and Delivering Groupwork

Groupworker Supervision and Ethics.

PACE groupworkers are supervised as a team on a regular basis, by an experienced group therapist and supervisor. Supervision provides opportunities for groupworkers to:

- reflect on their practice;
- acknowledge successes and strengths;
- engage with and resolve inter-personal issues between co-workers;
- explore difficulties or issues that emerge from the groupwork;
- consider the ongoing needs of vulnerable participants;
- gain an overview of how the programme is working; and
- track their own professional health and related needs.

Supervision is therefore crucial to the professional development of the groupworkers and to the continuous process of reflective practice that ensures that the quality of service delivery is maintained and that the programme is constantly improved.

In addition, we have developed a set of ethical guidelines for groupwork at PACE, to ensure safe and effective work. One of the interesting challenges of this was to develop guidelines for short-term therapeutic groupwork, which is an unusual form of therapeutic work, and which takes place in the unusual context of a relatively small sub-community of London.





Three: Evaluation of the Programme

At the end of each workshop or group, participants provide feedback about the workshop using an evaluation form. In addition, 3-month follow-up questionnaires were sent to participants who attended the following workshops and groups in 2002/3 (N=173).

Workshop	Dates
The Sex Programme	Jan - Mar 02
Friend or Foe (Self-Esteem)	4-6 Apr 03
The Sex Programme	1 May - 19 Jun 03
Life Begins @ 40	2-4 May 03
Games People Play	9-11 May 03
Brutha 2 Brutha (for Black Men)	16-18 May 03
Negative Partners	30-31 May & 1 Jun 03
Friend or Foe (Self-Esteem)	6-8 Jun 03
Thunder & Lightning (When Positive Meets Negative)	14 Jun 03
Looking For Mr Right	27-29 Jun 03
Information Overload (HIV)	5 July 03
It Takes Two to Tangle	11-13 July 03
Positively Speaking	1-3 Aug 03
Friend or Foe (Self-Esteem)	8-10 Aug 03
Tongues Untied (for Black Men)	15-17 Aug 03
Sexual Healing	29-31 Aug 03
Gay/bi London Irish	5-7 Sep 03
Listen to Me (Listening Skills)	26-28 Sep 03

End-of-workshop evaluation forms.

This form comprises a series of open questions about their experience of the workshop and two Likert scales. 163 participants on the above workshops completed end-of-workshop evaluation forms.

The Likert scales and the cumulative scores are as follows:





Evaluation of the Programme

To what extent did we as a group achieve the aims of this workshop?

(The aim for each workshop is reproduced on the evaluation form)

1 not at all met	2 met a little	3 partly met	4 mostly met	5 fully met
0%	1%	6%	39%	53%

How personally useful was the workshop or group for you?

1 not at all useful	2 a little useful	3 partly useful	4 mostly useful	5 very useful
0%	2%	6%	23%	70%

For workshops that took place within the evaluation periods defined above, the average scores were 4.4 and 4.5 respectively. The average scores in the 1995 sample were 4.2 and 4.5 respectively. These measures provide a quality assurance system and show consistently high levels of satisfaction from workshop participants over the duration of the programme.

In addition to the Likert scales, two particular open-ended questions are worth highlighting.

Q.3 What was most effective or helpful about the workshop or group?

The main categories for participants' answers were:

- Opportunity to share/explore/discuss issues openly – 71 (42%)
- Tasks and exercises – 32 (19%)
- Facilitators – 22 (13%)
- Skills/knowledge gained – 11 (7%)
- Safe space – 7 (4%)
- Small size of groups – 5 (3%)
- Diversity of participants taking part – 4 (2%)

“Just to hear people's experiences and to share mine with lots of space in a safe group.”

“To be able to speak freely & with trust & be able to share even intimate experiences.”

“Information & discussions – to gain other peoples' experiences.”

“All of the tasks were extremely helpful and thought-provoking.”

“Clarification of HIV & how you catch it.”

“The amount it asked in terms of homework tasks – the challenge of the tasks, they were graded & manageable but challenging & life giving.”



Evaluation of the Programme

Q.4 What was the least effective or helpful about the workshop or group?

The main categories for participants' answers were:

- Nothing was unhelpful – 83 (49%)
- Specific exercises and tasks – 24 (14%)
- Time constraints – 18 (11%)
- Small group sizes – 11 (7%)
- Heat in the room/weather – 4 (2%)

“Can't really think of anything.”

“Nothing – it was all effective.”

“Everything was very effective/helpful.. well thought out & insightful.”

“Some of the tasks were not appropriate for me as I didn't have problems to share.”

“The part about communicating with your partner, only because I didn't have a problem to share with this.”

“Limited time available.”

“Possibly having to close topics down before some were fully discussed.”

“So much personal material, so little time.”

“Small group work – rather flat & not particularly helpful.”

“Large group work did not work well.”

”

In-Depth Evaluation

Methodology

A more extensive evaluation of the impact of the workshops and groups was designed by using a 3-month follow-up questionnaire asking participants to identify what had changed for them, if anything, as a result of the workshop.

The questionnaire uses a combination of qualitative and quantitative measures, and asks workshop participants to identify any changes in their attitudes, feelings or behaviours as a result of participating in the workshop or group. It asks 22 questions covering: attendance; expectations; satisfaction levels; open-ended questions about the impact of the workshop on their life generally, on relationships, on sexual activity and HIV; a checklist of sexual health variables; whether or not they have recommended the workshop to others; and demographic information.





Evaluation of the Programme

A total of 173 men participated in the workshops, and 162 of these completed the workshop or group. All men were sent a questionnaire, whether or not they had completed the workshop. An area worthy of future research is the experiences and sexual health needs of men who enquire about or book onto a workshop and then cancel or fail to attend. We know very little about this group of men, even though they account for a substantial number of enquirers.

Of the 173 men, 95 participants answered the questionnaire, providing an excellent response rate of 55%. Due to a variation in the questionnaire used during the course of the evaluation period, some statistics are based on 89 participants' responses. Total figures for all analyses will be highlighted throughout.

The questionnaire was similar in design to that used in the initial evaluation of the PACE groupwork programme in 1995, which has allowed comparisons to be made between the samples.

Results

Demographics: Information About the Respondents

Age: The ages of respondents ranged from 24 – 67 years old, with an average age of 40 years (N = 89). This is an older average age, by several years, than the sample reported in Talking Spaces (1996). Since 2003, when this sample was taken, we have reduced the number of workshops we deliver that target men over 40 and increased the number that target men under 30, in response to LGMHPP's target of reaching younger men.

Ethnicity: The ethnicity of the respondents is displayed in the table below.

Ethnicity	Respondents to questionnaire (N = 95)
White British	41 (43%)
White Irish	17 (18%)
Other White	10 (10%)
White/Black Caribbean	1 (1%)
White/Black African	2 (2%)
Black African	3 (3%)
Black Caribbean	6 (6%)
Asian	3 (3%)
Chinese	1 (1%)
Any Other	1 (1%)
Missing	10 (10%)





Evaluation of the Programme

This distribution is broadly similar to those attending PACE workshops generally, but with a below average representation of Asian men and an above average representation of Irish and Black African/Caribbean men, as a result of specific workshops for these men falling within the evaluation period.

Relationship status: 29 respondents (34%) had been in a relationship with a regular sexual partner in the previous 12 months (N = 89). In the 1996 sample, 62% of respondents reported being in a relationship in the previous 12 months.

Relationship status stands out as the variable where workshop participants are most unlike the general gay population. This may be explained by the notion that it is when gay men are 'in between' relationships that they have the curiosity and time to devote to learning more about relationship skills and dynamics.

HIV status: 14 respondents did not know their HIV status (16%). 20 (23%) said their last test was positive and 51 (59%) said their last test was negative (N = 89). Since 1996, the proportion of untested men has radically reduced (from 50%), and consequently the proportions of both positive and negative men in the sample have increased. This finding is consistent with community trends, which show that significantly more men are testing for HIV.

Aspirations and Expectations about the workshop

Respondents were asked to describe in their own words what their personal aspirations or expectations had been for the workshop or group, and to what extent these expectations had been met. They were also asked how personally useful the workshop had been, using the same Likert scale employed in the post-workshop evaluation forms described above.

The categories used below to analyse the responses to the qualitative questions are not mutually exclusive – i.e. workshop participants may have responded using one or more of the themes highlighted in the answers summarised into themes below.

What were you hoping to get from the workshop?

90 of the 95 workshop participants answered this question. Common themes reported were:

- Increased understanding of own sexuality/own sexual behaviour;
- Increased understanding and ability to make changes in current/future relationships;
- Enhanced communication skills;
- Enhanced self-confidence/self-esteem/personal development;
- To meet people of same age/ethnicity/sexual orientation/HIV status;
- Understanding of own/others' ethnicity;
- Sharing personal experiences in a positive and/or safe environment;
- Didn't have any expectations.





Evaluation of the Programme

“Explore various aspects of sexuality in a safe, secure environment.”

“To gain and build some self-esteem and confidence, break out of an ongoing state of reclusiveness, and meet and share experiences with positive men in a new environment.”

“To meet other gay Irish men, their experiences of relationships, cultural/religious issues.”

“Validation – a sense of what it is to be a Black gay man through sharing my experience with others.”

“Support from other Black/Asian men to do with relationships with other gay men.”

“To meet other people living with HIV, to feel relaxed and comfortable and share views and experiences.”

“An understanding of my sexual drives, whether it is possible for me to have a fulfilling relationship with one person on a sexual, spiritual and physical level.”

“Increase the understanding of my own sexuality and share experiences with others, improve my own sex life, how I sexually relate to others.”

“Having been through a few unhappy relationships, I was hoping that it could make more clear what I am looking for and where things went wrong in the past.”

“A refresher on assertiveness skills.”

Were your expectations met by participating in the workshop?

Seventy-eight of the 95 workshop participants responded to this question. Workshop participants rated whether their expectations had been met on the following scale. The percentages in row three show the proportion of respondents who ticked each box.

1 Yes	2 Mostly	3 Partly	4 No	5 Don't know
50%	20%	22%	8%	1%

Respondents were then invited to comment in their own words on the extent to which their expectations had been met. Below are summaries of the ways in which workshop participants reported that their expectations had been met, and of the reasons why, for a minority, the workshop had not met their expectations.





Evaluation of the Programme

Expectations met:

- Gained more than own expectations
- Positive experience and met expectations
- Made new friends
- Partly met expectations – ongoing process/takes time to embed

"I gained far more than my expectations, made new friends and gained insights into my personality that had been troubling me for years."

"It was an incredible experience for me – I was able to name and talk about some very bad habits I'd developed and work towards changing them."

"I had an issue I wanted to resolve and I resolved it."

"I was given reassurance and meeting people in a similar situation made me feel less isolated."

"...it was more about understanding how we relate to our own sexuality and that of others – learned some of the things I wanted to as well as a lot of useful things that I didn't expect to."

"I found some new things that I had not thought before."

"What I was interested in most only came up indirectly. However, I also got lots of other useful stuff out of the course that I hadn't been expecting."

"I left with a general state of well-being."

"The whole experience was very positive, interesting, esteem-building and stimulating."

"Fundamentally this workshop has helped me to view myself in a more positive way."

"Partly – I realised I'm the sort of person who needs to know stuff for a while before anything can happen."

Reasons why expectations not met:

- Need for more Asian gay men on workshops
- Need for more practical sexual information
- Need to learn about ways/places to meet gay men
- Groups were too small





Evaluation of the Programme

- Experienced negative emotions during workshop (e.g. just a moaning session, felt drained and emotionally challenged)
- No romantic meeting/looking for Mr Right

“A much higher proportion of the participants were African/African-Caribbean with only a couple of Asian guys.”

“The course was very focused on the emotional side of sex and not so much on the practical side.”

“The group was small and had difficulty maintaining its energy.”

“Sadly there were few participants and some who attended did not return on the second day.”

“I achieved none of my wishes”.

“I walked away drained and emotionally challenged and still haven't achieved what I set out to”.

How personally useful was the workshop for you?

Ninety-two of the 95 workshop participants responded to this question. Workshop participants rated whether their expectations were met on the following scale:

Overall, 96% of participants reported that the workshop they had attended was useful to them. The average rating from the follow-up questionnaires, which were completed three months after the workshops, was 4.2.

1 not at all useful	2 a little useful	3 partly useful	4 mostly useful	5 very useful
4%	2%	16%	29%	48%

This compares to an average of 4.5 from evaluation forms completed immediately after workshops, and demonstrates that, for a majority of respondents, the sense that the workshop had been personally useful was sustained over the three-month period after the workshops.

Have you recommended the workshop to other gay men?

75% of respondents had recommended workshops to other gay men, evidencing high levels of satisfaction.





Evaluation of the Programme

The Impact of Participating in the Workshop

In evaluating the effectiveness and impact of the workshop against the intended outcomes the following open-ended questions were asked:

What difference, if any, has participating in the workshop made to your life?

Eighty-nine of the 95 workshop participants responded to this question. On the whole, responses were extremely positive, with workshop participants discussing a range of different factors that they attributed to participating in the workshop.

- Increase in communications skills (including being able to relate to others, and tackling difficult situations)
- Increased confidence and/or reassurance across a range of issues including more at ease with self; life in general (an appreciation that their life was fine and they were doing ok); own sexuality; own HIV status; felt belonging and sense of community
- Increased awareness of the following: self-help; safe sex; meeting men; goals for themselves; and new insights into life

"Better able to communicate with people that I never thought I could before."

"Talking about sex is easier."

"I feel more confident in relating to other people – better eye contact."

"Gave me the tools to communicate more effectively."

"Regained my confidence in my direction."

"...feel more at ease being gay in the wider world."

"Much greater understanding of how I have become the sexual being I am, and much more prepared to push my boundaries and try new things."

"That there was no difficulty in mingling with so many diverse nationalities and races, we all felt at home."

"Discovering other gay men over 40 have similar issues, that my worries are not necessarily exclusive to me."





Evaluation of the Programme

"Made me feel more connected to myself, other gay men and my sexuality. More solid and more self-confident."

"More confident going forward".

"Increased my awareness of what others like in and expect of sex and why, and understanding more about safe sex."

"It has shown me the power of self-help, and of affirmation from others and encouraged me to do more of my own self-development work."

Some workshop participants reported little or no change since participating in the workshop (9); with a smaller group reporting they did not think it was long enough yet to assess whether participating had made any impact (2); and one individual reported feeling "rejected" after attending.

What impact has participating in the workshop had on your relationships with other gay men?

Eighty-eight of the 95 workshop participants responded to this question. Again, on the whole, responses were extremely positive, with workshop participants naming a range of ways that participating in the workshop had impacted on their relationships with other gay men.

- Increased confidence to: get to know people; realise own sexual needs; as well as confidence about self, and a sense of belonging
- View other gay men as friends, with the appreciation of being less sex-orientated, and not feel threatened
- Become less biased in terms of other peoples': race; nationalities; age; and HIV status
- Various relationships have improved (including friends and sexual partners)
- Increased understanding of other gay men/'the scene'

"My few sexual experiences since the workshop have been fulfilling and stress-free and I'm no longer ashamed to be open and honest with everyone I meet... I am far more constructive in my relationships."

"Made me feel more part of 'gay/bi community', understanding older gay men and people's concerns."

"Broken down some of the barriers/lessened my fear of my own sexuality and others/more able to identify and feel a sense of belonging."

"Much impact, I am now more able to judge my thoughts clearer upon relating to other gay men."



Evaluation of the Programme

"I am more aware of my own sexual needs and am more assertive about them."

"Started to view gay men as friends rather than threatening sexual figures".

"More open to the idea of slowly getting to know someone."

"I tend to be more open, less needy, less interested in sex for its own sake."

"I am more unbiased now about other races and nationalities."

"More aware of the diversity of guys in the black communities."

"My relationships with close friends and partner are greatly improved."

"I find now that probably all gay men are human, vulnerable, and not 'demons' that I kind of thought that I tended to feel on the 'scene'."

One client responded that it was too early to comment on any impacts, and a small group felt that there had been little to no impact from their perspective (17).

"Have not been able to analyse impact yet -as not really pursued this issue."

"Not a huge difference -I just feel being gay seems more 'normal'."

"Don't think it has made any -relationships and sex have been practically non-existent for quite some time now."

"Too early to say yet... a little more accepting of my feelings perhaps."

How has participating in the workshop affected your sexual activity?

Eighty-seven of the 95 workshop participants responded to this question.

The majority of responses commented on changes to their attitudes, behaviour and knowledge:

- Increased confidence including feeling less inhibited/less cautious; being able to now have good, mutually satisfying sex; and that being sexually active is ok
- Increased awareness of casual sexual relationships and the need to practice safe sex





Evaluation of the Programme

“I have confidence to have good sex again in a more mutually satisfying way with the right ‘type’ of partners.”

“I am a bit less inhibited.”

“Helped me be less ‘hung up’ in certain aspects of my sexual activity. Helped me affirm that my own decisions to be sexually active are ok.”

“Made me more conscious about safe sex.”

“The workshop has made me more aware of safe sex activities.”

“Made it more safe, more relaxed.”

40% of respondents felt that there had been no change in their sexual activity, and a few reported that there had been a decrease in their sexual activity (4).

“It hasn’t so far affected my sexual activity at all.”

“Sexual activity has remained the same.”

“It hasn’t had any effect and importance. I’m still reluctant to have sex straight away with a stranger.”

How has the workshop affected your relationship with HIV and to risk-taking in sex with other men?

Eighty-four of the 95 workshop participants responded to this question. Again similar themes were evident as with the questions above. The groups of responses covered the following:

- Increased confidence and awareness around being able to discuss HIV/risk issues; the importance of safe sex; coming into contact with HIV positive men; and the acceptance of own HIV status
- Increased commitment to practise safe sex/decrease their risk-taking
- No change because either they always have been careful/practised safe sex; or they did not expect the workshop to affect this aspect of their lives

One client reported that he did not have sex, and two individuals reported that they were not sure.





Evaluation of the Programme

“As I have confidence again, all HIV/risk issues are discussed with potential partners, which has resulted in far more safe encounters.”

“Reaffirmed me and my partner’s commitment to using condoms.”

“It has strengthened my resolve to only have safe sex.”

“I do not risk-take but I think coming into contact with HIV-positive men is a place I feel more comfortable.”

“Was extremely scared about HIV prior to the workshop. The presence of 2 HIV-positive group members reduced my anxiety and reinforced my efforts to stay HIV-negative.”

“I always gain a deeper understanding of safe sex and HIV on any of PACE workshops”.

“I would be more likely to talk about my HIV status with sexual partners.”

“Not at all, as I have practised safe sex with all contacts for approximately 15 years.”

“Was always careful.”

“Little to none. I was always assertive and sensible re safer sex.”

“I’m very aware of dangers of risk-taking, so workshop didn’t impact on me in this area.”

How has participating in the workshop affected your feelings about and relationship with men of a different HIV status to yourself?

Eight-five of the 95 workshop participants responded to this question. The majority of the workshop participants felt that they had experienced a reduction in being judgemental and rejecting of men with a different HIV status to themselves, and had gained a much better insight, understanding of others, with others reporting feelings of being more comfortable and more understanding.

“I no longer feel inadequate or inferior to negative men and realised that I don’t have to exclude people of different status from my sexual activity.”

“More accepting and understanding of what living with HIV entails.”

“Become more open and understanding -not so judgemental/scared of them.”

“I am more accepting.”

“Greater respect for people of positive status.”



Evaluation of the Programme

A few workshop participants reported little change to their feelings or relationships due to either always having been open to sexual relationships with men of different HIV status (3) or that it was still an issue/problem for them (2).

A third, and smaller, group reported that they were still unsure.

Have you talked with other gay/bisexual men about the workshop?

74 of the 95 workshop participants answered this question. The majority of responses to this question were very positive about sharing and informing others about the workshop they had attended, with the following responses:

- How it helped them deal with their own relationships/feelings
- The quality of the workshop and the facilitators
- How the overall experience had been positive
- Found mutual support from the group

Only one respondent said he would not tell people to go on a workshop.

"Many aspects, both in terms of the workshop content and how good the experience has been for me on many personal levels."

"Promoted it as a great opportunity to learn about self and relationships."

"How we experienced the course, its merits, using it as a force for change."

"How useful it is to share feelings with others."

"Everything that happened -conversation, homework, exercises."

"Structure of workshop, group exercises and benefits to me."

"Excellent level of facilitation/wonderful to have space in a safe environment to talk about sexuality/an invaluable resource to have for gay men."

"The facilitators, the exercises, the group."

"The work you do has been truly invaluable to me. I've been able to move on positively in so many ways."





Evaluation of the Programme

Sexual Health Variables Checklist

The remaining outcomes were evaluated using a checklist of possible changes that respondents may have identified as a result of the workshops. Also included in the checklist were a range of variables relating to general emotional well-being, to evaluate the impact of the workshops on this aspect of participants' lives. These are reproduced in the table below. Respondents were asked to tick one of five boxes (a Likert rating scale) indicating how much change, if any, had taken place.

-
- A lot more a little more no change a little less a lot less

The checklist of possible changes were mixed between variables where the desired outcome was "more" (e.g. comfortable talking about sex with your lover) and others where it was "less" (e.g. likely to have unsafe sex).

Variables where the desired outcome was "more"	
<ul style="list-style-type: none"> • confident in bars • able to negotiate generally • able to negotiate about sex • comfortable talking about sex with my lover(s) • motivated to keep sex safe • self-knowledgeable • comfortable talking about sex with friends • self-assured 	<ul style="list-style-type: none"> • assertive • optimistic • clarity about personal goals in relationships • clarity about personal sexual goals • confident to handle difficult sexual situations • confident in having satisfying sex • knowledgeable about HIV and safer sex
Variables where the desired outcome was "less"	
<ul style="list-style-type: none"> • unsure of myself in bed with a partner • shy • unhappy about being gay 	<ul style="list-style-type: none"> • anxious • pessimistic • likely to have unsafe sex

Charts 1 and 2, overleaf, provide a graphical representation of participants answers to the checklist variables.





Evaluation of the Programme

Chart 1

'More' Sexual Health Variables Checklist (N = 95)

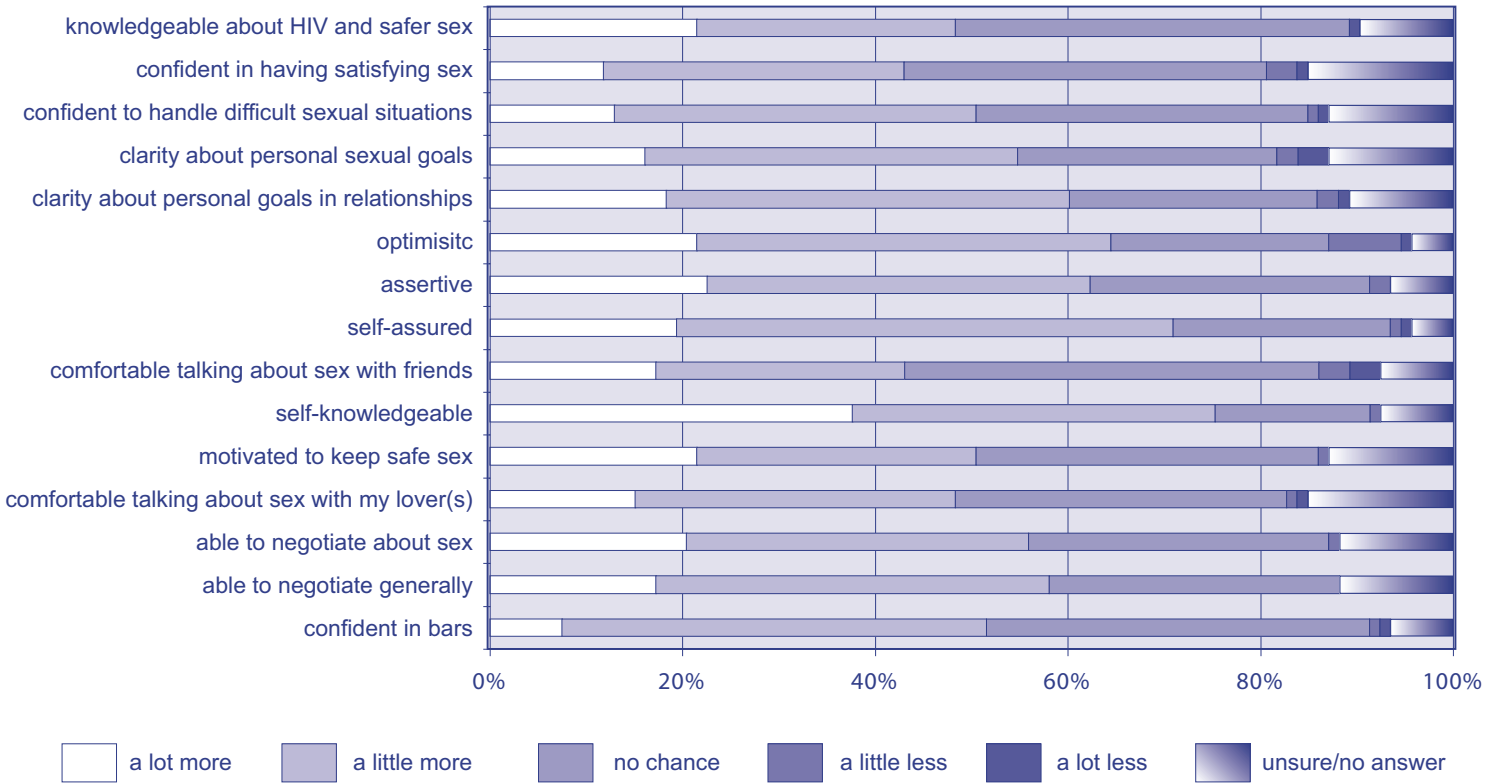
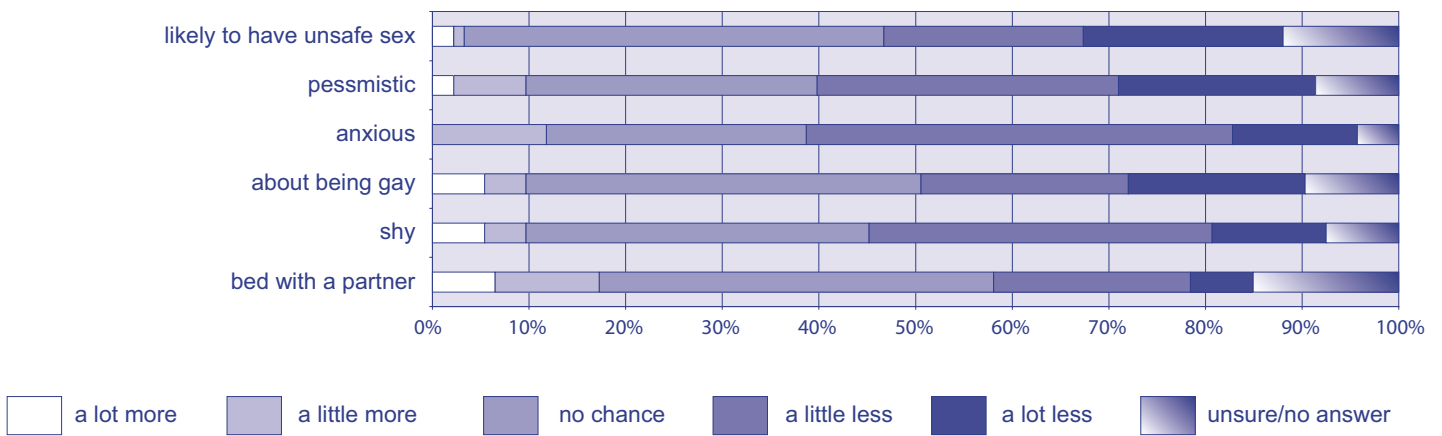


Chart 2

'Less' Sexual Health Variables Checklist (N = 95)





Evaluation of the Programme

Positive impact. A positive impact is reflected by changes reported by respondents that are consistent with the intended outcomes of the workshops.

85 out of 91 respondents (93%) identified some positive change on the checklist variables. The vast majority reported positive change on more than 5 variables (82%). Fifty-six (62%) respondents reported positive change on more than 10 variables. Four respondents did not provide answers to the checklist variables. The table below provides a summary of the responses to the checklist variables.

Summary of Responses to the Checklist Variables

Of the 95 participants, the following percentages of respondents reported being more:
<ul style="list-style-type: none"> • Confident in bars (52%) • Able to negotiate generally (58%) • Able to negotiate about sex (56%) • Motivated to keep safe sex (50%) • Self-knowledgeable (75%) • Self-assured (71%) • Assertive (62%) • Optimistic (64%) • Clarity about personal goals in relationships (60%) • Clarity about personal sexual goals (55%) • Confident to handle difficult sexual relationships (50%) • Comfortable talking about sex with my lover(s) (48%) • Comfortable talking about sex with friends (43%) • Confident in having satisfying sex (43%) • Knowledgeable about HIV and safer sex (48%)
And being less:
<ul style="list-style-type: none"> • Shy (47%) • Unhappy about being gay (40%) • Anxious (57%) • Pessimistic (52%) • Likely to have unsafe sex (41%)

Comparison with 1995 Data. In comparison with the data collected from workshop participants in 1995, the 2002/3 sample reported on average 11% more desirable change across all checklist variables ($p < 0.01$). Chart 3, overleaf, represents this graphically.

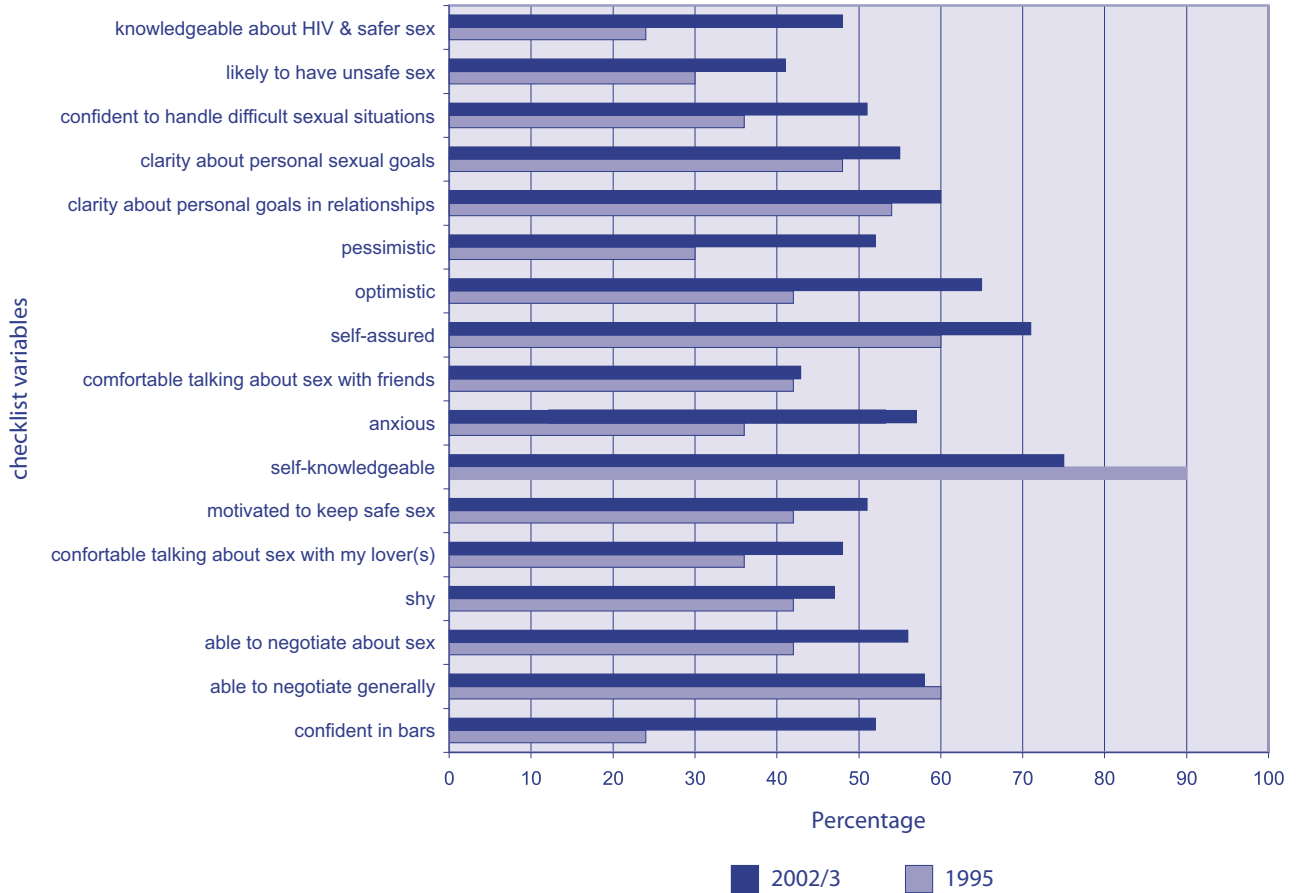
Given that the bulk of both sets of workshops were delivered by the same facilitators, and that most other variables such as venues, publicity and administration remained constant for both samples, we suggest the most likely reason for this increase is improvement in the skills and experience of the facilitator team, through a combination of practice, training and clinical supervision.





Evaluation of the Programme

Chart 3



Negative impact. Negative change refers to changes reported by respondents that contradict the intended outcomes of the workshops. Thirty-two (35%) respondents reported negative changes on the checklist variables. Ten reported negative changes on one variable on the checklist, a further 10 reported two, and 12 respondents reported negative changes on four or more variables. Of these 32 respondents, only five reported more negative change than positive change, overall.

Negative Changes Reported by Respondents

Variable	No. of responses listed as "a lot more"	No. of responses listed as "a little more"
Unsure of myself in bed with a partner	6 (6%)	10 (11%)
Shy	5 (5%)	4 (4%)
Unhappy about being gay	5 (5%)	4 (4%)
Anxious	0	11 (12%)
Pessimistic	2 (2%)	7 (8%)
Likely to have unsafe sex	2 (2%)	1 (1%)



Evaluation of the Programme

Variable	No. of responses listed as "a lot less"	No. of responses listed as "a little less"
Confident in bars	1 (1%)	1 (1%)
Able to negotiate about sex	1 (1%)	0
Comfortable talking about sex with my lover(s)	1 (1%)	1 (1%)
Motivated to keep safe sex	1 (1%)	0
Self-knowledgeable	1 (1%)	0
Comfortable talking about sex with friends	3 (3%)	3 (3%)
Self-assured	1 (1%)	1 (1%)
Assertive	2 (2%)	0
Optimistic	6 (8%)	1 (1%)
Clarity about personal goals in relationships	2 (2%)	1 (1%)
Clarity about personal sexual goals	2 (2%)	3 (3%)
Confident to handle difficult sexual situations	1 (1%)	1 (1%)
Confident in having satisfying sex	3 (3%)	1 (1%)
Knowledgeable about HIV and safer sex	0	1 (1%)

In some instances, negative change is to be expected. If an individual had not explored fully some of the themes covered by the workshop, they may find themselves confused or unsettled by the process of participating in the workshop.

There is considerable experience in the psychological therapies that things sometimes feel worse before they get better. This can be part of the developmental process as people face difficult issues and/or history, and fully engage with what is involved in bringing about change.

It is interesting to note that eight of the twelve respondents who rated negative changes on four or more of the checklist variables also rated the workshop either "very useful" or "partly useful" to them, and have recommended the workshops to other individuals.

Because psychological work can be difficult for some people, it is both valuable and a good safeguard for follow-up one-to-one or other groupwork to be available to men who need it as part of a longer term process of working through psychological issues and effecting change.

Questionnaire Design Effect. We also note here what may be a questionnaire design effect impacting the number of negative variable scores. As stated above, for most of the variables included in the checklist, the desired outcome was for respondents to answer "more" (e.g. comfortable talking about sex with your lover). For a minority of variables, the desired outcome was for an answer of 'less' (e.g. likely to have unsafe sex).





Evaluation of the Programme

The first of the 'less' variables to appear in the questionnaire checklist was worded in a way that was easy to mis-read: 'Unsure of myself in bed with a partner'. The first two letters of this sentence are all that distinguishes this as a 'less' statement, rather than a 'more'. This may account for why it received 16 negative scores.

Further, analysis of the questionnaires for these 16 respondents reveals that 10 of these respondents gave scores on later variables which possibly contradict their score on 'unsure of myself in bed...'. For example, 7 of the 16 state they are more 'able to negotiate generally', 7 state they are more 'able to negotiate about sex', and 8 state they are more 'comfortable talking about sex with my lover(s)'. It is, of course, theoretically possible for someone to be more comfortable talking about sex, but less sure of themselves when actually engaging in sexual activity, but we are sceptical about the validity of the 'unsure of myself in bed...' scores, nevertheless.

We recommend that future questionnaires are designed in such a way as to limit the possibility of participants misunderstanding the questions.

No Impact. Three respondents reported no change on any of the checklist variables (3%). Two of these respondents did report that they found the workshop "partly useful", with one explaining that they found the day extremely emotive and that it had raised issues that perhaps they were not ready to address and did not expect to have come to the forefront. The remaining respondent did not find the workshop useful, would not attend another and would not recommend it to others – as with any workshop, some people will not find it useful or perhaps the 'best fit' for them to pursue issues they want to address or learn about.

Feedback on experience of workshop

Is there any other feedback you would like to give us about your experience of participating in the workshop?

Seventy-four of the 95 workshop participants responded to this question. The majority of the responses were positive or appreciative comments about the workshops, with a minority highlighting things that were lacking or negative about the workshop or group.

Negative Comments (all of these were individual responses):

"Location from west London was quite far away."

"Facilities are a bit shabby, and also not easy to find."

"A workshop over a longer period would be good."

"...There should be a separate course for Asian gay men due to our particular cultural heritage."

"...in future workshops, boundaries about being on time need to be clearly negotiated from the start."



Evaluation of the Programme

“The workshop was a complete waste of time and depressed. It made no difference nor explained what it set out to achieve.”

“I found the facilitators very skilled, but at times a little intrusive.”

Positive Comments. A strong consensus was found across respondents' positive comments, which included the following categories:

- Facilitators were excellent, honest, committed and professional
- Groupwork was good, with well constructed content
- It was a safe space to talk
- A good place to meet other gay men
- More workshops needed, it is a valuable service
- Recommend to take partners along

“Facilitators were excellent.”

“Appreciated the sense of honesty and commitment on the part of the facilitators.”

“Excellent level of facilitation/wonderful to have a space in a safe environment to talk about sexuality/an invaluable resource to have for gay men.”

“PACE workshops are a very high standard. A lot more professional than some, which seem a bit weaker in content.”

“It is really beneficial being able to attend a workshop like this. It feels really important to discuss with other gay men their experience of being gay and from this learn and grow.”

“It really was an excellent programme which made me feel reaffirmed and made me feel a whole lot better about my sexual persona.”

“Excellent facilitators – very relaxed atmosphere.”

“I would recommend encouraging negative partners to participate with the positive partner (as some did) and regret not asking my negative partner to participate.”

“It would be interesting to have some follow-ups to some of the workshops.”

“Found it very useful and motivating to meet other gay men. Well done PACE!”





Four: Conclusions and Recommendations

Research and Evaluation

There is already a significant body of internationally recognised evidence to demonstrate that therapeutic groupwork is an effective and attractive health promotion approach for use with a wide variety of communities and health issues (pages 8-9).

The evaluation of the PACE groupwork programme detailed in this report demonstrates this to be true for sexual health promotion with gay and bisexual men in London. Of 95 respondents to a 3-month follow-up questionnaire, 96% reported that the workshop they attended was personally useful to them, 93% reported positive change as a result of participating in the workshop, and 75% had recommended workshops to other gay men (page 34-50).

In relation to specific outcomes, 71% reported feeling more self-assured as a result of participating in the workshop; 56% reported an improved ability to negotiate about sex; 50% said they felt more confident to handle difficult sexual situations; 48% said they were more comfortable talking about sex with their lover; 48% said they were more knowledgeable about HIV and safer sex; 50% said they were more motivated to keep sex safe; 43% said they were more confident in having satisfying sex; 41% said they were less likely to have unsafe sex; 57% reported feeling less anxious; and 40% said they were less unhappy about being gay (page 45-48).

In comparison with data collected from workshop participants in 1995, participants from workshops in 2002/3 reported 11% more desirable change across a checklist of sexual and related mental health variables, on average, across all measures ($p < 0.01$). The most likely reason for this increase is the improvement in the skills and experience of the facilitator team, through a combination of practice, training and clinical supervision (page 47-48).

Feedback from group participants identifies 'being able to discuss issues in a safe space', 'well-structured workshops and effective exercises' and 'high-quality facilitation' as three of the most important factors that contribute to the success of the PACE groupwork programme (page 32).

We recommend that more detailed research be carried out into the settings and factors that contribute to the effectiveness of groupwork as a health promotion method, and into its applicability in different health settings in the UK (page 9).

We recommend future research into the experiences and sexual health needs of men who enquire about or book onto a workshop and then cancel or fail to attend. We know very little about this group of men, even though they account for a substantial number of enquirers (page 21).

Equity and Access

Since 1995, more than 10,000 gay men have enquired about or participated in sexual health groupwork delivered by the London Gay Men's HIV Prevention Partnership in London (page 10).

There is evidence that sensitively designed and delivered groupwork is acceptable to gay men from a wide range of demographic categories, including African men, African-Caribbean men, Asian men, HIV positive men, young men and men of different socio-economic groups (pages 13 & 34).





Conclusions and Recommendations

There is evidence that a significant proportion of Asian, African and African-Caribbean gay men favour workshops specifically for their ethnic groups, in addition to wanting access to a generic programme of multi-culturally appropriate workshops. To reach sub-groups of gay and bisexual men, specific tailored and culturally appropriate interventions need to be designed in consultation with the sub-groups themselves, and preferably to be staffed by members of those sub-groups (page 14-15).

We recommend that, wherever possible, ethnicity-specific workshops are offered for Black and Asian gay men, in addition to an accessible and multi-cultural generic programme of workshops (page 14-15).

We recommend that outreach and liaison work is undertaken by ethnically appropriate facilitators to develop appropriate interventions and maximise successful recruitment and delivery (page 14-15).

We recommend that specific work to recruit more young men to PACE workshops be undertaken, which should include consultation, workshop design, marketing and outreach work (page 14).

Sexual Health Policy and Commissioning

As far as we are aware, very little therapeutic groupwork for gay men is offered outside of London, despite *Making It Count* explicitly citing the need for men to have opportunities for psycho-social change. We recommend that therapeutic groupwork be recognised as an efficient and effective method for sexual health promotion, and that it be made more widely available to gay men across the UK who need it (page 15).

We recommend that the gay men's sexual health promotion sector in the UK develop and extend its capacity to offer therapeutic groupwork, so that this method can be made available to more men (page 15).

There is evidence that a groupwork programme which gives significant weight to the expressed needs of potential service users, alongside the objectives of funders and service deliverers, is likely to be more successful in both recruitment and achieving outcomes than programmes which are dominated by funder and provider agendas (page 9).

Within LGMHPP, the PACE therapeutic groupwork programme is significantly cheaper per hour of groupwork delivered to an individual than either counselling or outreach work (page 15).

There is little evidence of the comparative effectiveness of different types of health promotion methods. We recommend that health promotion commissioning strategies address this research gap, and consider the relative effectiveness of different health promotion methods alongside cost considerations (page 16).

Groupwork Design and Recruitment

At PACE, a mixed approach to recruitment has been successful, which includes: attractive press advertising and editorials, leaflets, mail-outs, email-outs, website information and booking, targeted outreach work, networking and liaison, and a friendly, informative and efficient booking and joining procedure (page 18).

There is evidence that a diverse facilitator team in terms of race and HIV status makes a significant difference to participation from sub-groups of gay and bisexual men (page 24-25).





Conclusions and Recommendations

Groupwork Practice

We have found an approach rooted in the traditions of Humanistic Psychology provides an effective balance of clinical rigour and user-friendliness which is highly acceptable to workshop participants. Our approach includes elements of: transactional analysis, Gestalt psychology, family therapy, person-centred therapy, solution-focused therapy, cognitive-behavioural therapy, existential psychology, experiential learning and formative (body-oriented) psychology (page 25-26).

The presence of an openly HIV positive facilitator supports positive men to talk about their experiences, and promotes constructive dialogue between positive, negative and untested men on issues such as disclosure, responsibility, clarification of safer sex information and the realities of an HIV diagnosis (page 24-25).

We recommend that facilitators should be open about their HIV status and that, where possible, recruitment of openly HIV positive facilitators who are skilled in groupwork should be prioritised (page 24-25).

We recommend that because psychological work can be challenging, it is both valuable and a good safeguard for follow-up one-to-one or other groupwork to be available to men who need it, as part of a longer term process of working through psychological issues and effecting change (page 49).

Groupwork Training

We recommend appropriate investment in the training and development of therapeutic groupworkers within the sector, so that this in-depth approach can be made available on a wider basis (Pages 7, 16 & 23-24).

We recommend that accredited groupwork training should be provided, including high-quality supervision and professional development, and that training in groupwork skills be included in the training programmes of relevant allied professionals (pages 7 & 16).

Future Developments

There is evidence of unmet demand for PACE groupwork – an expansion of our programme would allow us to undertake more specialist groupwork with target groups and provide more generic sexual health workshops (page 10).

We would be pleased to contribute to:

- a UK-wide therapeutic groupwork programme; and/or
- a training programme to develop more groupworkers throughout the sector (page 24).





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About PACE

The Project for Advocacy, Counselling and Education was established in 1985 in response to a need within the lesbian and gay communities for a counselling and training agency that was genuinely responsive to the needs of lesbians and gay men. Since then, PACE has grown in size and broadened its focus and now provides the following services for lesbians, gay men, bisexual and trans people:

- Counselling
- Employment Coaching
- Groups and Workshops
- Mental Health Advocacy
- Parenting Groups and Family Support
- Sexual Health Counselling (for gay men)
- Training and Consultancy for staff and organisations on HIV, sexuality and diversity
- Youthwork

For information about any of these services see www.pacehealth.org.uk, ring 020 7700 1323 or email us at info@pace.dircon.co.uk.

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Tim Foskett and Alfred Hurst
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