

ON THE BEAT

A REPORT ON AN OUTREACH PROGRAM OF
AIDS PREVENTATIVE EDUCATION FOR
MEN WHO HAVE SEX WITH MEN.

Written & Compiled
by
Paul van Reyk

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AIDS Council of New South Wales Inc.

PO Box 350 Darlinghurst NSW 2010 Australia

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INTRODUCTORY NOTE

This is a report on an outreach education program targeted at men who have sex with men at public sites such as public toilets and parks and aimed at providing them with information and support for behavioural change towards sexual practices which reduce the likelihood of the transmission of HIV.

The project has been conducted by the AIDS Council of New South Wales.

The project commenced in December 1988.

Four workers have been employed over the course of the project:

Jon Sweeny
Ulo Klemmer
Peter Fraser
Phillip Keen

The members of the Steering Group for the project have been:

Don Baxter, Education Programs Manager, ACON
Cathy Cattoupes, AIDS Bureau, NSW Department of Health
Greg Starkey, AIDS Bureau, NSW Department of Health
Gary Dowsett, Project Coordinator, ACON/Macquarie University
Study into the Social Aspects of the Prevention of AIDS
Jacques Monroe, AIDS Educator, Sydney AIDS West
Chris O'Reilley, AIDS Educator, Sydney AIDS West

Paul van Reyk
Executive Assistant/
Policy Writer
December 1989

1. BACKGROUND

1.1 HIV/AIDS and Homosexual and Bisexual Men in Australia

AIDS was first diagnosed in Australia in 1982. As in other western countries those currently known to be infected are predominantly those who have been infected through male/male sexual activities. These men account for 87-88% of those diagnosed with AIDS.

New South Wales, the most populous State in Australia, accounts 64% of the national total. Sydney, the State capital, accounts for 45% of the national total.

It is difficult to accurately determine the extent of HIV infection among gay men in Australia. Two Sydney studies give rough estimations. The Sydney AIDS Study Group, a prospective study of 1,076 inner-Sydney homosexual and bisexual men, found 38.6% of their subjects seropositive on their initial test in 1985. By 1987, in a subset of the original sample, 49% were found to be HIV anti-body positive.

The Social Aspects of the Prevention of AIDS (SAPA) Study of 535 gay and bisexual men in NSW (88% of the subjects coming from the greater Sydney area) found that 68% of the sample had been tested by March 1987 and 25% of those tested were HIV antibody positive. Analysing these results by region, the Study found a higher proportion of homosexual and bisexual men from Outer Sydney, the area of focus for the project reported on herein, were likely not to have been tested, and a lower proportion of those who had been tested were HIV antibody positive than were their counterparts in Inner Sydney.

Australia has been hard hit by the epidemic and ranks 17th in the world in the number of its AIDS cases. However, Australia has also been fortunate in being able to respond early and rapidly through intensive education campaigns particularly in the gay community. NSW rates of new infection among men from these communities appears to be slowing down.

1.2 AIDS Education to Men on the Beat

AIDS prevention programs in Australia aimed at men who have sex with men have primarily concentrated on the identifiable gay community.

There are a large number of men who have sex with other men who do not identify with or participate in the institutions of the openly gay community. For many of them, public venues such as toilets and parks have been used as places to meet other men either for sex-on-site

or for making assignations for sex. In common parlance these are called "beats".

This is a very elusive target group, and even its size is difficult to predict. Very little was previously known about:

- . the extent of their AIDS knowledge;
- . their risk-activity behaviour;
- . possible education strategies to reach these men.

The only AIDS education many of these men are likely to have received is that provided through the general community media campaigns. These have often been ambiguous, coy and limited in their delineation of safe sex practices, in contrast to the material targeted for gay-identifying men which has been verbally and visually explicit and extensive in the range of practices discussed.

1.3 The Western Sydney Beats Sex Study

The Western Sydney Beats Sex Study (herein referred to as the Beats Study), a research study funded by the Commonwealth AIDS Research Grants Scheme (CARG) through the Western Metropolitan Health Region in Sydney, designed and coordinated by Garry Bennett, provided for the first time some indications of the nature of the target group.

The study, conducted in early 1988, administered a survey to 176 men, of whom 114 used beats.

The authors made the following preliminary conclusions:

- . a significant number of men attending the beats were practising unsafe sex (40% practiced unprotected anal sex with casual partners, 10% practiced unprotected anal sex with regular partners)
- . they were not receiving AIDS prevention information appropriately from existing sources
- . many were willing to listen and indeed keen to learn
- . education could be done in situ ie. on the beat
- . face-to-face contact was the most important mode of providing information and encouraging behaviour change for this group
- . and education programs, to be successful, would require workers with particular skills, especially knowledge of appropriate beat behaviour, and there would need to be a well-developed support/de-briefing system for the workers

(For a full report on the Beats Study see **Sexual practices and "beats": AIDS-related sexual practices in a sample of homosexual and bisexual men in the western area of Sydney**, G.Bennett, S.Chapman, F.Bray, Medical Journal of Australia, Vol 151, September 18, 1989, pp309-318)

2. PROGRAM PROPOSED

On the basis of the information from the Beats Study, a submission was made to the AIDS Bureau of the NSW Department of Health for a program of education to men on beats.

The proposal was made jointly by the AIDS Council of NSW (ACON) and the Health Department's Sydney AIDS West Education Unit.

2.1 Target Group

The identified target group was men who visited beats in Western Sydney with the intention of having sex with other men.

2.2 Program Objectives

The objectives established were:

- . To impart accurate and appropriate information about HIV transmission and safe sex practices to men in the target group
- . To make the possibility of HIV transmission a personal reality for the men in the target group
- . To encourage behaviour change to safer sex practices amongst the target group
- . To develop peer support for safe sex practices among the target group where feasible.

2.3 Methodology

Face-to-face interaction was to be the primary intervention. Such would include:

- . discussion of HIV transmission
- . discussion of individual's perception of their own risk
- . clarification of safe sex practices
- . giving out condoms and lubricant
- . discussion of safe needle use
- . providing written information
- . providing referral when appropriate

Stickers were to be produced with safe sex and intravenous drug use messages and giving phone numbers for further information. These would be routinely placed on walls, cubicle doors, etc. and would target men who had sex with men and refer them to a telephone counselling service for information about HIV/AIDS and safe sex practices.

Advertisements were to be placed in local newspapers directing men who had sex with men to a telephone counselling service.

It was expected that significant program development would be desirable in two areas:

- . strategies for beats in shopping centres
- . strategies for men with non-English speaking backgrounds.

2.4 Staffing

Four field educators were submitted for, to work in teams of two. One educator would be designated as co-ordinator and appointed with appropriate seniority.

Working in teams of two was seen to address issues of personal safety of the workers arising from night work and the well-documented violent assault and harassment of men using beats (in common parlance, "poofter bashing").

Each team would have a car given the need to travel between beats and to transport print material and condoms for handing out at beats.

2.5 Project Management

The project was to be supervised by a small management group from the AIDS Council Education Working Group and include a representative of the Sydney West AIDS Education Unit.

2.6 Evaluation

Statistics were to be maintained on:

- . beats targeted and visited (including frequency)
- . personal interventions made (including duration)
- . information packets distributed
- . phone calls made to the counselling line deriving from stickers or newspaper advertisements.

The project was to be reviewed in 12 months time.

3. PROGRAM FUNDED

The project was given twelve months pilot funding in 1988 from the NSW Department of Health.

The Objectives, Methodology, Project Management, and Evaluation were approved as proposed.

Funding covered two workers, a vehicle, related on costs (salary on-costs, administrative costs, goods and services).

No funds were allocated for print materials (including advertisements).

The project commenced in November 1988.

4 PROGRAM REVIEW

4.1 General Comments

This review is based on interviews with the current field educators, statistics maintained by them, and comments from the management group for the project.

4.2 A Note on Data

Data for the first 6 months of the project was kept as a day-by-day diary and is not easily amenable to analysis. A simple tabular system of recording was developed and is now in use. This provides data for a 6 month period over winter and spring in 1989. The format for this is at Appendix 1.

The data does not attempt to rigorously quantify details of each interaction with a beat user. It seeks to record basic information that can give a sense of the balance of the overall level of activity so that changes over a range of variables can be assessed over time - ages, sexual identity, ethnicity, change in knowledge about and attitudes to safe sex.

Beats vary in their attendance numbers - regular and seasonal - and the characteristics of men using them. Any period of data looked at will then only reflect a selection of the total population of beat users.

Because the data has been collected over a relatively short space of time, any interpretation of this data must be seen only as provisional and indicative of areas to investigate over the long term.

4.3 Definitions

For the purposes of this review, beat work is split into three basic forms of interaction:

- . direct verbal interactions, face-to-face with users
- . direct non-verbal interactions, face-to-face but in circumstances where discussion is impossible or would be an insensitive intrusion eg. a beat user may be alone in a toilet cubicle while there are others in the toilet not there for sex and it would be inappropriate for the worker to draw unnecessary attention to the beat user, workers are also not averse to placing material under the doors of cubicles in which men are obviously having sex.

. indirect interactions, where material is left at a beat that is not being used at the time of the visit

The field educators are referred to as beat workers or workers.

Men encountered on the beat are referred to as users.

4.4 A Brief Description of a Typical Beat Interaction

A typical beat interaction may proceed as follows:

The workers drive to a park with a toilet block known to be a beat. They observe whether the beat is being used or not - whether men are "cruising" other men who are present ie. using a well-developed code of body language to establish contact. They also check for bashers or others using the toilet.

One of the workers will then go into the toilet replace any stickers and check for any activity. Workers then follow their instincts as to who to make an approach to, and this is where understanding beat behaviour or at least "cruising" behaviour between men plays its part.

Interactions then usually begin with the worker introducing themselves as being from ACON, and stating that they are there to talk to men on the beat about safe sex and AIDS. If the user is willing to talk, the worker will assess their level of knowledge and practice answering any questions the user may have.

Either party may end the interaction. The user will be offered written material, given condoms and lubricant, and reminded to contact ACON if they want further information.

Interactions may lead to the user being referred on eg. for appropriate confidential testing, to a peer support group, to a gay social group.

Interactions will vary depending on where the discussion leads.

4.5 Reach Into Target Population

The submission for the project outlined four sets of statistics which were to be maintained, implicitly as measures of reach.

4.5.1 Number of Beats Visited (Including Frequency)

While this figure is recorded, ranging from 75 - 102 in any one month, its usefulness as a measure of reach is doubtful. It may take some time to locate all beats in an area and assess whether they are in current use or not - beat locations can change from year to year. It will vary from period to period depending on weather, number of people using a beat when visited, repeat visits to particular regularly frequented beats. Some beats, such as those in shopping centres, can be difficult to visit.

Knowledge of where beats are located has come from a number of sources. Police had already compiled a list for the Beats Study; workers used their own knowledge (it may be an advantage to recruit workers familiar with an area); gay groups where they exist can provide some information; a gay sex shop owner had information; graffiti both on beats and in other areas directed workers to other beats; men on the beats and worker observation filled in gaps.

4.5.2 Number of Personal Interactions (Including Duration)

4.5.2.1 Number of Interactions

In the period for which data is available, the workers made direct verbal interactions with 342 individuals, exclusive of repeat clients.

Data on the number of direct non-verbal interactions has only been quantified for the last two months of the data collection period. In this time 157 non verbal interactions were recorded and 152 verbal interactions.

This should not necessarily be taken as the pattern of non-verbal:verbal, it varies with the types of beats visited and the times at which they are visited.

4.5.2.2 Repeat Users

The number of repeat users hovers around ten percent in each month. That there are repeat clients indicates that there may be a capacity to develop on-going relations with some and involve them in the project in the role of secondary educators or as the

basis of a peer support network (See later comments under Peer Support).

The number is lower than might perhaps be expected which suggests that the population using beats is larger and from a wider range of backgrounds than expected.

4.5.2.3 Duration

Data has not been kept on duration of the interactions. Again, it is doubtful that anything sensible can be derived from recording the duration. Time spent is no guide to effectiveness of the interaction.

Most interactions are short. Beats are not generally areas set up for long chats - they are public places whose primary function is not conversation. Often men have some initial reluctance, feel confronted. They are eager to get knowledge but not to hang around.

4.5.2.4 Variations During the Data Period

The period for which data was recorded covered winter and early spring with cold and rainy weather so numbers attending beats could be expected to be lower. In contrast, workers recorded 70 direct interactions (both verbal and non-verbal) on the summer Boxing Day holiday in the space of 10 hours, and their early diary records interactions with 30-40 men on most days in January.

Numbers will also vary depending on which beats have been covered during any one period and their usual level of use.

4.5.2.5 Number of Interactions as a Measure of Reach

There is no good estimate of the population of men who use beats within the geographic area covered by the project. Hence it is difficult to make an estimate of the extent of reach into the target group. It is also difficult, from current epidemiological information, to suggest what the appropriate extent of reach should be to effectively achieve a goal of reducing the potential transmission of HIV among the target group.

We also have no idea of what multiplier effect to attach to an interaction with any one user in terms of others thereby reached indirectly.

4.5.3. Information Packets Distributed

No funds were allocated for the production of print material specifically for this project. Material distributed has been that produced for general use by ACON or by other organisations.

Workers distribute a range of material - a standard package of ACON's Safe Sex guidelines, the Streetwise AIDS issue, and condoms and lube in safe sex pouches. ACON's Six Tips for Hard Cocks was very popular on the beats, striking the right tone of sexiness and explicitness, and proved useful as an "ice-breaker" for the workers.

Additional pamphlets, including ones in non-English community languages, are carried in the car and are available for selective distribution.

Workers agree that a range of pamphlets targeted for the different populations using beats is necessary.

No accurate data has been kept on the numbers of any items so distributed.

The workers have identified a need for:

- . a pamphlet that is heavily pictorial targeted at people with low literacy levels.
- . information identifying good brands of lubricant.

4.5.4 Phone Calls Made to Counselling Line

ACON's number and that of the Albion St AIDS Centre's Hotline appear as the referral numbers for safe sex information.

ACON's data system for telephone counselling or information does not record from where the person obtained the number. ACON has not asked Albion St to keep track of calls made to the Hotline.

The usefulness of this measure is again doubtful. The question can be intrusive at a time when people may be making phone contact that is personally stressful. There is always the concern that information can somehow be traced, callers may not disclose where they saw the number. People may often take down a number and have it for some time before using it, and may not then recall from where they first got the number. The rate of response will probably be low.

As a comparison, the Alcohol and Drug Information Service asks a general question about source of information about ADIS. It comes at the end of a

fairly detailed questionnaire and is poorly responded to.

Finally, a lack of a follow-up phone call may only mean that the initial interaction was adequate in itself.

4.6 Characteristics of the Population of Men Contacted in This Project

4.6.1 Sexual Identity

Of those with whom direct interaction was made, 36% identified as gay, 28% identified as bisexual or heterosexual and sexual identity was unknown for 36%.

Of the Beats Study respondents, 52% are described as homosexual, 39% as bisexual, 9% as heterosexual. The difference may be accounted for in the 36% not known response of the beats project figures, or it may be that different populations are being sampled. The Beats Study only sampled from six out of fifty known beats, and as will be shown, beats vary in their characteristic populations

Report No 2., **Information About AIDS: The Accuracy of Knowledge Possessed by Gay and Bisexual Men**, of the ACON/Macquarie University study into the Social Aspects of the Prevention of AIDS (SAPA), reporting on research conducted in the summer of 1986/87, concluded that those separated from a gay lifestyle either geographically or psychologically are less likely to have an accurate knowledge of safe sex practices and are more likely to overestimate the risks involved.

"It is possible", say the authors, "that these men are not sure about what sexual practices they may engage in without risk and so adopt an optimistic view with regard to the likelihood of a cure for AIDS and the unlikelihood of the transmission of HIV" (pp30-31).

The SAPA study Report No 3., **Facing the Epidemic: Changes in the Sexual and Social Lives of Gay and Bisexual Men in Response to the AIDS Crisis, and Their Implications for AIDS Prevention Strategies**, also highlights this area of identity. Looking at sexual behaviour changes adopted by men who have sex with men, they conclude that moving to reducing the number of sexual partners as a way of preventing HIV transmission is more common among those "who, for various reasons, might be insecure or unsupported about their homosexuality" and those "who have

gained the least accurate knowledge of the details of the safe sex message".

The authors sees this as a defensive reaction and point out that it is one which does not necessarily prevent transmission since unsafe practices can still take place within restricted relationships (pp18-20).

Adopting safe sex, the study finds, is "least marked among men....living in the Western suburbs or in the country.....(and are) socially identified as heterosexual"(p21).

Regularly assessing the sexual identification of men in the beat population then becomes an important part of beat work. Identity will have a bearing on how safe sex information is received and hence how it should be presented.

Informal counselling about sexual identity has also been a significant part of the workers' job. Many men remain uncomfortable about their sexual practice and the way they perceive themselves as being perceived by others. Guilt, low self-esteem, isolation, are all a part of beat life for some. Workers indicate that for some men, these interactions are the first time they have discussed their sexual practices and identity with other men.

Dealing with this is not specifically mentioned in the Objectives for the program though it may be construed as an activity necessary for making the possibility of HIV transmission a personal reality for beat users (Objective 2) and for encouraging and facilitating their adoption of safe sex practices (Objective 3).

At the same time, it is clear that other men quite comfortably maintain the apparent contradiction between their perception of their sexual identity and their sexual practice. The strategies and supports we offer to them for changing to safe sex behaviour will have to take this into account.

Sexual identity and its intersection with social identity also can be different for different beats users. For some proportion, the beat will provide a site for both the majority of sexual practice and for socialising with men one identifies with. For others, the main focus of their sexual activity is away from beats, largely heterosexual, and there is no sense in which beats are a part of their social identity. Education strategies have to be different in each case.

4.6.2 Age

As with other variables, this varies with different beats and times of use. So looking at any one period may skew the distribution.

Overall, the age group most represented is 30-40 years (34%), followed by 25 years and under (24%) and 40-50 years (18%).

The number of those 25 years or younger is a good example of the kind of variation that can occur. While the overall figure is 24% (the Beats Study reported 25%) the figure ranged from 16%-50% in any one month depending on the beats visited, in this case the higher figures are from shopping centre beats.

The figure highlights the fact that a significant proportion of a beat population can be expected to be young and that education material for beats should include material targeted for them. It also follows that beats should be considered within any strategy that aims to reach young men who have sex with men.

The data does not allow for a cross tabulation of age with sexual identity. Workers state that a correlation is observable eg. those in their late teens seem more likely to identify as gay whereas those in the 30-40 yr group may see it more as 'fooling around'.

4.6.3 Ethnic Background

Those encountered are overwhelmingly recorded as Australian or of other English-speaking background (96%).

Workers suggest this reflects both an absolute under-representation of men from non English speaking backgrounds, and also the random pattern of visiting beats ie. that beats where they are likely to have come across such men may not have been visited as often within the data period.

Workers report some resistance to contact and language difficulties at times. Information in community languages is made available when necessary.

This is one of the areas where specific targeting may profitably occur.

4.6.4 Patterns of Use

Workers have observed differences in the pattern of use of different beats depending on a variety of factors -

- . the time of day
- . the location - its accessibility, visibility
- . the type of beat - park toilet, shopping centre, railway station toilet
- . the time of year
- . the risk of bashers or a history of violence.

For example, they perceive that one is more likely to come across gay identifying or single men in the late evening and night time, as these men have no excuses to make to partners for their absence from home; young men seem to be more frequent at beats near shopping centres, possibly for ease of access by transport and also again having a "legitimate" reason for being in an area, they are also less likely to be at a beat at night.

Contrary to the view taken in the Beats Study, workers believe many beats in the area are more frequented during the day than in the evening/night and their working hours reflect this.

Given the variation observed during day-time hours, it may be that different populations again use beats late at night or on week-ends. This is an area which needs more attention.

In order to reach the various sub-populations that make up a beat population, then, beat work needs to be adaptable in both the spread of hours and the expectation of coverage of numbers of beats or geographical spread.

That there are patterns of use should also suggest that the target population to be reached during any particular period of beat work can be varied to accommodate broader campaigns that an auspicing body such as ACON may be running. For example, if a concerted campaign is being planned for bisexual men, then the beats to be concentrated on and the time during which they are covered can be a key part of the strategy.

4.7 Knowledge and Practice of Safe Sex

The objectives established for the project were:

- . To impart accurate and appropriate information about HIV transmission and safe sex practices to men in the target group
- . To make the possibility of HIV transmission a personal reality for the men in the target group
- . To encourage behaviour change to safer sex practices amongst the target group
- . To develop peer support for safe sex practices among the target group where feasible.

4.7.1 Level of Knowledge

The worker assessed and self-reported number of those with an overall good knowledge of safe sex practices varies from roughly one quarter to one third of direct verbal interactions.

While not strictly comparable, these figures are apparently better than those of the Beats Study which found 85% overall answering some questions on transmission incorrectly.

Workers have also in some cases taken at face value self report of level of knowledge. While workers try to check this through discussion, the 'good knowledge' response may often indicate that the user wants to break the interaction.

Interestingly, in a period when the number of those under 25 years was high (50%) the number of those assessed as having good overall knowledge was much lower.

At the beginning of the data period, workers recorded the level of knowledge as being poor on anal sex, vaginal sex, oral sex, kissing and condoms, with some individuals low on knowledge on masturbation and use of lubricant.

Knowledge on anal and vaginal sex, kissing and condoms appears to have changed over time for the better and it appears to be more than an artefact of the particular beats visited.

Oral sex remains an area of low knowledge. Education about the use of lubricants is also an area needing more work.

The difference between the figures from the project and those of the Beats Study may reflect differences in population sampled or that the general knowledge of men using the beats is improving. If the latter, in the absence of other education campaigns targeted at this group or of media campaigns that address the issues raised in the SAPA study, some of the difference must be ascribable to the beats project.

4.7.2 Frequency of Safe Practices

Self-reported and worker-observed unsafe practices were frequent at the beginning of the data recording period but show a dramatic drop in frequency.

The figures persuade the conclusion that the project is being effective, but a more rigorous look at possible intervening factors resulting in this apparent improvement will be needed before it can conclusively be laid at the feet of the project.

4.7.3 Peer Support

To speak of peers implies a sense of recognised commonality and equality most usually in an identity. To speak of peer support in the context of behaviour change suggests the possibility of an interaction among peers that will allow support for change, in this case one that is seen as difficult with potentially negative consequences at least in the short term for the person doing the changing.

Do such conditions exist on beats ? Sex on beats remains for many users an activity that cannot be admitted to, so there may be a barrier to seeing others as peers. Most beats are also not places where there is the physical opportunity or time for much non-sexual social interaction. The workers did suggest that some beats do have a group of regulars, and that some informal friendship networks also exist, both of which could work as support networks. The workers are considering specific strategies for using these networks or individuals within them as secondary educators.

4.8 Project Activities

4.8.1 Geographic Coverage

The project operates within the major part of eleven local government areas and three State health regions. The size of the area is 8,927 square kilometres, 72% of the total are of metropoiltan Sydney.

The size of the area to be covered has proved difficult, both in distances travelled and in the number of beats to be covered. Some beats are so heavily used as to almost require a permanent worker. The size mitigates against doing regular repeats of beats to both establish the kind of peer support proposed in the program and also to deal with the high turnover at beats.

In such a situation, workers have to make decisions about which beats to work. Factors taken into account in making this decision included: -

- . the known catchment area of the beat. A beat attended by small numbers may still be worth visiting if users come from distant areas irregularly and are otherwise unlikely to be reached.
- . the known busy-ness of the beat
- . whether they felt a particular beat had temporarily reached "saturation point". This last is interesting. Workers feel that there is an indefinable level at which a particular beat will have been visited often enough that there is little incremental benefit to be gained from further visits at that time.
- . whether to try and target a particular group of users eg. to visit beats where a high proportion of men will be from non English speaking backgrounds. This may tie in with particular campaigns being run by ACON.
- . information from men on the beats themselves or other workers in the area about particular beats which could be targeted - they may be new beats, there may be new users, users may report a high degree of unsafe sex occurring.

4.8.2 Direct Interactions

This makes up the bulk of the work as was anticipated in the program proposal. All aspects of it as outlined in the proposal are covered - discussion about HIV/AIDS and related issues, safe sex practices, safe needle use practices when appropriate, providing condoms and lubricant, and providing written information and referral.

What is said in any interaction will of course vary. While there is a standard set of information to be communicated, clear information about transmission, content will also reflect information the workers

have recently collected or what they assess to be needed from their observation of the beats. Workers tend to focus on HIV/AIDS but have information available on other STD's.

As indicated before, informal counselling has become a significant part of face-to-face work. Issues of sexual identity are often discussed. Workers also commented that they at times become more generalist counsellors as well, providing the men with the only opportunity of a sympathetic ear. This should be recognised when considering worker skills either at the point of recruitment or through staff development post employment. Both current workers have undertaken a course in counselling about HIV.

Often, however, beats may not be attended when workers arrive, or beat users may be engaging in activity that is not conducive to entering into discussion, or may not want to talk with workers. Hence leaving written material at a beat whether or not men are there is necessary.

4.8.3 Stickers

Prior to the funding of this Beat project, ACON had already produced limited numbers of a sticker for use in beats which had had a good distribution. The sticker had a line drawing of a condom covered penis, clear messages about safe sex and needle use, and telephone referral numbers.

Concerns were expressed especially from gay men in rural areas about the explicitness, largely a fear that the venues would become clearly identified as beats and so attract bashers, unwelcome attentions from police or be closed down by local authorities.

A second sticker was developed through monies available from a national Rural Outreach project located with ACON. This had the same messages but no line drawing, though it did provide a recognition of the beat for those familiar with the term in it's key message - "Let's Beat it".

Stickers have been placed in both male and female toilets.

Stickers take a lot of maintenance. They are often defaced or torn off. Workers are now approaching local councils proposing the use of a stencilled message to increase permanency. Two councils have agreed to use an explicit message - 'Always use condoms when having anal or vaginal sex'; some councils want to place a less explicit message more selectively. In one case the council requested the

locations of the beats; workers are concerned that this might lead to adverse unwarranted attention on the beats and so are unwilling to give this information.

No permission was sought from local councils prior to putting up the stickers, but no councils have raised formal objections. Complaints have come from shopping centres opposed to stickers per se., and probably with the identification of their toilets as beats.

4.8.4 Local Newspaper Advertisements

These were not pursued. Workers do not see these as a necessarily an appropriate strategy within a beats program though they may well be a strategy for reaching men who have sex with men.

4.8.5 Negotiations With Local Authorities/ Police

4.8.5.1 Local Authorities

Until recently there has been little by way of formal approaches to local councils in regard to the program. Early advice from a gay alderman suggested that there was little to be gained.

Local authorities have by and large a reputation for conservatism and approaching them, workers felt, may have led to difficulties in carrying out the projects. Some local authorities have responded to AIDS by locking up or, in extreme cases, bricking up public toilets. At the same time workers reflected that approaching councils earlier could lead to a more reasoned response by the councils.

Local government is also a complicated structure and it is not always clear where best to place efforts in attempting to get support for projects such as the beat program.

It must be said that no councils have been uncooperative when they have been approached. Indeed, both Blue Mountains and Auburn Council have been helpful, Auburn being the first council to agree to stencils being used in public toilets.

An opportunity for increased work with local councils may come should the present project being conducted jointly by the AIDS Bureau and the Local Government and Shires Associations be established as a long term consultancy service.

This also raises the question of who most appropriately should undertake the negotiating.

Workers expressed concerns for the time that might be taken away from being on the beats, though they also felt that doing work such as liaison work, training and so on provided a break from the strain of beat work. It's a question of balance and of the proper use of support structures such as a working group or management sub-committee.

4.8.5.2 Police

The approach taken here was formal. Approaching police is seen as a two-edged sword. Police have had an unfortunate history of harassment, raids and entrapment associated with beats and these are very much current issues for the project. Informing police may serve to draw attention to a beat rather than anything else.

Legislation against homosexual acts, soliciting or public nuisance where it exists of course places police in a difficult position in supporting a project for beat users.

Informing police of the project has at least four functions:

- . an educative one for police not only about the use of beats as an AIDS prevention strategy but also about men who use beats. Workers have raised issues of the sexual identity of these men, of their wider family and social lives, of the effect of police harassment, all of which may lead to changes in police perceptions and hence practices.
- . getting agreement from the police not to interfere while the workers are on the beat
- . possibly ensuring a quick response if the workers found themselves in physical danger at a beat
- . local police can also be a good source of information on which venues act as beats; this project began its list from such a source.

The project began by approaching the head of the NSW Police/Gay Liaison Unit, who then approached relevant district superintendents indicating the Department's support for the program, and so on down the line to the local police station. Local stations were, however, not always given the information.

Local stations have usually asked that the workers tell them when they are coming into the area. In one instance where this did not happen, police arrived acting on a complaint about two men - the workers -

apparently loitering around a toilet near a child care centre.

The workers have identified a clear need to educate police about HIV in three areas:

- . general AIDS information
- . the risks police face at work
- . information about beat users and the role of the police in facilitating AIDS education on the beats.

They felt that they had a role to play in the third area. The Steering Committee for the project could take this matter up with the Police AIDS Training Unit.

4.8.6 Needle Users on Beats

Not surprisingly, public toilets and parks also serve as meeting places for drug injectors. Workers often come across used fits (needles and syringes), but infrequently come across users themselves. It seems likely that while the same venue may be used, sex activity and needle use activity happen at different times. For example, it is the workers' impression that at one site sexual activity stopped when drug use became frequent and resumed again after a raid on a nearby drug dealer site.

Beat stickers and printed material distributed deals with safe needle use. Anecdotal evidence suggests that needles in Auburn were better disposed of after beats stickers went up.

Workers have made good contact with needle exchange workers where they exist in the areas covered by the project.

Workers carry a sharps disposal container but are uncertain about their worker's compensation coverage should they receive a needle-stick injury leading to infection. It is not as simple a matter as instructing them not to collect the needles as it can be viewed as negligent to leave needles where someone else can use them or injure themselves with them.

An early proposal to collect needles to establish seroprevalence was dropped as it was clear that no reasonable conclusions would be able to be drawn.

4.8.7 Contact With Local Gay Groups

Where they exist workers have introduced themselves to the groups. They can give prior information on beats, violence, and can serve as a referral point. Workers found little overlap between men on beats and men who attend local social groups. Beat populations themselves are not necessarily localised.

Keeping consistent contact becomes a question of time and the primary objective of the project.

4.8.8 Contact With Health Services - Both AIDS Specific and Generalist

Workers have introduced themselves and the project to these services to develop a referral network. There has been regular contact with the Castlereagh AIDS Task Force and the Parramatta Sexual Health Clinic.

4.8.9. Use Of Identity Cards

Workers carry ID cards visible to clients. They are effective at quickly setting the terms for the interaction with men on the beats and validate the workers' presence on the beat to men on the beats and, in at least one instance to police. There are times, of course, when the cards have the opposite effect.

4.8.10 Use of Volunteers

This is distinct from using men on the beats as secondary educators. Some other states have undertaken beat work using volunteer teams or combinations of volunteers and paid workers.

The issues to be thought through in taking such a decision include:

- . commitment
- . availability at varying hours
- . clear lines of responsibility and accountability
- . training and support
- . insurance coverage

4.8.11 Other Workers Accompanying Beat Staff

From time to time other staff from ACON have spent time with the workers (this is outside of when they have acted as relief staff). This has been at times when these staff who have particular areas of work,

eg. youth peer education, men from non English speaking background, have wanted to meet beat users either to inform them of their project or to familiarise the staff person with the needs of men with whom they may not otherwise come into contact.

This has been a mutually rewarding exercise for the beat workers and for the other staff. As with volunteers, however, it must be carefully managed to prevent it being more of a hindrance than a help.

4.9 Program Management

4.9.1 Steering Committee

A steering committee was formed for the project with a representative of ACON, Sydney AIDS West and the AIDS Bureau. The chief researcher for the ACON/Macquarie University study into the Social Aspects of the Prevention of AIDS subsequently has become a member.

The steering committee has allowed the workers a forum in which to test out ideas, focus their work, seek guidance in handling sensitive issues including the media and the police. The committee has acted as a motivator for workers at times.

Both workers appreciated the presence on the committee of the SAPA researcher for the expertise and knowledge he is able to bring in questioning their understanding of what they observe on the beat and the statistics recorded. The workers are also able to feed into the SAPA project their day to day observation on areas relevant to the research.

4.9.2 Day to Day Management

Most day-to-day management has been handled by ACON's Education Programs Manager.

This has presented a difficulty at times as the officer's senior management position has led to the regularity and duration of access to the officer being compromised. Both workers also felt at times a reluctance to bring work practice issues to a position they perceive as over-burdened as it is.

This should be reviewed, particularly should the project expand. The appointment of one of a larger team as a coordinator may present an option, though the role of this person within a small team based structure would have to be carefully negotiated.

4.9.3 Co-location with Sydney AIDS West

As the project was to cover the Western suburbs location in the area was seen as practicable. Sydney AIDS West offered to provide workers with desk space and clerical support. This has been extremely beneficial both for administrative reasons, and in mitigating the isolation of being a field-based team operating at a distance from the head office of ACON.

Locating the team at a premise other than the head office of ACON has also at times led to difficulties for the team in keeping up with matters internal to the functioning of ACON as an organisation - policies and procedures that impact on the team's work - and keeping up with general information in relation to HIV/AIDS. This adds to the sense of isolation for the team as well as potentially reducing the effectiveness of their work. The need for up-to-date information has been mitigated by being able to tap into material at Sydney AIDS West, but this will become an issue should a separate ACON office be established in the West.

4.9.4 Team Work

As per the proposal, the workers have worked as a team at all times. The reasons given for taking this approach when the project was proposed were both to do with personal safety - because it was assumed that beats were mostly used at night, and the presence of "poofter bashers".

On the matter of busy periods for beats, no general rule can be made. Different beats are busy at different times and for different populations. Workers' experience tends to suggest that most beats in their area are busier during the day.

Everyone who uses a beat can recall an instance of violence or harassment, either personal or observed. Beat violence occurs both night and day. Workers have sighted potential bashers, and have been threatened twice. Both workers see usefulness in doing classes in self-defence, as a boost to their self-confidence if nothing else. Both agree that working in pairs provides a sense of security. Having a mobile phone adds to this.

Working in pairs has other advantages:

- . lessening the feeling of isolation in a stressful work situation

- . having someone to discuss work with who is immediately accessible and knows the work area closely

- . sometimes sheer numbers of people on the beat needs two people for effective coverage

- . at times one worker can act as an observer of the comings and goings on the beat, keeping track of who's been spoken to, watching for trouble etc.

- . different workers may have different skills and be more successful in approaching different men

Team work on the beats has particular stresses and strains, however. The reality of it, as expressed by workers, is that the team members spend more time with each other than with any other person in their life. When a team is being established this means being with a total stranger with whom one is not necessarily compatible for 35 stressful hours a week.

It is not like an office team where there is time and space to work on one's own or choose whom to interact with more closely. If difficulties arise over work or personal matters they can rapidly build up to a point where it is difficult to maintain a sense of professional detachment.

Compatibility is a difficult area. When the project first began the two workers then hired spent some days getting to know each other off the beat. This gave them time to recognise and discuss differences though not necessarily to resolve them. The question that is difficult to resolve, of course, is what an employer can do in a situation where it is clear that personal incompatibility has become a major obstacle to effective work.

Turnover in the team also presents difficulties in orienting the new worker, adjusting to new work styles, inevitable issues of seniority and so on. This project has had four staff over its first twelve months - one staff person left because of illness; the position was filled short-term until advertised and selected for, a replacement full-time worker was then hired.

While these issues were recognised in establishing the team and a system for providing personal support and an opportunity to explore these issues was established there are difficulties with that system. These are looked at below.

Working in a team of two also presents difficulties when one member is ill for any length of time or takes recreational leave. Using other staff within the organisation on rotation can present difficulties for the permanent beat worker and may be unproductive. It may be more useful to have one staff person designated as a relief worker. The problem would also perhaps be eased with a pool of beats workers on which to draw.

The difficulties notwithstanding, it is strongly recommended that a two-person team approach be continued.

4.9.5 Personal Support

Interviewers for the Beats Study found the process of talking with men on the beats stressful - rejections, the isolation and guilt of some of the men on the beat, the unsafe practices reported and observed, all contributed. Regular de-briefings became a necessary part of the study.

In setting up the beats project this was formalised through giving the workers access on a regular basis to a support worker within ACON. This was also to address issues that could arise from two people working so intensely together for long periods of time.

Both workers have found this to be of assistance as a relief valve for these reasons. Both have also used the support worker to discuss work performance and, at times, personal issues that are not directly work-related but have an impact on or are affected by work. There is a potential for conflict here if the personal support worker is used to arbitrate on work practices. There must be a clear distinction maintained between this support, day-to-day management, and overall project overseeing by the steering committee.

However, as with the position responsible for the day-to-day management of the project, this role is carried out by senior management and the regularity and duration of access to this support can at times be compromised. There may be a need, particularly should the project be expanded, to look options either within or outside of ACON.

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5 CONCLUSION

- 5.1 The Beats Project has been a highly innovative approach to AIDS education for a population of men who may not otherwise have been effectively reached. The NSW AIDS Bureau is to be credited for its support of a controversial program.
- 5.2 Workers have maintained an impressive coverage of beats in the western area both in the types of beats and the geographic spread. Workers commendably have begun approaches towards extending their coverage to southern suburbs.
- 5.3 Though we do not know the potential size of the population, data collected indicates a good coverage across ages and sexual identities. Reaching men from non English speaking backgrounds is an area that will receive more attention in future.
- 5.4 Evidence suggests that the project has contributed to an increase in the level of knowledge of safe sexual practices and a decrease in the frequency of unsafe sexual activities among users.
- 5.5 Good liaison has been established with staff within the Police Department at a central and local level, and local government authorities to the mutual benefit of all parties and that of beat users.
- 5.6 In the information collected in the formal data keeping and the informal observations of the workers, the project is building up a comprehensive and complex picture of the nature of beat behaviour and users that is already of use in refining our models for preventative education with hard-to-access target groups, not just for AIDS but more broadly.
- 5.7 Western Sydney is not the only area in which men meet each other at beats. What was true for the level of knowledge and of unsafe sexual practice for this population before the beginning of the beats project is likely to be true elsewhere. The model being developed through this project should as a matter of priority be established in other areas.

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APPENDIX 1

A GUIDE TO SETTING UP A PROGRAM OF PREVENTATIVE EDUCATION AND SUPPORT FOR MEN WHO HAVE SEX WITH MEN THROUGH USING PUBLIC SITES

1. INTRODUCTION

Public venues such as toilets and parks have been used as places to meet other men either for sex-on-site or for making assignations for sex. In common parlance these are called "beats".

Studies of this population indicate that a large number of these men do not identify themselves as homosexual/gay and have little contact with the gay community.

For many the only AIDS education many of these men are likely to have received is that provided through the general community media campaigns. These are often ambiguous, coy and limited in their delineation of safe sex practices, in contrast to the material targeted for gay-identifying men which has been verbally and visually explicit and extensive in the range of practices discussed.

Interest has been shown in developing innovative approaches to reaching these men through education programs for them in situ.

This document summarises areas to be considered in establishing such a project. It is based on the experience of the a project conducted by the AIDS Council of New South Wales in the Western Suburbs of Sydney.

2. BACKGROUND RESEARCH, ON-GOING DATA COLLECTION, AND EVALUATION

2.1 Pre-Research

Our experience suggests that populations of men using beats (hereafter called users) will be different in different areas.

Setting up a project for users must begin from a basis of research into the particular population being targeted.

Factors to consider include:

- . age, ethnicity, sexual identification of users
- . types of beats in the area
- . patterns of use by different populations and at different times daily or seasonally
- . levels of knowledge about safe sex practices
- . level of actual practice both on the beat and off it

2.2 Measures of Performance

Establishing relevant measures of performance will depend on how an organisation sees a beats project - what goals it expects to achieve.

Some of these may be related directly to recording of activity on the beat - number of beats visited, number of users spoken to, reductions in the number of unsafe acts reported or observed.

Others may depend on access to wider epidemiological information that can be related to the population using the beat - rate of new infection from male/male sexual activity in the geographical area in which the project runs.

Selection of appropriate measures should be undertaken with care. Measuring reach into the populations or change in practice as a result of intervention by workers are subject to a number of variable over which workers may not have control.

For example, take the number of users contacted over any period as a measure of reach. We have seen that patterns of use over any one period are variable. We have no idea of how many men use beats. Hence it is difficult to make an estimate of the extent of reach into the target group. It is also difficult, from current epidemiological information, to suggest what the appropriate extent of reach should be to effectively achieve a goal of reducing the potential transmission of HIV among the target group. We have no idea of what multiplier effect to attach to an

interaction with any one user in terms of others thereby reached indirectly.

2.3 Data Collection

2.3.1 Basic Data

The difficulty of setting performance measures notwithstanding, some basic data should be collected on variables that may have an influence on the way information is accessed, understood, and acted on by users.

This could include:

- . age
- . sexual identity
- . ethnicity
- . level of knowledge of safe sex practices
- . level of safe sex practices
- . number of repeat users

Data should be regularly collected on level of knowledge of safe sex practices and level of safe sex activity both on the beat and away from the beat, with both male and female partners.

Data should be regularly used to inform the overall balance of worker activity.

2.3.2 Patterns of Use

All beats do not have the same range of users at all times.

Patterns of use can depend on a number of factors:-

- . the time of day
- . the location - its accessibility, visibility
- . the type of beat - park toilet, shopping centre, railway station toilet
- . the time of year
- . the risk of violence.

For example, beats may be used more frequently by gay identifying or single men in the late evening and night time, as these men have no excuses to make to partners for their absence from home; young men may be more frequent at beats near shopping centres, possibly for ease of access by transport and also again having a "legitimate" reason for being in an area, and they are also less likely to be at a beat at night.

In order to reach the various sub-populations that make up a beat population, then, beat work needs to be adaptable in its hours and site coverage.

Patterns of use can be used to better target beat work at specific times, linking it into broader campaigns that the auspice organisation may be running.

2.3.4 Sexual Identity of Users

Research studies and observation of men on beats suggests that sexual identity ie. defining oneself as gay, bisexual or heterosexual, and the social links to communities of others who identify in the same way, appears to have an impact on one's knowledge about safe sex practices and on safe behaviour.

Regularly assessing the sexual identification of men in the beat population then becomes an important part of beat work. Identity will have a bearing on how safe sex information is received and hence how it should be presented both in face-to-face interaction and in printed material.

2.3.5 Young Men Using Beats

A significant proportion of a beat population can be expected to be young. For many, first sexual experience occur in a public context. This may present special problems. Even where no laws exist against homosexual acts between adults or against soliciting, there are likely to be special protections for "minors". Working with young men will have to be especially sensitive.

However, that there are young men on the beat means that beats can be effectively used within any strategy that aims to reach young men who have sex with men. Specifically targeted material should be available.

2.3.6 Men from non English Speaking Backgrounds

Workers need to be sensitive to the presence on the beat of men from non English speaking backgrounds. There may be some resistance to contact and language difficulties at times. Some beats may have a higher proportion of non English speakers than others. The cultural interpretation of sexual acts between men may be very different from different populations.

Information in community languages should be available.

2.4 Evaluation

Program evaluation is usually classified under three types:

- . process evaluation - which measures the activities on the program and who it is reaching
- . impact evaluation - which measures the short term effects of the program
- . outcome evaluation - which measures the long term effects.

The kind of data collection proposed above lends itself most directly to process evaluation. It is the form of evaluation which has the most immediate possibility for feedback and hence for program redesign and implementation.

Impact and outcome evaluation, as indicated earlier in the section on performance indicators, may depend on information that is not immediately accessible through the beat project eg. rates of new infection.

3. MANAGEMENT OF THE PROJECT

3.1 Steering Committee

Our experience suggests that it is useful to form a steering committee for the project. The steering committee has allowed the workers a forum in which to test out ideas, focus their work, seek guidance in handling sensitive issues including the media and the police. The committee has acted as a motivator for workers at times.

Steering committees usually involve the workers, a representative of the auspice body, usually the officer responsible for the day-to-day supervision of the workers, and a representative of the funding body where there is one.

It can also be useful to include others with particular expertise and knowledge that can be brought to bear in interpreting what is observed on the beat and the statistics recorded eg someone conducting social research in the same or an allied area.

3.2 Day to Day Management

This will be handled differently depending of the organisational structure of the auspice body.

Whatever the system used it is important to ensure that workers have regular and consistent access to the manager.

The appointment of one member of a larger team as a coordinator may be an option, though the role of this person within a small team based structure would have to be carefully negotiated.

3.3 Field-Based Teams and Isolation

Beats projects teams are likely to be field-based teams, spending the majority of their time out of the office, often outside of office hours, and in some cases may operate from offices removed from the central office of an organisation.

In such instances, workers may feel quite isolated from their organisation - from support, from information which comes in on a daily basis into the organisation, from the involvement in every-day organisational procedures that give a sense of identity as workers.

When setting up a project, then, these areas need to be addressed and monitored.

3.4 Personal Support

Beat work is stressful - rejections from users when approached, the isolation and guilt some of the men on the beat express, the unsafe practices reported and observed, the particular nature of the team work can all contribute. Regular de-briefings and support for workers should be a part of any project.

This can be formalised through giving the workers access on a regular basis to a support worker either within or outside of the auspice body.

In establishing this a clear distinction should be maintained between this support, day-to-day management, and overall project overseeing by the steering committee.

If the support officer is a part of the auspice body as with the position responsible for the day-to-day management of the project, regular and consistent access must be guaranteed to the workers.

4. STAFFING

4.1 Qualities That Make for Good Beat Workers

These are some impressions of what may be useful attributes or skills when considering recruitment:

- . good general oral communication skills
- . good non-verbal communication skills
- . patience
- . good knowledge of HIV/AIDS
- . a non-judgemental disposition
- . counselling skills
- . a knowledge of beat etiquette over a range of beat types
- . it is a positive advantage to be a man who has sex with men
- . self confidence and comfort with one's sexual identity

4.2 Team Work

Our experience suggests that beat work is best done by a team of two workers.

Some of the advantages of this are:

- . lessening the feeling of isolation in a stressful work situation
- . having someone to discuss work with who is immediately accessible and knows the work area closely
- . sometimes sheer numbers of people on the beat needs two people for effective coverage
- . at times one worker can act as an observer of the comings and goings on the beat, keeping track of who's been spoken to, watching for trouble etc.
- . different workers may have different skills and be more successful in approaching different men

Team work on the beats has particular stresses and strains, however:

- . team members may spend more time with each other than with any other person in their life. When a team is being established this may mean being with a total stranger with whom one is not necessarily compatible for 35 stressful hours a week.
- . there is little time or space to work on one's own or choose whom to interact with more closely. If difficulties arise over work or personal matters they can rapidly build up to a point where it is difficult to maintain a sense of professional detachment.
- . turnover in the team can present difficulties in orienting the new worker, adjusting to new work styles, inevitable issues of seniority and so on.

. illness and recreational leave for one member can be disruptive. Using other staff within the organisation on rotation can present difficulties for the permanent beat worker and may be unproductive. It may be more useful to have one staff person designated as a relief worker. The problem would also perhaps be eased with a pool of beats workers on which to draw.

Compatibility is a difficult area. Giving new workers time off the beats to get to know each other off the beat can help them to recognise and discuss differences though not necessarily to resolve them.

It is important to establish a system for providing personal support and an opportunity to explore these issues through a support counsellor for the workers.

4.3 Identity Cards

Carrying ID cards which are visible to users can be an effective means for quickly setting the terms for the interaction with users, validating the workers' presence. There are times, of course, when the cards will have the effect of driving away the user.

4.4 Other Workers Accompanying Beat Staff

Having other staff from the organisation spend time with the workers on the beat (outside of when they may be used as relief staff) can be mutually rewarding. Staff who have particular areas of work, eg. youth peer education, men from non English speaking background, can meet beat users either to inform them of their project or to familiarise the staff person with the needs of men with whom they may not otherwise come into contact. For beat workers, it may mean they concentrate on a particular population of users or learn additional skills in approaching particular populations.

As with volunteers, however, this should be carefully managed to prevent it being more of a hindrance than a help.

4.5 Use of Volunteers

This is distinct from using men on the beats as secondary educators and may be about doing a beat project using volunteers only, or of having teams made up of volunteers and paid staff.

The issues to be thought through in taking such a decision include:

- . commitment to regular hours

- . availability at varying hours
- . clear lines of responsibility and accountability
- . training and support
- . insurance cover

4.6 Vehicles

Cars are an essential part of beats work. They are needed for travel between beats which are often geographically widely spread, to transport print material and condoms for handing out at beats, and provide a measure of security if violence to workers or users is threatened or occurs.

4.7 Training and Development

As for any other staff in an organisation, workers should be offered the opportunity to undertake training in skills areas they may identify over the course of the project.

This is best done through a system of regularised staff appraisal.

5. ACTIVITIES

5.1 Face to Face Interactions

This will make up the bulk of the work. What is said in any interaction will of course vary.

It is useful to have a standard set of information to be communicated - clear information about transmission, safe sex practices, safe needle use practices when appropriate.

Content will reflect information the workers have recently collected or what they assess to be needed from their observation of the beats.

Workers may want to include information on other sexually transmitted diseases.

Providing written information is useful. Condoms and lubricant should be handed out.

5.2 Counselling

Informal counselling about sexual identity can be a significant part of the workers' job. Many men remain uncomfortable about their sexual practice and the way they perceive themselves as being perceived by others. Guilt, low self-esteem, isolation, are all a part of beat life for some. Workers indicate that for some men, these interactions are the first time they have discussed their sexual practices and identity with other men.

Such counselling is a necessary part of making the possibility of HIV transmission a personal reality for beat users and for encouraging and facilitating their adoption of safe sex practices.

At times, workers become more generalist counsellors as well, providing the men with the only opportunity of a sympathetic ear.

5.3 Information Packages

Distribution of a standard package can be useful. It should include:- information on safe sex and safe intravenous drug use and condoms and lubricant with instructions for use.

It is useful to have additional material available for particular requests eg. material in non-English community languages, material targeted at people with low literacy levels, material about other sexually transmitted

diseases, information about support and care organisations, information about testing, information targeted at young people, information on good brands of condoms and lubricants.

Beats may not be attended when workers arrive, or beat users may be engaging in activity that is not conducive to entering into discussion, or may not want to talk with workers. It is useful to leave written material at a beat whether or not men are there.

5.4 Stickers and Stencils

Stickers with simple messages about safe sex and safe intravenous drug use and giving telephone numbers for further information can be effective permanent reminders to users and to the general public as well.

Stickers take a lot of maintenance. They are often defaced or torn off. Stencils are more permanent.

5.6 Peer Support Building Among Beat Users

Research into sexual practice behaviour change suggests that support for change among one's peers is significant in motivating and maintaining change.

Do beats provide the conditions for developing peer support networks? Sex on beats remains for many users an activity that cannot be admitted to, so there may be a barrier to seeing others as peers. Most beats are also not places where there is the physical opportunity or time for much non-sexual social interaction.

However, there are repeat users and observation indicates that informal friendship networks develop amongst them. There may then be the capacity to develop on-going relations with some and involve them in the project in the role of secondary educators or as the basis of a peer support network.

5.7 Intravenous Drug Use and Beats

Not surprisingly, public toilets and parks also serve as meeting places for drug injectors. Workers often come across used fits (needles and syringes), but infrequently come across users themselves. It seems likely that while the same venue may be used, sex activity and needle use activity happen at different times.

Workers should be able to discuss safe needle use if the issue arises. Printed material dealing with safe needle

use should be made available. Stickers or stencils if used could also carry safe use messages.

Workers may carry a sharps disposal container. Before doing this it is important to ensure that their worker's compensation covers needle-stick injury leading to infection.

5.8 Liaison With Other Agencies and Local Authorities

5.8.1 Contact With Local Police

Approaching police can be advantageous or disadvantageous. It may lead to drawing attention to a beat rather than anything else. Police often have had an unfortunate history of harassment and arrest beat users. Often of course they are placed in a position of having to enforce legislation either directly relating to homosexual acts, or soliciting, or public nuisance.

Informing police of the project has at least four functions:

- . an educative one for police not only about the use of beats as an AIDS prevention strategy but also about men who use beats. Workers have raised issues of the sexual identity of these men, of their wider family and social lives, of the effect of police harassment, all of which may lead to changes in police perceptions and hence practices.
- . getting agreement from the police not to interfere while the workers were on the beat
- . possibly ensuring a quick response if the workers found themselves in physical danger at a beat
- . local police can also be a good source of information on which venues act as beats; this project began its list from such a source.

Our experience has been that local police can and will be cooperative when approached.

5.8.2 Local Government Authorities

As with police, approaching local authorities for support for the project may be advantageous or disadvantageous. Local authorities have a reputation for conservatism. Some local authorities have responded to AIDS by locking up or, in extreme cases, bricking up public toilets.

Our experience has been that some local authorities can be very supportive. It may also be that, as with the police, approaching them could lead to a more reasoned response by them.

Part of the decision about the level of liaison with them also depends on the power they can exercise which might hinder the project. For example, some local authorities can issue fines for posterings in public places.

5.8.3 Contact With Local Gay Groups

Where they exist, local gay groups can be helpful. They can give prior information on beats, violence, and can serve as a referral point.

5.8.4 Contact With Health Services - Both AIDS Specific and Generalist

Regular contact with these can provide the project with a good local referral network.

5.9 Locating Beats

Knowledge of where beats are located can come from a number of sources:

- . local police
- . gay groups where they exist
- . sex shop owners or clients
- . graffiti on beats and in other areas
- . men using the beats
- . workers' prior knowledge and observation on the job

5.10 Violence on the Beat

Everyone who uses a beat can recall an instance of violence or harassment, either personal or observed. Beat violence occurs both night and day.

Working as a team can add to workers' security. It may be useful to give workers classes in self-defence, as a boost to their self-confidence if nothing else. Having a mobile phone can add to this.

APPENDIX 3

STICKERS AND STENCIL USED ON BEATS IN THE ACON BEATS PROJECT
STICKERS EXAMPLE 1



STICKERS AND STENCILS
STICKERS EXAMPLE 2




STICKERS AND STENCILS
STENCILS EXAMPLE 1

▶ ◀ ◀ **STOP AIDS NOW** ▶ ▶ ▶

▶ **Always** use condoms when having anal or vaginal sex

▶ **Never** share needles to inject drugs

For more information:

 (02) 211 0499 or (008) 451 600