

London Gay Men's HIV Prevention Partnership

In the city

An evaluation of detached work in commercial venues
and public sex environments

Vicki Strange
Chris Bonell
Elaine Barnett-Page

Social Science Research Unit
Institute of Education
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Executive Summary and Recommendations

- Questionnaires were completed by 1,314 gay men in 35 commercial venues and three public sex environments (PSEs), usually while detached work was ongoing. 42 gay men who had completed the questionnaire were interviewed.
- Overall, 47% of those surveyed had seen a display stand. Up to 58% of men had been given a leaflet, 63% had been given a condom/'lube', 33% had spoken with a worker for less than five minutes, 19% had spoken with a worker for more than five minutes and 77% had taken a free condom from a dispenser/bar. Men were more likely to report contact with all forms of health promotion at venues than at PSEs (e.g. 59% vs 29% reported having been given a condom/'lube').
- Very few men reported that they had not talked to a detached worker because they found this unacceptable. More men found the provision of condoms useful than any other aspect of detached work, with a slightly smaller proportion finding provision of leaflets useful. Smaller, though still substantial, proportions reported conversations as useful. Generally, smaller proportions of men reported health promotion useful at PSEs than at venues. Most men interviewed supported the presence of workers in venues and saunas but several men questioned the acceptability of detached work at PSEs.
- Of men reporting contact with detached, work the following impacts were reported (approximations given):
 - Increased access to condoms – two-thirds;
 - Thought more about their sexual behaviour – two-thirds;
 - Increased knowledge of HIV and/or STIs – half;
 - Increased knowledge of HIV testing – half;
 - Increased awareness of where to go for sexual health services – a third;
 - Increased ability to negotiate sex – a quarter; and
 - Led them to seek vaccination against hepatitis B – a quarter.
- Men who experienced detached work at PSEs were less likely than those experiencing it at venues to report benefits, except in the case of ability to negotiate sex, where the proportions of men reporting benefit were similar.

Recommendation: detached work in commercial venues and PSEs should continue to be commissioned.

- Workers, managers, commissioners and partner agencies were generally found to be unfamiliar with the aims, settings, target groups, objectives and resources (ASTORs) for the detached work.
- Most workers felt that the aims of the PSE work should be the same as for the venue work. Some workers felt the current ASTORs should be broadened to embrace wider factors affecting sexual health, such as safety and self-esteem. Some expressed doubts as to whether the following needs could be addressed: desire not to be involved in HIV exposure; negotiation skills; and knowledge of the London programme.

Recommendation: in consultation with the London Gay Men's HIV Prevention Partnership (LGMHPP), commissioners and providers should clarify the ASTORs for detached work and the ASTORs be revised accordingly. These revised ASTORs should then be used to review and develop work.

- The raising of knowledge and awareness about HIV and the wider programme was widely viewed to be a key aim for detached work. Some, but not all, stakeholders believed that

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detached work should also address men's other personal circumstances and needs in situ, via longer, more in-depth interventions. In interviews, men's opinions differed as to whether general awareness-raising and provision of information could have impact; many believed it could.

Recommendation: a decision is needed as to whether both general knowledge/awareness raising and meeting personal needs should be aimed for, and consequently what rate of contacts should be aimed for. If only the former aim is pursued, rates of contact should be increased; if both are pursued, rates should be maintained.

- If a decision is made to aim for more in-depth interventions, workers will need adequate training to address men's personal needs during detached work. A questionnaire should be piloted, audited and deployed to guide such work. Workers will also require training in its use.

Recommendation: for more in-depth interventions, further investment from the commissioners will be needed.

- Workers felt that the number of contacts made with men testing positive and men with higher numbers of partners was good, although they pointed out difficulties in targeting such men, since membership of these groups is not immediately apparent. CLASH workers felt that contact with younger men was excellent. LADS workers felt the number of contacts made with younger men and Black and minority ethnic (BME) men was slightly less good.
- Access data showed venue work to have failed narrowly to achieve desired- for levels of contact with men with 13-29 partners, men who have tested positive and younger gay men, and narrowly to have achieved desired-for levels of contact with men with 30+ partners. Access data found PSE detached work appears to achieve desired-for levels of contact with its target groups.

Recommendation: detached work in venues needs to improve its targeting of younger gay men; men with multiple partners; and men testing positive. Detached work should also target men with lower levels of formal education; men using class A drugs; and BME men.

- The reaching of specified target groups could be supported by improved profiling of settings.

Recommendation: providers should develop and use a consistent formal method of profiling settings. These should involve occasional surveys of the use of setting by target groups to inform better targeting of these groups.

- Providers and stakeholders commented that the use of PSEs appears to be falling, making it harder for detached workers to achieve contacts. This is possibly a consequence of increased use of public sex venues (PSVs) and the internet. Providers and stakeholders suggested that PSEs are used less in winter than in summer. Some suggested that workers should focus on detached work at PSVs in winter and at PSEs in summer.

Recommendation: contracts for detached work at venues and PSEs should be combined. Providers should be given more flexibility around settings in which they can work to meet contracted hours.

- Providers currently do consider activities within the programme as a whole when planning detached work; for example, aiming to promote new resources via their work. Providers and other stakeholders agreed there was scope to increase and enhance such synergy within the London programme, particularly in the area of small and mass media. Workers suggested it would be useful to meet with staff from partner agencies to exchange information and discuss the planning of new resources, including feeding back gay men's views regarding the development of such resources.

Recommendation: there should be more synergy between detached work and other aspects of the London programme. Planning and development should involve those working to deliver detached work as well as more senior managers.

- Routine quantitative monitoring information is consistently collected and collated. Some workers felt that more qualitative information about content, quality and feasibility should be collected and analysed to inform future development of the work, though some managers and staff saw no need to add to the complexity of the task.

Recommendation: the role of monitoring data needs to be clarified. If it is just to ensure that providers are meeting contracted outputs, then it appears to be successful. However, if intended to enable development of detached work, it needs to be expanded to include information on the health contents of detached work, collected on an episodic snap-shot basis.

- Collaboration between agencies was hampered by a lack of clear and consistent specialisation of agencies.

Recommendation: commissioners should continue to develop year-on-year consistency regarding which LGMHPP agencies provide each intervention, in order to ensure that specialist capacity is developed and consolidated.

INTRODUCTION

Background

The Social Science Research Unit was commissioned in August 2003 to evaluate the London Gay Men's HIV Prevention Partnership (LGMHPP) detached work in gay commercial venues (pubs and clubs), and public sex environments (PSEs). The detached work interventions in commercial venues and public sex environments (PSEs) are provided by the 'CLASH' and 'LADS' teams in Camden Primary Care Trust (PCT) and Terrence Higgins Trust (THT), respectively. The goals of the evaluation were to:

1. Promote ongoing learning and development within the LGMHPP;
2. Develop and provide a detailed picture of performance quality of the detached work in commercial venues and PSEs;
3. Develop and provide a detailed picture of how the interventions work as a method of HIV prevention/health promotion; and
4. Develop and provide evidence about how the interventions in question contribute towards the overall strategic goals, and relevant strategic targets and aims of the core programme of the LGMHPP.

The overall programme

The LGMHPP is a collaboration that, as well as Camden PCT and THT, involves: GMFA (Action for Gay Men's Health); Project for Advice and Counselling (PACE); Sigma Research; and Health First. The partnership is working to an agreed three-year core programme of HIV prevention activities between 2001 and 2004, commissioned by London PCTs.

Working within the Making It Count framework (Hickson et al 2003a), the programme aims to address a number of unmet HIV prevention needs for homosexually active men in order to bring about reductions in the following:

- HIV sero-discordant unprotected anal intercourse (UAI) between men;
- condom failure among all users; and
- prevalence of gonorrhoea and non-specific urinary infections (NSU).

The programme has the following aims:

- programme resources are distributed and managed to make the best possible contribution to reducing HIV prevention need among gay and bisexual men with the greatest degree of equity;
- an increase in synergy of interventions;
- better relationships between providers;
- efficient management of providers;
- providers' services are configured to maximize equity of access to basic HIV prevention services for gay and bisexual men across London; and
- reduction in duplicative NHS-funded activity by providers.

The overall programme targets the following groups:

- men who have tested positive;
- men with higher numbers of sexual partners;
- younger men;
- men with lower levels of formal education;
- men who use class A drugs; and
- men who have been sexually abused or assaulted.

The programme has the following as guiding principles:

- the partnership will provide a service equally accessible to men living in London who will have sex with other men in the future, based on HIV need not ability to pay;
- the partnership will provide a comprehensive range of interventions;
- the partnership will shape its interventions around the HIV prevention needs of individual men, their partners, families and carers;
- the partnership will respond to the different HIV needs of different populations;
- the partnership will work continuously to improve the quality of services and minimize errors;
- the partnership will support and value staff from all the agencies within the partnership;
- interventions funded through the partnership will be targeted to be of maximum benefit to men living in London who will have sex with other men in future;
- the partnership will work together and with others to ensure a seamless programme of interventions for men who will have sex with other men in the future;
- the partnership will help keep men sexually healthy and work to reduce sexual health inequalities; and
- the partnership will respect the confidentiality of individual clients and provide open access to information about the interventions and their performance.

The detached work interventions

The interventions have the following as their aims, setting, targets, objectives and resources ('ASTORs'):

Aims

- increase desire not to be involved in HIV exposure;
- increase negotiation skills;
- increase knowledge about HIV;
- increase awareness of potential for HIV exposure in own behaviour;
- increase knowledge about HIV testing, the process, its pros and cons personally; and
- increase knowledge of programme and other services.

Settings

- five PSEs in London; and
- 120 pubs and club venues in London.

Target groups

- gay men living in London prioritizing:
 - men who have tested positive;
 - men with higher numbers of sexual partners; and
 - younger men (commercial venues only).

Objectives

- identify sites;
- make and maintain necessary contacts with site managers (venues) and police, park keepers and local authorities (PSEs);
- match site to team of workers by skill mix, knowledge of venue, age, ethnicity and life experience;
- make the contracted total number of visits and hours for each site;
- engage and talk with men, provide information, advice and referral;
- hand out resources and condoms and 'lube' as required;
- 'zap' (i.e. to briefly visit a setting, rapidly distributing materials to the men present there) selected venues with hand-to-hand distribution of information on core programme campaigns and new resources to every man on site, and answer questions (venues only);
- collaborate on programme coverage and accessibility evaluation; and
- collaborate with detached work evaluation.

Resources

- venue work cost £285,241 and PSE work cost £162,073 in 2003/4.

The provider agencies

CLASH

Central London Action on Street Health (CLASH) is an outreach project based in Soho in the West End of London. CLASH was established in 1987 and is part of Camden PCT. CLASH was originally set up to provide services for young people living on the streets who were at risk of HIV infection as a result of their drug use and/or involvement in prostitution. In 1997, a gay venues outreach team was funded to provide outreach services to gay men in Soho, Camden and Islington. At this time, the gay venues team worked separately from the generic team. In Spring 2001, CLASH was awarded the LGMHPP contract for 2001-2004 provision of detached outreach to gay men and to carry out distribution of small media resources. It was also awarded the contract to provide detached outreach work in PSEs. In 2002, the generic team and gay venues team were merged so that health promotion specialists worked across the range of client groups, including male and female sex workers, young homeless people, injecting drug users, and gay and bisexual men.

At the time of the evaluation, the team consisted of a manager of HIV and sexual health, eight full-time health promotion specialists (five men and three women). Two of these posts were described as the female and male practice coordinators with responsibility for supporting and supervising the other workers, as well as working with clients, including carrying out detached work with gay men. Two full-time (male) workers left the organisation during the period of the evaluation and one further post was awaiting recruitment. Towards the end of the period in which fieldwork was carried out, one sessional worker was recruited to assist in the delivery of the gay men's detached work.

CLASH delivers detached work with gay men in north-central and north-west London strategic health authority (SHA) areas. The CLASH team are in the same PCT as the team which holds the LGMHPP contract to produce small media resources and supply free condoms, the latter known as the 'Freedoms' scheme.

LADS at THT

LADS was originally founded in 1994 as 'London Action Down South' within Merton, Sutton and Wandsworth Health Authority with a remit to respond to the health needs of gay men. In 1999, LADS became the Healthy Gay Living Centre (HGLC) constituted as an independent voluntary agency. It offered centre-based services including counselling and groupwork as well as detached work in venues and PSEs in south and east London. In Spring 2001, the team was awarded an LGMHPP contract for 2001-2004 to provide detached outreach to gay men at commercial venues and to carry out distribution of small media resources. The team was also awarded a contract to provide detached outreach work in PSEs. In April 2003, HGLC became part of the Terrence Higgins Trust and now uses its original name LADS. As part of THT, it is a partner organisation in the national Community HIV/AIDS Prevention Strategy, as was HGLC.

At the time of the evaluation, the LADS team consisted of an acting gay men's detached manager and three full-time project workers. Each full-time worker has a specific role within the team. One focuses on delivery and resource distribution for venue racks and GUM clinics, one focuses on the organisation of special events and the profiling of PSEs, and another focuses on the collation and entry of monitoring data. Each full-time worker is also responsible for profiling venues in one particular geographical area. Eight sessional workers assist in the delivery of the gay men's detached work, each working about one six-hour shift per week.

LADS delivers detached work with gay men in south-east, south-west and north-east London SHA areas. LADS also jointly hold the LGMHPP contract to supply 'Freedoms'.

Evaluation aims and research questions

The evaluation was set the following aims and has the following research questions¹:

1. To assist the interventions to clarify their aims, identify the range of intended outcomes and clarify how these are linked to achieving the aims of the core programme.

- a) How logically consistent are the interventions' aims and objectives with each other and with all the core programme's principles, strategic goals, and relevant strategic targets, aims and target groups?
- b) How clearly are the interventions' aims (and possibly objectives) operationalised as 'intended outcomes'?
- c) As well as those stated in the 'ASTOR', does detached work in commercial venues/PSEs have other implicit aims and objectives, according to key stakeholders?
- d) Do 'zaps' have specific and clear aims?
- e) Should the interventions have any other aims and/or objectives according to key stakeholders?
- f) Overall, do the interventions address the core programme's strategic goals, and relevant strategic targets, aims and target groups, according to our evaluation evidence?

2. To identify factors influencing the feasibility of the interventions.

- a) Which settings have been found unfeasible and why?
- b) What are the factors influencing feasibility?
- c) Are the interventions appropriate to the physical context (layout, lighting, noise etc.) and the social context (activities of the users and staff etc.) of the setting?
- d) Are 'zaps' more feasible in some commercial venues than others?
- e) What characteristics of those delivering the intervention affect feasibility?
- f) What other objectives would be feasible in these settings?
- g) Are there other important settings or sites within which the current intervention might be feasible?

3. To examine the quality of detached work.

- a) How is delivery of the interventions currently monitored and their quality audited?
- b) Who is currently involved in setting and auditing quality standards?
- c) Does commercial venue/PSE detached work deliver its objectives?
- d) Is this done to time and to the set quality standard?
- e) Are the interventions delivered in line with the overall programme's principles?
- f) What is required to promote high quality delivery (e.g. worker confidence, skills, knowledge, and team-work) and is this present?
- g) How does the quality of interaction between workers and gay men vary with different detached workers, different settings and different gay men?
- h) In particular, how high is the performance quality of commercial venue/PSE detached work for the core programme's targets groups (e.g. men who have tested HIV-positive)?
- i) How can quality be improved and maintained?
- j) What indicators can be monitored by the intervention to reflect the quality of work carried out?

4. To examine the acceptability of detached work for gay men using different settings.

- a) How do men using different sites/settings regard the detached work?
- b) How do opinions about the services vary between men with regard to HIV status, age and number of sexual partners?
- c) Are there any other dimensions of identity that account for differences in opinions about the services between men, such as level of formal education?

¹ The research questions are taken from the original proposals submitted by the research team in response to the evaluation tenders. At this time, commercial venues were defined, according to the ASTORs provided, as 'pubs and clubs'. Following consultation with the provider organizations involved in delivery of the detached work, the research team agreed to include some evaluation of the work carried out in saunas, as a significant amount of work was carried out in these as part of the venue contract. In the remainder of the report 'commercial venues' are defined as all venues (pubs, bars, clubs) excluding saunas, 'public sex venues' (PSVs) are all venues with sex on premises including saunas.

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- d) How do opinions about the services vary with different detached workers?
- e) Is the intervention delivered in a manner which is acceptable and otherwise appropriate to other key stakeholders?

5. To demonstrate effectiveness in achieving the interventions aims.

- a) To what extent are the men who encounter the various forms of detached work in need of the intended benefits?
- b) Are the interventions reaching the intended target groups for the core programme?
- c) Which men using the settings are not reached by the various forms of the interventions?
- d) How do men benefit from their encounter with the intervention according to themselves and to the providers of the intervention?
- e) What do men regard as the most important/useful aspects of detached work in terms of maximizing benefit?
- f) Which reported benefits are intended and which are unintended (e.g. sexual health benefits that go beyond those prioritized in the core programme)?
- g) Do the men or providers report any harm arising from the intervention (e.g. disruption of settings making sexual negotiation more difficult)?
- h) How do reported benefits vary between men according to key characteristics, such as HIV status, number of sexual partners etc.?

6. To assess levels of collaborative working between agencies jointly delivering the same interventions and specify practical ways of improving collaboration.

- a) Is delivery of the interventions supported by sound collaboration between the various delivery partners, including those providing commercial venue/PSE detached work, those providing other direct contact interventions and those providing other sorts of interventions?
- b) Is delivery of the interventions supported by broader processes of collaboration both within the core programme and outside (e.g. venue management)?
- c) What are the main barriers and facilitators to collaborative working?

7. To identify ways in which the interventions can practically support the activities of other programme interventions for the purpose of achieving the core programme aims.

- a) Does the mode of delivery and the intended and unintended outcomes of the interventions raise any opportunities or barriers regarding the successful planning or delivery of any other interventions in the overall programme, especially other direct contact interventions such as other forms of detached work, condom distribution and FS Newsletter provision?
- b) Have these opportunities and/or barriers been properly considered and addressed?

8. To identify areas for improvement and alternative/innovative ways to develop further the interventions and their contribution to achieving the core programme aims.

- a) Are the interventions supported with the right resources in terms of staff (commitment, skills and cultural competence), organizational infrastructure, materials and time?
- b) What implication do the answers to all the above research questions have for further development of the interventions in question, and of the overall programme?

METHODOLOGY

Overall approach to evaluation

This evaluation employed multiple methods to collect and analyse quantitative and qualitative data. The evaluation primarily focused on the processes by which detached work is planned, delivered and received. The evaluation also explored participants', as well as providers' and various other stakeholders', perceptions about impact. However, within the time and resources available, it was not possible to develop an evaluation that could rigorously examine outcomes using before-and-after measures within an experimental design. Consequently, our conclusions regarding the impact of the

intervention should be treated with considerable caution, as outlined in our findings and discussion sections.

Sampling

Commercial venues and saunas

We purposively selected 30 venues using criteria to ensure the diversity within our sample in terms of: locality (using the providers' classification of: central; north-west; north-east/east; south-east; and south-west), type of venue (bar, pub or club) and use of venue by target group (young men, men with higher numbers of sexual partners and men testing positive). These criteria chosen were informed by previous research (Annetts et al 1996; Kelley et al 1996) and consultation with providers. We referred to providers' lists of the 70 venues in which detached work occurred, profiling information (LADS only) and a previous report, compiled by LADS, about the 'Freedoms' scheme (Thomas 2003) to compile our list.

One venue, Heaven, was added as it was suggested by CLASH workers that this particularly attracted men from Black and minority ethnic (BME) communities, although these were not formally a target group for the intervention. CLASH workers also suggested that two bars, in which detached work was not currently carried out, were excluded from the list. Four venues were added to the original list over the period when fieldwork was carried out because of changes to the providers' shifts. No observation or questionnaires were completed at one of the venues, Central Station, because CLASH did not work this venue during the period of the evaluation, nor at another, the Joiner's Arms, because fieldworkers were not available to join detached workers on the evenings that this venue was worked. Three saunas were also included to ensure the evaluation considered detached work in these settings, despite this not being part of the original remit for the evaluation or outlined as a setting for detached work in the ASTOR. Although not criteria for sampling, our sample also included a spread of venues in which different forms of detached work occurred, in terms of being regarded by providers as 'flagship' or other venues, and in terms of being sites at which sex either did or did not occur.

Public sex environments

We focused on the five PSEs most often worked by providers for reasons of practicality, given the reduced amount of visits to such settings in winter when most of the evaluation fieldwork was required to be conducted. Sites were located in north-central, north-west, south-west and north-east SHA areas. However, no fieldwork was carried out at the north-west site as researchers were not aware that this PSE was worked by LADS over the period in which fieldwork was carried out. No questionnaires were completed by men at the south-west or north-west sites because, although researchers visited these PSEs with workers on a few occasions, these visits were short and few men were present, making recruitment of men unfeasible.

Methods

Questionnaires with gay men

Questionnaires were designed to collect information about: the demographic and social profile of men using venues and saunas; their use of venues and PSEs; sexual behaviour; unmet HIV health promotion needs; knowledge of and contact with detached work; and views on this. In order to assess unmet HIV health promotion needs, men were asked to complete six questions asking about: confidence about negotiating sex; ability to access condoms; expectations that a sexual partner would disclose their HIV status before having sex; knowledge about HIV transmission; whether they had had a sexual health check-up; and experience of condom failure. All questions had been included in the 2001 national survey of gay men (Reid et al 2002) and were chosen for their ability to provide information about those needs that most closely related to the aims of the detached work interventions. Other questionnaire items were also informed by previous surveys of gay men (Hickson et al 2001; Dodds and Mercey 2003) and consultation with providers and stakeholders. Questionnaires distributed at bars, pubs and clubs asked about health promotion at these venues and at PSEs but not about health promotion at saunas. Those questionnaires distributed at saunas asked

about health promotion at saunas and PSEs but not at other types of venues. Questionnaires were piloted with gay men recruited to be evaluation sessional researchers.

Researchers usually distributed questionnaires at venues and saunas when detached work was ongoing. Researchers briefly explained the aims of the research and asked men for their oral consent to participate. Questionnaires were then left with the men and collected by the researcher when completed. When requested, researchers supported men to complete the questionnaires by reading the questions aloud. Information about the interviews, planned as part of the evaluation, was provided on the front of the questionnaire and men were asked to provide their first name and contact details (an email or telephone number) if they were willing to be re-contacted by a researcher to take part in interviews. Questionnaires were otherwise anonymous. No personal information was stored electronically or used in any other way.

Questionnaires used at PSEs were similar but were shortened following piloting. Information regarding men's contact with health promotion interventions at venues and saunas was excluded. The process for distributing questionnaires was similar to that employed at venues and saunas. Where necessary, men were provided with a torch when completing the questionnaires. Questionnaire distribution initially occurred largely when detached work was occurring at the site. However, later research proceeded at two sites (in north-central and north-west areas) when detached workers were not present.

We also considered undertaking a web-based survey but rejected this possibility after initial consultation revealed this would be both unfeasible and unlikely to target men who had experienced the interventions.

Semi-structured interviews with gay men

Men were recruited for interview via questionnaires. Men providing details were re-contacted by email or telephone and asked if they would like to be interviewed and, if so, whether they would prefer an interview with a man or a woman. Interviews were carried out face-to-face at the Social Science Research Unit (SSRU) offices or by telephone. All interviews were tape-recorded and transcribed.

Development of the interview schedule was informed by a review of existing research and by consultation with stakeholders. It consisted of both open-ended questions and of themes on which to probe participants where appropriate. Questions covered: use of various settings; HIV health promotion needs; and men's experience of detached work. Where men had had little contact with detached work, they were asked about the potential of such work.

Questionnaires with providers

Questionnaires were distributed to all detached workers involved in the delivery of the interventions. These aimed to collect information regarding: characteristics of workers; previous experience and training; and views about the aims of the work, its feasibility and impact. Questionnaires were distributed to workers by senior staff in each provider agency and returned by post to the SSRU. Whilst questionnaires were not anonymous, workers were reassured of the confidentiality of their responses.

Interviews and focus groups with providers and other stakeholders

Semi-structured face-to-face interviews were carried out with managers at LADS and CLASH. Focus groups were carried out with workers. These aimed to explore: provider perspectives of the work; the interventions' implicit and explicit aims, objectives and outcomes; the interventions' strengths and limitations and the factors influencing these; and ways in which the interventions might be further developed. Interviews also explored: issues related to internal management and training; views about systems for monitoring the work; the role of the interventions in relation to other aspects of the core programme; and processes of collaboration.

Interviews were also carried out with other stakeholders, including individuals from partner agencies, external agencies who had worked in collaboration either with CLASH or LADS, PCT commissioners,

venue management and the police. Stakeholder interviewees were selected in consultation with providers and commissioners. Interviews were carried out face-to-face or by telephone. These explored: external perspectives of the work; its role within the wider programme; and the functioning of the partnership.

All interviews and focus groups were tape-recorded and transcribed.

Non-participant observation of intervention delivery

Delivery of detached work by providers was observed by researchers. Some of these were core SSRU staff and some were sessional workers recruited specifically for the observation and survey aspects of the evaluation. All researchers were trained to understand the aims and objectives of the interventions, the purpose of the research, the role of observation and questionnaires within the research, and how to undertake this research in a systematic manner. Observation sessions were organized around providers' detached work rotas. Researchers aimed to avoid disruption of the work whilst still being able to observe it. Researchers recorded observations on a structured observation schedule, this being done after observation to minimize obtrusiveness. A debriefing meeting, at which observations of detached work were discussed, was held with all researchers following completion of the fieldwork.

Use of existing information

The evaluation also employed monitoring and reports evaluating intervention access compiled by Sigma Research, as well as various documents supplied by providers, commissioners and other stakeholders.

Analysis of data

Qualitative analysis was carried out on data from: documents; interview transcripts; open-ended questionnaire responses; and non-participant observation notes. Analysis aimed to develop key themes that emerged from the data, using methods set out by Lofland and Lofland (1995) and facilitated by NVivo software. Quantitative analysis was carried out on data from closed responses from questionnaires with gay men and workers. This analysis examined frequencies of responses, as well as associations between these, facilitated by the use of Stata 7.0 software. Our analysis aimed to employ multiple methods in order to triangulate our findings from one source of data with others, to test and refine the validity of our overall findings.

FINDINGS

Description of data

Data from gay men

Profile of sample from questionnaires

Our questionnaires were completed by 1,314 men, 1,035 (78.7%) in non-sex commercial venues (pubs, bars, clubs), 120 (9.1%) in pubs, bars and clubs with sex on the premises, 86 (6.5%) in saunas and 73 (5.6%) at PSEs. Just under 85% of the men reported that they lived in London. Of the approximately two-thirds of men who provided their borough of residence, these lived, in order of population size, in the following SHA areas: south-east; north-east; north-west; north-central; and south-west.

Men completing questionnaires ranged from 16-80 years, the median being 34. About 15% were under 25 and about 9% were over 50. Over 85% of men reported being White, 4% were Asian/Asian British, 6% were Black/Black British and 3% were from other minority ethnic groups. Almost 60% had a degree or higher educational qualifications, almost 40% had A-levels or GCSEs or their equivalents and just 4% had no educational qualifications (table 1). Over 90% of men reported having sex only with men in the last year, just 6% with men and women and only 2% had not had any sex in the last year. Four men reported having sex only with women. About a third of men reported sex with more

than 10 male partners in the last year. UAI with at least one man in the last year was reported by just under half of men. Of these, just over 40% had UAI with at least one man whom they did not know to be of the same HIV status as themselves. Men using different types of settings were not more or less likely to report UAI in the last year but men using commercial venues were less likely than men using public sex venues (PSVs) or PSEs to report that they did not know the partner in question to be of the same status as themselves. About a tenth of men reported that they had tested positive, about two-thirds reported that they had tested negative at their last test and about a quarter reported that they had never tested.

Almost 45% of men reported use of class A drugs (ecstasy, speed, heroin, cocaine, acid) and/or ketamine in the last year. Ecstasy and cocaine were the most commonly used drugs. The proportion of men reporting class A or ketamine use was similar across all types of venues and PSEs.

Profile of sample from interviewees

Interviews were carried out with 45 men. These were broadly comparable in profile to those taking part in the questionnaire survey. All men had used commercial venues. Twenty-one (47%) reported ever having used a PSE, 23 (51%) had not used a PSE and one did not say (2%). Men were not asked specifically whether they had used PSVs. Twenty-eight (62%) men reported having seen or talked to health promotion workers at either a PSE or a venue.

Thirty-eight (84.5%) men lived in London and they ranged in age from 18-50 years. The mean and median ages were 35. Thirty-nine (89%) men reported being White; two (4.5%) described themselves as Asian; three (7%) as 'other'. One (2%) was not asked. One (2%) man reported having no educational qualifications; seven (15%) reported their highest qualification to be O-levels, 11 (24%) A-levels and 22 (49%) reported having a degree or higher qualifications. Four men (9%) were not asked.

Forty men (89%) reported that they had sex with men only in the last year, two (4.5%) had had sex with both men and women, two (4.5%) had not had sex in the last year and one (2%) was not asked. Twenty-one (46.5%) reported having had UAI in the last year; 20 (44.5%) reported no UAI, two (4.5%) had not had sex in the last year and two (4.5%) were not asked. Men were not systematically asked about the concordance of UAI. Nine (20%) men had never had an HIV test; 29 (64.5%) reported having tested negative; five (11%) had tested positive and two (4.5%) were not asked. Ten (22%) men reported having used class A drugs or ketamine in the last year; 20 (44.5%) reported that they had not; and 15 (33%) were not asked.

Data from providers

Interviews were carried out with the manager of the detached work team at CLASH and the acting gay men's detached manager at LADS, the detached manager being on sick leave at the time of the evaluation. Two focus groups were carried out with project workers at LADS: one with the three core workers and one with seven sessional workers. One focus group was carried out with four health promotion specialists at CLASH. Two additional health promotion specialists, who were sick at the time of the focus group, were interviewed separately.

Questionnaires were completed by 13 staff from the provider organizations, five from CLASH and eight from LADS (four core staff including the acting manager and four sessional staff). Two staff completing questionnaires from CLASH were women. All other staff were men. Eleven staff were aged between 26 and 35 years old and two were aged between 36 and 45 (both LADS). Two staff (one at CLASH and one at LADS) described themselves as Black/Black British, 10 as white and one as 'other'. All staff reported that they had had sex with only men in the last year, except one who reported having sex with both men and women.

Of staff completing questionnaires, CLASH staff had been in post between three and five years, three of the LADS sessional workers and one of the LADS core workers had been in post for less than six months and the other two LADS core workers had been in post for between one and three years. The acting manager had recently been appointed to this post although he had previously been employed as a project worker for a number of years.

Data from other stakeholders

Interviews were carried out with eight staff from partner agencies. These agencies were involved in the provision of other aspects of the LGMHPP including counselling, groupwork, mass media and small media. Interviews were also carried out with an individual from a genitourinary medicine clinic and with an individual from another detached work team with whom CLASH had collaborated.

Four interviews were carried out with managers of different venues. Three of these were bars/pubs, one of which had sex on premises and one was a sauna. Two venues were worked by LADS and two by CLASH. An interview was also conducted with a member of Camden borough police responsible for liaison with CLASH.

Researcher observations

Researchers observed 37 sessions of detached work across 20 different bars, pubs or clubs and three saunas. These involved 14 shifts at 11 venues by workers from CLASH and 23 shifts at 12 venues by LADS. In addition, researchers observed two 'zaps' involving hand-to-hand distribution of resources in a number of venues in succession (both by CLASH) and the launches of two resources which also involved 'zaps' of various bars (again involving workers from both providers). All shifts were observed over ten weeks between the end of September and the beginning of December.

Researchers also observed 14 shifts of detached work at four PSEs. These involved 11 LADS shifts and three CLASH shifts. All were observed over nine weeks between the end of September and beginning of December.

The provider agencies and collaboration between agencies

The management of the providers and collaboration between them

Both teams were generally thought by their staff and other stakeholders to be sited in agencies that provided a supportive environment for the work. LADS workers emphasized the benefits of becoming part of THT, such as better coordination with and input into campaigns from THT's gay men's team. However, as a result of LADS no longer sharing accommodation with the counselling team, also formerly based within the Healthy Gay Living Centre, coordination with and possibly even referrals to this team had declined, according to LADS workers. The siting of CLASH within Camden PCT was perceived by staff to enable the team to coordinate with teams working on condom distribution and small media.

Both teams met on a weekly basis. LADS meetings were attended by staff but not sessional workers and focused on rotas and what work was appropriate in the different venues worked. These meetings were regarded as fostering good communications within the LADS team. Sessional workers suggested that it might be useful for them to attend meetings occasionally in order to develop their knowledge, skills and understanding of different resources and campaigns. CLASH meetings focused on the work with gay men as well as with other client groups and similarly focused on the planning of the work.

Workers at both CLASH and LADS mostly felt that they were well prepared for doing detached work with gay men. The following were areas about which a few workers felt less well prepared: planning where the work should be done (CLASH workers); collaboration with other organisations undertaking detached work; and collaboration with staff in settings (CLASH and LADS workers).

Workers listed various formal and informal training they had received such as on: information about HIV and other aspects of sexual health; communication skills; harm reduction; and motivational interviewing. Workers at LADS tended, with some exceptions, to list training that focused on sexual health information rather than on communication skills. In addition to basic training sessions that were held about once every two months, sessional workers also received one-to-one supervision about once every three months.

If sessionals were also involved as volunteers for THT, they might also receive training in a wider variety of areas.

One CLASH worker suggested training in rapport-building and approaches to interventions would be useful. One LADS worker suggested the team organize informal training for itself on 'opening lines' with men and 'ways of getting into interventions'.

Relationships between CLASH and LADS appeared to be cooperative. Workers did suggest they would welcome more opportunities to meet and share expertise, training and ideas about how to use resources. However, workers and managers from both organizations felt that the current arrangement whereby each team maintained separate areas of geographical responsibility worked well and should not be altered.

Monitoring

Monitoring information was continually collected by the provider teams and then collated, analysed and fed back to programme partners on a quarterly basis by Sigma Research. The prime purpose of this was probably to assess whether providers delivered the required contractual outputs. The following information was recorded for a shift: date; start and finish time; number of worker hours; sites visited; length of visits to each; whether a leaflet rack had been filled; whether a stand was used; and face-to-face contact made with men. Regarding the last of these, information was collected on the number of men engaged in a short (less than five minutes) and long (more than five minutes) conversations, as was the number taking and refusing resources. The number of each type of resource distributed in racks and via face-to-face contact at each site was also recorded. As well as this quantitative data, space was also provided for workers' comments about the session, although this qualitative information was not collated or systematically fed back to commissioners or programme partners. Workers felt that the information was simple to collect but time consuming to collate.

It was recognized that the monitoring requirements did provide an incentive to achieve the targeted number of visits. Workers suggested that the monitoring could not serve other purposes such as quality monitoring or improvement because of the minimal nature of the data collected. Some workers felt there should be some way of recording information about the content and quality of interventions and the feasibility of working in particular venues in order to inform quality improvement. Opinion on this was divided amongst the providers, with some managers and staff seeing no need for what would be a more complex system, while a smaller number said that the monitoring system should be expanded to allow workers to indicate what the health-related content of the contact had been, a point also made by a number of managers from partner agencies.

Monitoring of the accessibility of the interventions to different groups of men was also monitored on a 'snap-shot' basis each year. Again, this information was collected by providers and collated, analysed and fed back to programme partners by Sigma Research. Data were collected using cards with a series of questions offered to all men contacted by workers over a four-week period. Men were asked to complete the cards and return them to the workers or send them directly to Sigma Research. It was felt that this information was useful in informing consideration of whether detached work was reaching its target groups.

Collaboration between commissioners and providers

One commissioner led on each contract on behalf of other commissioners providing funding. Meetings between this commissioner and the managers of the organisations providing each contract were held approximately quarterly. No notes were available from these meetings. One stakeholder suggested that commissioners generally did not review progress adequately:

There's a huge shortage of lead commissioners who have the skills and time to engage with the process, so ... meetings are invariably late, they're often with people who don't have the commissioning skills.

This individual suggested that because of insufficient commissioner capacity and disagreement between them, there had been a lack of clarity about the aims of detached work at the tendering stage in 2000. He added that continued lack of commissioner capacity had meant that there had been insufficient direction from commissioners regarding the subsequent development of the detached work. Commissioners acknowledged that the high turnover of commissioners responsible for guiding detached work had been problematic for the providers of detached work.

Collaboration within the partnership

Overall, collaboration at senior level within the partnership was intended to occur via quarterly meetings whereby commissioners met with each other, provider managers met with each other and commissioners and managers met together. There was a common view amongst those working in partner agencies that collaboration amongst partner agencies was improving after being at a very low level immediately after contracts for the work had been awarded. One stakeholder said the bad feelings that had arisen at the time of tendering had resulted in those agencies awarded contacts for areas of work that had previously been provided by other agencies finding it difficult to work with the previous providers to develop expertise in that area. Several interviewees suggested that such problems could have been reduced if there had been better external facilitation by commissioners to develop the partnership in its early days. One partner manager said:

It was, 'right you've got your contracts, now work together!'

Tensions meant that partners were often reluctant to admit uncertainty or acknowledge where interventions were not working well. It was felt that the more recent improvements in collaboration had come about as a result of the requirement on the part of providers to work together, their striving hard to achieve this and from personnel changes within organisations. Several individuals commented however that partnership meetings remained tense.

CLASH and LADS workers reported that they often did not have an opportunity to contribute to the development of resources by other agencies in the partnership. Consultation was supposed to occur between agencies on work in development. This was meant to be coordinated by a nominated single person within each agency, usually a manager. However, several interviewees suggested that such processes did not always work as well as they might. In some cases, detached workers had overcome such problems to work with other agencies on the development of particular resources or to train each other about particular resources or services. However, this usually relied on the initiative of one worker and on informal relationships. Workers suggested it would be useful for them to meet with staff from partner agencies to exchange information and discuss the planning of new resources. They suggested that, via such work, detached work could be used to promote other campaigns and resources. Workers also suggested that they might be able to develop a role in facilitating consultation with gay men regarding the development of resources so that these could be informed by gay men's views. Because such processes did not occur, workers sometimes found it difficult to use resources because they were not clear what their main messages were or found them not quite right for use in detached work.

There were however several good examples of collaboration within the partnership involving the detached work providers. An agency providing mass media interventions had produced briefing sheets for detached workers on their campaigns, setting out what kinds of conversations such workers could have with men that tied in with campaigns and which might achieve some synergy with these campaigns. Collaborative work could sometimes be impeded by staffing difficulties at other agencies, a lack of clarity about the aims of work and differences to the approaches to work among agencies. Such problems had characterised previous joint work between CLASH and Big Up, a group at GMFA working with Black gay men.

Collaboration beyond the partnership

CLASH had notable success in their collaborative work with a sexual health clinic promoting hepatitis B vaccination and HIV testing. CLASH workers said that 'zaps' were often undertaken on particular nights in order to promote particular services that operated on that day or the day after. CLASH also had good links with a local authority-based detached work team in whose borough CLASH worked.

LADS appeared, according a number of interviewees, to have somewhat stronger relationships with agencies within LGMHPP but weaker ones with organizations outside the partnership.

Both agencies enjoyed good relationships with the police. A representative of Camden borough police noted his constructive relationship with CLASH over a number of years and had positive views of the detached work. He reported that CLASH had provided the police with useful intelligence on violent assaults at a PSE and had also collaborated with the police over problems with 'sex litter'.

The purpose and scope of detached work

The aims of detached work

When detached work was being commissioned, no ASTOR or other specification of what the intervention should involve had been drawn up. Tendering agencies were asked to discuss what specification detached work should aim to achieve. The tender from CLASH and LADS recommended that, as well as aiming to raise general awareness and promote other services within the LGMHPP, detached work should aim to motivate behaviour change in the setting in which it was provided. The tender stated that LADS would employ a 'harm reduction approach' to health promotion which would aim to meet individual needs in order that individuals were empowered to make their own decisions about their behaviour. CLASH did not state their approach to health promotion in the tender. Once contracts for the detached work were awarded to LADS and CLASH, ASTORs were agreed with providers (see earlier). Providers and other agency partners reported that these were not discussed more widely among LGMHPP partners.

Three years on, most workers and managers from both CLASH and LADS were unfamiliar with the ASTOR specifications, strongly suggesting that, although they were circulated to all partners with summaries of the quarterly monitoring information, they were not commonly used by providers to guide the development or delivery of the interventions. Commissioners and partner agencies also were unfamiliar with these ASTORs, strongly suggesting these were not used as a tool in the commissioning of the work or in negotiation between provider agencies.

When asked what should be the aims of the interventions, workers from CLASH and LADS identified the following as priorities: increasing knowledge about safer sex, HIV and other sexually transmitted infections; and raising awareness about other services both within LGMHPP and elsewhere (including sexual health checks, HIV testing and hepatitis B vaccination). Most workers believed that the aims for PSE work should be the same as for venue work. Some suggested that the information given to men at PSEs sometimes needed to be more basic because these men were regarded as generally less well informed than venue-users.

In addition to these priorities, CLASH workers suggested that detached work could: engage with men's personal circumstances in order to empower men to have the sex that they want; increase men's self-esteem and confidence; and increase men's negotiation skills and ability to use condoms properly. Some of the LADS sessional workers were however uncertain about the extent to which the detached work could address men's personal circumstances. When prompted one worker said that he thought that it was possible, but that they would only do this if a man chose to initiate the conversation. He said:

If they wanted to initiate ... the conversations, to talk to us about it, then we could, but that's not something that we would probably ... bring up, because that's very personal.

In interviews and focus groups, workers from provider agencies were shown the ASTOR specifications for detached work and asked to comment on them. CLASH and LADS workers commented that the aims outlined in the ASTORs were too HIV-focused and emphasized the need to address men's general health and well-being in order to influence the wider factors affecting sexual health, such as self-esteem and confidence. Workers also explained that to make detached work acceptable they needed to respond to men's own concerns.

Workers were asked in questionnaires to indicate how likely it was that detached work at venues could meet the aims outlined in the ASTORs. Most workers from both organisations felt that detached

work in venues was very likely to increase men's: knowledge about HIV and STIs; awareness of the potential for HIV exposure in their own behaviour; and knowledge about HIV testing. They felt that it was less likely to increase men's: desire not be involved in HIV exposure; negotiation skills; and knowledge of the London programme. Workers felt that work at PSEs was slightly less likely than work at venues to meet all these aims.

Additional topics that workers felt detached work at venues and/or PSEs should address included safety, homophobia and linking people into community action. One worker wrote that he felt that the presence of gay-identified organisations on the scene helped to 'boost morale and generates a positive attitude'.

Most staff in partner agencies, like CLASH and LADS workers and managers, viewed knowledge and awareness-raising as a key aim for detached work. Many believed that detached work had a crucial role to play in promoting awareness of other parts of the programme because it was the only face-to-face intervention that initiated contact with men who were not necessarily themselves motivated to seek out services. Some, but not all, stakeholders believed that detached work should aim to engage with men's personal needs. Some commented that detached work could aim to assess men's specific HIV health promotion needs in the setting in which the work was being conducted and either meet these in situ or refer the men to other organisations that could better meet these needs.

In observing the delivery of detached work in different situations, researchers reported that workers rarely talked about the aims of the sessions. Researchers reported that workers appeared most clear about the aims of the work when these were 'zaps' promoting specific resources or were otherwise linked to a particular campaign such as the hepatitis B campaign. More generally, the work appeared to aim to raise awareness rather than to engage in detailed discussion with individuals about their personal circumstances and needs. Observations suggested however that the latter did sometimes occur either because a worker proactively set out to achieve this or because a worker responded to men's requests.

In our interviews, gay men themselves generally saw the purpose of detached work in venues as being to raise levels of awareness about HIV and safer sex and impart information both about HIV risk and the availability of services, as well as to provide condoms. Most men asked thought the key aim of detached work in PSEs was the provision of condoms.

The groups that detached work should target

There was little awareness among providers, commissioners or other stakeholders of the target groups specified in the ASTORs for detached work, as opposed to the groups targeted by the programme overall. Managers and workers were asked to discuss the appropriateness and usefulness of the target groups set out in the ASTOR for detached work. These were regarded as reasonable, although some workers were uncertain as to how they could target men testing positive or men with a higher number of sexual partners because membership of these groups was not visibly apparent. Some workers reported however that they targeted older men as a crude way of targeting men with HIV infection. Some workers suggested they needed information on the use of different venues by these groups based on surveys rather than on experience and observation so that they could identify which venues were used by these less obviously visible groups. The LADS acting manager suggested that it was more difficult for his team to target younger gay men than it was for CLASH because of differences in the sorts of venues worked by the two teams. Several interviewees suggested that, in practice, detached work also focused on class A drug users, which were a target for the programme overall, and Black men, which at the time of the evaluation were not.

The settings in which detached work occurs

Commercial venues

We take commercial venues here to include bars, pubs, and clubs but not saunas. Almost all men (99.4%), who completed questionnaires asking about this, reported having used a commercial venue in the last year. Just eight men (0.6%) reported that they had not used a commercial venue. The

remaining 28 men, all completing questionnaires at PSEs, missed out this question. Those completing questionnaires in saunas were not asked about venue use.

With regards to target groups, commercial venue-users were more likely than men who used PSVs to be under 25. However, they were less likely than men who used PSEs to come from BME communities and were less likely than men who used PSVs or PSEs to have more than 10 partners or to report having tested positive (table 1).

Men we interviewed discussed why they used particular venues. Although many men cited the possibility of picking up a sexual partner as a reason for visiting commercial venues, most identified socialising and drinking as their main purpose in visiting venues. However this varied enormously with venues. Some venues were frequently described as places to visit largely only to pick up sexual partners.

Venues were often characterised by men in terms of the age group of customers. Some venues were said to attract a young clientele while others were said to be used by an older crowd. Venues were also characterised in terms of the 'scene' of users, such as 'bears' (large and hairy men), those who wore leather-wear or those who were interested in sadomasochism. Venues were also differentiated into 'cliqey' or 'not cliqey' places and into 'cruisy' and 'non-cruisy'. Interviews suggested there was some evidence of a degree of 'blurring' between PSVs and venues that were classified as non-sex venues.

Public sex venues

Stakeholders commented on the rise in use of sex-on-the-premises venues and saunas in recent years. In our survey, 299 (22.8%) men reported use of PSVs. Of these, 86 men reported use of saunas and 213 use of sex venues. We could not examine the overlap between these groups because our sauna questionnaire did not ask about venue use and vice versa. Men who reported use of PSVs were less likely than PSE- or venue-users to be under 25 but more likely than venue-users to have more than 10 partners and to have tested positive (table 1).

Most gay men interviewed suggested that their use of PSVs was primarily motivated by seeking sex. Some men described a particular thrill in the overtly sexual nature of the setting. Men explained their motivation to use PSVs rather than PSEs in terms of both hygiene and safety. Men also liked the way space in PSVs was ordered so that in some areas behaviour was less sexually charged and men might sit and drink coffee or tea.

Public sex environments

Of those who answered the question about this on PSE or venue questionnaires, 408 (42.8%) reported having used a PSE in the last year. Three hundred and sixty one (27%) men, all completing questionnaires at venues, missed out this question. Of those who completed questionnaires at PSEs and completed the question about venue use, 17% (8) reported not using a venue in the last year.

Men reporting use of PSEs were more likely than men who reported use of PSVs to be under 25 and more likely than men who reported use of PSVs or venues to be from a BME group. They were also more likely than venue-users to report having had more than 10 partners and to have tested positive (table 1).

Again, men cited sex as their prime purpose in visiting PSEs. Sex without personal connection or communication was commonly viewed as the goal:

The sort of accepted norm is that you don't talk and ... that's one of the attractions.

When asked why they chose the particular PSEs they used, men often mentioned the convenience of the location in terms of its proximity to their homes or workplaces.

Several men, themselves users of PSEs, suggested that PSE-users did differ from those of commercial sex venues:

It's the people who are not comfortable in their sexuality.

One worker suggested that, although similar sorts of men would use PSEs to those who would use PSVs, there were some PSE-users who would not use PSVs. He believed that this was especially the case among men who were married or had a steady boyfriend. Others thought this was also the case among some men from outside London who came in to use PSEs but not commercial venues. Workers reported these views as based on conversations with men at PSEs.

A number of men spoke of their desire not to hang around in PSEs, but instead to get down to sex as soon as possible and then to move on quickly. Some men mentioned concerns about danger, especially from homophobic attacks, as being a factor in this reluctance to linger. However, this was not a universal view: several men talked of their enjoyment of browsing and observing activity at PSEs.

A number of interviewees among CLASH and LADS staff, staff of partner agencies and some gay men who used PSEs suggested overall use of PSEs had declined in recent years. This trend was attributed to increasing use of saunas and the internet as a setting in which to meet men for anonymous sex. Some workers suggested that rates of use of PSEs were particularly low in winter.

The HIV health promotion needs of the men who use these settings

We examined the prevalence of needs that detached work might aim to address among men who used the settings in which the work was delivered (table 5). Few men indicated needs regarding basic knowledge about HIV transmission, with only 7% of men reporting they did not know that an HIV negative man was more likely to pick up HIV 'by getting fucked' by an HIV-positive man than 'by fucking him'. There were no differences in need among users of different settings. Men indicated more need when it came to awareness about differences in how people might negotiate sex. Well over half of men expected a man with HIV to disclose that he was positive before sex. Men using commercial venues indicated more need in this area than did men using PSVs or PSEs.

About a sixth of men indicated unmet need accessing condoms. Men reporting use of PSEs were more likely to report difficulties than those using commercial venues. A similar proportion indicated that they might benefit from education about appropriate use of condoms and 'lube' in that they reported experiencing a condom tearing, splitting or slipping off 'whilst fucking' in the last year. There were no differences in need between groups of men reporting use of different settings.

About one in twenty men expressed needs regarding confidence about negotiating sex. There were no differences in need between groups of men reporting use of different settings. Over half of men indicated they might benefit from detached workers referring them to other services, in that they reported not having a sexual health check-up in the last year. Men using commercial venues were less likely to report having had a sexual health check up than men using PSVs or PSEs.

Table 6 provides information about the proportion of men from different target groups reporting health promotion needs. Men under 25 were more likely than older men to have high expectations that a man would tell them that he was HIV positive before sex. They were also more likely than older men to have low knowledge about the higher risk of HIV transmission in receptive anal sex. White men were more likely than BME men to report that they had not had a sexual health check up in the last 12 months. BME men were however more likely to report condom failure in the last year. Men with no educational qualifications were more likely than other men to have low knowledge about the risk of HIV transmission in receptive compared with insertive anal sex.

Men with higher numbers of sexual partners were more likely to report condom failure in the last year and more likely to report that they had difficulties accessing condoms. However, they were less likely than other men to report that they had not had a sexual health check up in the last year and less likely to expect a man with HIV to tell them that he was positive before having sex. Men testing positive

were more likely than other men to report difficulties with accessing condoms but less likely than other men to expect a man with HIV to report that he was positive before having sex. Men who used class A drugs were more likely than other men to report low assertiveness in negotiating sex. However, they were less likely to expect a man with HIV to tell them he was positive before having sex and less likely than other men to report that they had not had a sexual health check up in the last 12 months.

Visits to settings

Planning of visits

Workers from both teams reported that decisions about which nights and what times to work a particular venue were mainly guided by their collective experiences as to which groups used a venue and at what times, and in which venues, different sorts of work was feasible. More formal 'profiling' information was also used. The LADS team provided profiling information that described the various settings that LADS workers currently visited or might target for future work. This provided details for each venue about what sort of place it was (e.g. bar, club, 'leather' or 'sex'), opening times, capacity, atmosphere (e.g. 'noisy' or 'drugs' etc.), clientele (e.g. in terms of age and ethnicity), layout and possible work areas, presence of sexual health information and other resources (e.g. condoms) and recommendations and ideas for the type of work that could be carried out. Similar sheets were completed for PSEs, which included information regarding: how safe the site seemed and any reports of attacks; description of the areas used for cruising and entry/exit sites; police activity; information about accessibility; assessment of litter; recommendations as to whether detached work should/could be carried out; and/or decisions regarding further profiling. CLASH's manager provided us with two lists that had been produced in 2001 and 2002, which summarised the types of detached work carried out and the target groups attending at each venue CLASH worked. No further written information related to the profiling of venues was available from CLASH.

Both agencies ensured that they regularly visited what were sometimes described as 'flagship' venues. These venues were identified on the basis of attracting target groups and/or being feasible and acceptable places in which to undertake detached work. Some flagship venues were regarded as important to work in despite being difficult settings. One flagship venue, for example, was regarded as difficult by a number of workers because of the prevalence of young men in groups who were often resistant to health promotion.

As well as regular face-to-face and 'zap' work, the teams planned special events and, in doing so, considered what campaigns were arising in other parts of the programme and which venues might best allow promotion of these. However, the providers' information about these campaigns was sometimes limited for the reasons discussed earlier.

Both teams organized their shifts using staff rotas. Rotas provided by LADS listed the settings which workers planned to visit over the forthcoming month and specified what sort of work was intended (e.g. stand-based detached work, special events such as launches of new resources or promotions of hepatitis B vaccination). The venues listed in LADS rotas covered a wide area and at least a third of the venues had sex on premises. Details of which PSEs would be visited were not provided.

Shifts were organized for most days of the week and weekends, with the same day each week being allocated to administration. One shift was organised each week, in which a number of venues were visited in order to fill display racks with resources and, where appropriate, to carry out 'zaps'. Shift times were generally scheduled for between 4pm and 2am. Almost all visits to venues and PSEs were scheduled to involve one core and one sessional worker. Staff at LADS indicated that planning and staffing of rotas worked well.

CLASH organized their rotas on a fortnightly to monthly basis. Rotas provided by CLASH did not provide as much information about the venues to be visited as those of LADS. Each week specific visits to a few 'flagship' venues were listed and some weeks a few other specific venues were also listed. Otherwise, shifts were identified as general 'outreach' or 'zap' shifts and workers decided where to go on or just before the shift. Almost all venues listed were in central London, mostly around Soho. Just one venue, a sauna, was identified as having sex on premises.

Shifts were organised for most days of the week except, in most cases, Sundays. Shifts were generally scheduled for between noon and 9pm except shifts to certain bars, clubs and PSEs, which were scheduled later. Almost all visits to venues and PSEs were scheduled to involve two workers. Three of the five CLASH workers completing questionnaires stated that the planning and staffing of rotas was not often achieved.

The ASTOR for detached work required providers to match the venue to the team in terms of skill mix, gender and age. Workers reported that this was rarely done, although attempts were made to ensure workers were comfortable working in a venue and were dressed appropriately. The managers of both teams said they tried to identify workers from relevant ethnic communities where this was appropriate to a particular venue. The CLASH manager said he would have liked to undertake matching more systematically but staffing problems at the time of the evaluation did not allow this.

Many stakeholders identified staffing problems at both agencies as a potential obstacle to planning and delivering visits. Providers had experienced some difficulties with recruitment when the contracts were first commissioned and both agencies have, at different points in time, experienced difficulties with staff shortages. Most stakeholders felt that retaining detached work staff was inevitably difficult because the work itself was tiring, difficult and potentially demoralizing, leading to gaps and discontinuities in staff capacity.

In planning visits, workers made an assessment of the weather and other immediate factors such as the safety of visits to PSEs. At the time of the evaluation a number of PSEs were considered too dangerous to work. Work at one PSE was discontinued during the period of the evaluation as a result of advice from police following a series of attacks on men.

Visits to commercial venues and saunas

According to monitoring data collected in 2003, CLASH venue activity increased markedly from quarter 1 (April, May, June) into quarters 2 (July, August, September) and 3 (October, November, December). CLASH undertook 154 visits to 44 sites in quarter 1, 562 visits to 51 sites in quarter 2 and 574 visits to 40 sites in quarter 3. LADS venue activity was more consistent: 226 visits to 42 sites in quarter 1; 202 visits to 52 sites in quarter 2; and 188 visits to 51 sites in quarter 3.

The number of CLASH worker-hours committed to visits to venues remained consistent despite the inconsistency of the number of visits: 588 worker-hours in quarter 1; 446 in quarter 2; and 505.5 in quarter 3. This works out at 3.8 worker-hours per visit in quarter 1 but only 0.8 hours in quarter 2 and 0.9 in quarter 3. This may have reflected more 'zaps' and other short visits being done in quarters 2 and 3 than quarter 1. LADS worker-hours were 354 in quarter 1, 623 in quarter 2 and 566 in quarter 3. This works out at 1.57 worker hours per visit in quarter 1, 3.08 in quarter 2 and 3.01 in quarter 3. LADS worker-hours committed per visit were thus higher than CLASH in summer/autumn/winter but lower in spring.

Workers from both teams reported that their relationships with venue managers were positive and had improved over the period of the contract. This was felt to be a product both of workers being sensitive to venue managers' needs and ensuring venues were stocked with free condoms and resources, as well as of venues recognising their responsibilities to the gay community. Only a few venues would not allow stand-based or other detached work, venue managers believing that this would be disruptive.

Venue managers reported that the providers were communicative about the times that they planned to work in the venues and did not inconvenience staff in the setting up and conducting of the work. Detached work was warmly welcomed by venue managers, who observed that it was generally well received. Venue managers reported a range of gay men's responses to the work, from tolerance to active engagement. Venue managers expressed a personal commitment to the work, viewing it as important both in keeping gay men well-informed about safer sex, and in supporting a sense of gay community. One venue manager talked about the role LADS played in strengthening links between the venue and the wider community through their involvement in the local Anti-Homophobic Forum.

Researchers observing the work of LADS reported that on some occasions considerable time was taken up travelling between LADS offices and venues in outer London. Workers reported that they attempted to reduce travel time by sometimes picking up resources/stands etc. from storage nearer venues rather than at their central office. While the wide geographical area covered by LADS meant that such travel was to some extent unavoidable, the LADS acting manager did comment that the team were required by commissioners to undertake a certain number of visits to venues in outer London even if some of these were not the most feasible settings for detached work.

Visits to public sex environments

Monitoring data for PSE detached work were not disaggregated by provider. Twelve sites were visited in quarter 1 (April, May, June), 10 in quarter 2 (July, August, September) and five in quarter 3 (October, November, December). There was thus a reduction in the number of sites visited in autumn and winter. There were 172 visits in quarter 1, 179 in quarter 2 and 51 in quarter 3, again indicating a reduction in activity in autumn/winter.

In terms of worker-hours committed to PSE visits, there were 624 in quarter 1, 1579 in quarter 2 and 194 in quarter 3, indicating many more worker-hours were committed in the summer. An average of 3.6 worker-hours were committed to each visit in quarter 1, 8.8 in quarter 2 and 3.8 in quarter 3, so that there were dramatically more worker-hours per visit in summer than in spring, autumn or winter.

Researchers observed that because there was only a certain number of PSEs that could be feasibly worked during the winter months it was difficult to avoid travelling large distances from some venues to PSEs to carry out the required work.

Contact between detached workers and men

Overall

In questionnaires, workers were asked how well they rated the number of contacts and quality of communication with different groups of men. On average, workers from CLASH and LADS felt that the number of contacts made with men testing positive and men with higher numbers of partners was good. LADS workers felt that the number of contacts made with younger men and BME men was slightly less good. CLASH workers felt that the number of contacts made with younger men was excellent. This last finding may well reflect the generally younger age of those attending the venues that CLASH worked.

According to our survey, about 85% of men reported having had contact with some type of health promotion. About half had seen a display stand in the last 12 months. Somewhere between a third and half reported having been given a leaflet. The lower estimate includes only those men who said they had received a leaflet while the upper estimate also includes men who replied to a later question that they found the leaflet useful despite not having earlier reported they had received one. Similarly, between a third and two thirds of men reported having been given a condom. Fewer men, between a quarter and a third, reported they had spoken with a health promotion worker for less than five minutes and even fewer, between a tenth and a fifth, reported that they had spoken with a worker for more than five minutes. A larger number, around two-thirds to three-quarters, reported having taken a free condom from a dispenser or from the bar (table 2).

About half of the gay men interviewed reported that they had never had a conversation with a detached worker, a small but nonetheless substantial proportion had never received condoms or information from a worker. Quite a few men had never seen detached workers in a setting, particularly in PSEs.

According to our questionnaire data, men under 25 were more likely than others to have spoken with a health promotion worker for less than five minutes. BME men were more likely than were others to have had contact with most types of detached work but were not more likely to report having seen a display stand or to have taken a condom from a bar or dispenser. Men with no educational qualifications were more likely than other men to have spoken with a health promotion worker for more than five minutes. Men with higher numbers of sexual partners were more likely than others to

have seen a display stand and to have been given a condom by a worker and to have taken a free condom from a bar or dispenser. Men who tested positive were more likely than other men to have contact with most types of detached work but were not more likely to report having been given a condom by a worker or to have taken a free condom from a bar or dispenser. Men who used drugs were more likely than others to have seen a display stand, to have been given a condom by a worker and/or to have taken a condom from a dispenser or the bar (table 3).

Table 7 shows the proportion of men with different health promotion needs who reported having had contact with different types of health promotion. Men who reported lower confidence about negotiating sex or difficulties with accessing condoms were as likely as other men to report having had contact with any type of health promotion. Men who reported that they would expect a man with HIV to disclose that he was positive before having sex and men with lower knowledge about HIV transmission were less likely than other men to have taken a free condom from a dispenser or from a bar. Men who reported that they had experienced condom failure were less likely than other men to report having been given a leaflet by a worker, having spoken with a worker for less than five minutes or having taken a condom from a dispenser or the bar.

With regards to the quality of communication with different groups of men, workers from CLASH and LADS felt that communication with men testing positive and men with higher numbers of sexual partners was good. Workers from CLASH felt that communication with BME men was slightly less good and workers from LADS felt that communication with younger men was slightly less good. It is important to note that this does not mean that the number and quality of contacts was better or worse for some groups than others. It may be that workers from particular organizations were simply more or less critical of their working practices in relation to particular groups of men.

Commercial venues and saunas

In quarter 2 (July, August, September) CLASH achieved 10,461 contacts of any kind in venues and 5,113 contacts in quarter 3 (October, November, December). This represents a contact-to-contact time of 2.6 minutes in quarter 2 and 5.9 minutes in quarter 3. LADS achieved 3,500 contacts in venues in quarter 1 (April, May, June), 4,550 in quarter 2 and 5,615 in quarter 3. This represents a contact-to-contact time of 6.1 minutes in quarter 1, 8.2 minutes in quarter 2 and 6.0 minutes in quarter 3. The contact-to-contact time was thus similar between quarters and agencies except that the CLASH time in quarter 2 was shorter.

CLASH workers engaged in 3,038 conversations in venues in quarter 1, 1,640 in quarter 2 and 2,126 in quarter 3. This represents conversation-to-conversation times of 11.6 minutes in quarter 1, 16.3 minutes in quarter 2 and 14.3 minutes in quarter 3 for CLASH workers. This supports the idea that CLASH engaged in more 'zap' work in quarters 2 and 3 than quarter 1. LADS workers engaged in 1,979 conversations in venues in quarter 1, 1,302 in quarter 2 and 897 in quarter 3. This represents conversation-to-conversation times of 10.7 minutes in quarter 1, 28.7 minutes in quarter 2 and 37.9 minutes in quarter 3 for LADS workers. There was thus an increasing time gap between LADS conversations through successive quarters.

Researchers observed detached workers from both agencies successfully making contact with men in a diversity of venues. Researchers perceived that most contacts were short and focused on providing general information rather than focusing on individuals' own circumstances and needs. Workers appeared to vary in their ability to engage in longer and more individual-focused contacts. One of our researchers suggested that, where the nature of a setting allowed, CLASH workers generally tended to aim to achieve in-depth contacts as opposed to those from LADS, who focused more on short interventions and resource distribution.

Access data, as of July 2003, indicates that 17% of men who responded reported having between 13 and 29 partners in the previous 12 months (compared with the 'desirable' target of >17% for programme overall) and 21% reported having 30+ partners in this period (compared with the target of >20%). Accessibility data indicates that 10% of men who responded reported having testing positive (compared with the target of >10%). The data indicates that the mean age of men contacted was 33.7 years (compared with the target of 32). Thus, commercial venue detached work appeared to fail

narrowly to achieve the desired contact with men with 13-29 partners, men testing positive and younger gay men and narrowly achieved desired contact with men with 30+ partners.

Venue detached work also achieved desirable rates of contact with: exclusively homosexually active men (87% compared with a target of >70%); men with lower levels of formal education (23% compared with a target of >18%); class A drug users (45% compared with a target of 35%); and Black men (5% compared with a target of 4-11%). Venue detached work appears less successful at accessing: Asian men (2% compared with a target of 4-12%); and men from outer London (25% compared with a target of 28-32%). The response rate for venue accessibility surveys was 63% and so there is a possibility that the sample was unrepresentative though this possibility is less than is the case with the PSE sample (see below).

Public sex environments

According to our questionnaire survey, men were much less likely to have experienced all forms of health promotion at PSEs than at commercial venues (table 2). For example, between 12% and 21% of men reported having been given a leaflet at PSEs whereas 34% to 56% reported having been given a leaflet at venues. This might also reflect bias in recruitment of our sample in venues more than PSEs. It was not possible to provide information about contact with health promotion at PSVs as this was only asked for in questionnaires distributed at saunas.

Contacts with men in PSEs was not disaggregated by team in monitoring data. There were 1,987 contacts of any kind in PSEs in quarter 1 (April, May, October), 4,542 in quarter 2 (July, August, September) and 1,196 in quarter 3 (October, November, December). This works out at 19 minutes contact-to-contact time in quarter 1, 21 minutes in quarter 2 and 10 minutes in quarter 3. There was thus, surprisingly, a longer gap between contacts in summer. This suggests that the very large figure given for total hours worked in quarter 2 (see earlier) may be incorrect. In quarter 1, 1,987 men were engaged in conversations in PSEs, 1,187 in quarter 2 and 226 in quarter 3. This represents the following conversation-to-conversation times: 19 minutes in quarter 1, 80 minutes in quarter 2 and 52 minutes in quarter 3. The gap between conversations was, very surprisingly, much longer in summer.

Access data as of July 2003 indicates that 24% of men contacted had between 13 and 29 partners in the previous 12 months (compared with a 'desirable' target of >17% for programme overall) and 26% reported having 30+ partners in this period (compared with the target of >20%). According to the access evaluation, PSE detached work is the intervention that most accesses men with higher numbers of partners. Accessibility data indicates that 13% of men contacted reported testing positive (compared with a target of >10%). Thus PSE detached work appears to achieve desired contact with its target groups.

PSE detached work also achieves desirable rates of contact with: exclusively homosexually active men (83% compared with a target of >70%); men with lower levels of formal education (27% compared with a target of >18%); Asian men (5% compared with a target of 4-12%); and Black men (10% compared with a target of 4-11%). PSE detached work was less successful at accessing: younger men (mean is 35.3 years compared with a target of <32); class A drug users (31% compared with a target of 35%); and men from outer London (24% compared with a target of 28-32%). The response rate for PSE accessibility surveys was 42% and so there is some possibility that the sample is unrepresentative. Therefore these results should be treated with caution.

Researchers observed that at PSEs workers made an attempt to approach everyone but that this was mainly in order to distribute condoms and, in some cases, resources. More in-depth conversations were rarely attempted, except by one CLASH worker who had particular skills in this area, otherwise when in-depth contacts occurred these were generally in response to men asking for this. Researchers observed that contacts were particularly difficult to make with men whose first language was not English, of whom there were large numbers using PSEs.

CLASH and LADS workers and managers generally agreed that, whilst in most bars, clubs and saunas they could distribute condoms and printed materials and engage men in shorter or longer conversations, more in-depth work was much more difficult in PSEs. Most of the detached workers agreed that work in PSEs was often restricted to handing out condoms.

Characteristics of the setting that affect contact

Commercial venues and saunas

Crowdedness and a related factor, the intensity of socializing, were raised by gay men and by workers as factors that could impede the initiation and quality of contact in venues. CLASH workers identified the paramount importance of working with men in venues only when men were in the right frame of mind. It was difficult to make or continue a contact when men were focused only on socializing or dancing. Workers indicated that because of the possibility of crowding impeding detached work, the timing of work was crucial. CLASH workers indicated it was better to work busy West End venues during week-day evenings or weekends during the day and early evening. Local venues and a few of the West End venues that were less crowded and frenetic in atmosphere could be worked on weekend evenings. Stand-based work in particular was more feasible when venues were less busy while 'zaps' could be carried out when venues were busier. Our observations confirmed the importance of timing. It was reported that on a late-night visit to a club, men took the novelty items that workers offered but not the literature, and on the whole did not wish to engage in conversations. In contrast, during a 'zap' that had occurred earlier in the evening, it was much easier to engage men both in shorter and in longer contacts.

Workers at LADS suggested that saunas and sex clubs were best worked during the afternoons at weekends and the clubs and pubs covered by LADS which were not based in the West End were best worked during the evenings at weekends.

Other aspects of the social atmosphere of venues could affect the feasibility and quality of detached work. The 'cruisy' atmosphere of some bars made engaging in lengthy conversations difficult. One man interviewed said he would be reluctant to engage in conversation with a worker when cruising. However, cruisy atmospheres were not regarded by men as impeding the distribution of resources in 'zaps'.

In addition, detached work was said by some gay men to be impeded by an atmosphere of social surveillance in certain venues. One man suggested that, as a gay man, it was difficult to acknowledge one had problems or needs in the intimidating setting of some bars. Some men stressed that they would not want to engage in conversations about their own circumstances while in the company of friends or partners. Some men said that not wanting to admit ignorance in front of partners and friends could also impede the quality of detached work in venues:

They don't particularly want to talk to someone about [personal matters] especially perhaps with their friends or something, it might be a bit kind of embarrassing.

They tell you they're busy and all the rest of it but basically I think a lot of people are frightened. And I think they're afraid of looking stupid or ignorant by not knowing the answers that they probably should know.

The physical environment of venues could also present challenges to detached work. Our observations noted that noise in commercial venues could sometimes impede both the initiation and quality of contact. Noise could particularly impede conversations where privacy might be required. One gay man commented:

All you can hear is a mutter of voices and the last thing you want to do is start saying to someone 'what, what, what?'

Researchers noted that in one club the workers had managed to get the speaker nearest to their stand switched off to minimize difficulties with noise. A certain level of noise was not necessarily felt to detract from the quality of the intervention. Noise was also much less of an impediment to 'zaps' than more intensive one-to-one contact.

The physical layout of a venue and the position of a stand could affect the feasibility of detached work. Detached workers reported that this influenced how successful they were at making contact

with men. The position of a stand needed to be agreed with the manager of a venue. The stand should be positioned so that it was visible but not in the way of those using the venue. Our observations suggested that in some venues the stand was positioned in too marginal a position. Several men interviewed suggested that in some venues when detached workers placed a stand near to the entrance, men were unlikely to want to stop to talk with them.

Detached work was, according to our observations, feasible in saunas because these settings had clearly demarcated areas for relaxing, in which detached work could be done without disrupting sexual activity.

Public sex environments

Workers considered that PSEs varied in the extent to which detached work could be conducted. This depended on a number of factors, including the numbers of men using the setting and safety. Workers listed PSEs in north-central, north-west and south-east areas as those most feasible to work. Workers suggested that most were best worked later in the evenings during the week, and afternoons and evenings at the weekends.

There was some disagreement between workers about whether the levels of use of PSEs in general, and particularly in winter, made it practicable to undertake detached work in these settings. One CLASH worker thought that the decreasing use of PSEs, coupled with the difficulty of engaging men, meant that PSE detached work should be abandoned. Other staff supported continuing work in PSEs but suggested that this might only occur in summer. The acting manager of LADS suggested that work could be undertaken in other settings, such as saunas, in winter instead.

Several PSE-users we interviewed suggested that avoidance of verbal communication was an unwritten rule observed by most PSE-users, and this made detached work and in particular in-depth interventions extremely difficult:

People are there for a bit of a quickie, it's a bit spur of the moment ... they don't want to start having a great big conversation

Workers also discussed how difficult it was to engage men in HIV health promotion conversations in PSEs. One commented:

You go to a PSE to have anonymous sex with strangers, you don't even have a conversation with person you're going to have sex with, let alone a complete stranger walking up to you, identifying himself as whatever and just asking you to spend five minutes of your time having a conversation when you're in the middle of the dark, it's 1am in the morning, it's quite a dodgy area anyway, you know you don't know this person from Adam, you're really only there on the basis of getting your rocks off!

The position of the stand was regarded as very important in PSE work. Some gay men pointed out that this should be placed in areas where no sexual activity occurred so that detached work did not disrupt the setting:

Gay men ... don't like the idea that there's someone there who's not there for sex wandering around telling them, 'Oh look, you should be putting on a condom at this particular point!'

Men also preferred workers to remain in non-sexual areas of PSEs as this made it easier to identify the workers as engaged in health promotion:

When it's ... dark you have the 'who's who?' You know, they're not identified in any way, and the first thing you see is someone coming at you with a pack of condoms and, a bit unexpected if you're not ready for it.

Other men suggested that if a stand was used, it should not be too far from where cruising and sex occurred, and that achieving a balance between these two imperatives was difficult. CLASH workers

confirmed that handing out condoms or aiming to initiate contacts needed to be restricted to non-cruising areas. No men reported that detached work interfered with PSE-users' activities.

Both workers and men also mentioned that a lack of light could make it difficult for a worker to engage in contact with men using a PSE because the identity of the worker might not be clear, raising anxieties among PSE-users. Workers generally used low-level lights when staffing a stand in a PSE. Lack of light could make it difficult for workers to work far from the stand.

The weather was also a key factor determining the feasibility of the work and one taken into account in planning sessions. Rain was the worst weather to undertake PSE work, making the use of paper resources almost impossible. Shifts were sometimes cancelled because of rain.

Characteristics of workers that affect contact

Most men, at least those interviewed, stated that they welcomed the presence of detached workers in venues. Health promotion was regarded as a good thing and even those men who considered they had no personal need for HIV health promotion thought other men would benefit from detached work. A minority disagreed. A small number of men complained that health promotion was inappropriate to the settings because of its seriousness. One man found the presence of the workers in a bar to be somewhat unacceptable because its 'preachy' feel was incompatible with the 'cool' atmosphere of the venue:

You know when you were at school, and you used to have prefects ... It felt like that kind of thing ... you don't necessarily want to be a part of that because it's really not cool.

In our questionnaire survey we asked men who had not spoken or only briefly spoken with a health promotion worker why they thought that this was (table 4). Around half of men reported that they had not noticed the workers and just under a third reported that they did not need to talk to them. Around a fifth reported that they were busy doing other things. Just over a tenth reported that they did not want to think about health promotion when they were out and a very small proportion reported either that they were embarrassed or that they thought the health promotion workers were not 'their sort of people'. While we found no substantial differences in the responses of men who reported use of venues, PSEs or PSVs, for this question, the survey did not explore whether men felt differently about detached work in different settings.

Most men interviewed who had seen workers said they appeared to fit in well with the setting. Men disagreed about whether detached workers whom they perceived to be attractive would be more or less successful in initiating contacts. Many men suggested they preferred workers to look like 'ordinary' gay men. Most men assumed that workers would be gay men and some explicitly said they would prefer a gay man to do this work. Some men said they would be happy for a detached worker to be a woman. CLASH workers tended to believe that employing a mixture of men and women as workers was important in order to cater for the diversity of preferences among gay men. CLASH workers did acknowledge the importance of having at least some workers who used the gay scene so that there were opportunities for informal learning. In contrast, most LADS workers believed that it was preferable for detached workers to be gay men.

No gay men interviewed raised the ethnicity of workers as a key factor. However, men from BME communities were not well represented in our interview sample so this factor could not be adequately explored. Most workers agreed that when working in Black-identified venues, it was easier to make contacts with men, and probably more acceptable to the men using the venue, if a Black worker was present. A Black African worker had recently worked for both LADS and CLASH and it was felt that this had enabled them to undertake more successful contacts with Black gay men. However, it was suggested by researchers that cultural differences between African and African Caribbean men might mean that workers from the latter group should also be recruited. During the period of the evaluation, the agencies did not aim to work in venues used predominantly by Asian men as this work was instead undertaken by a specialist agency.

Gay men interviewed suggested that good knowledge of sexual health and good social and listening skills were important for workers to possess. Workers identified the following as important

characteristics for workers: confidence to approach strangers; a caring attitude; ability to deal with conversations about difficult issues; and listening skills. LADS workers suggested that having clear aims for each visit was also important in ensuring that the work was of high quality. One CLASH worker, whom our observations indicated was a particularly skilled worker, talked in detail about the skills required to carry out an in-depth intervention. He perceived the key skills as being able to encourage the man to reflect on his own personal beliefs and behaviour and to move from talking about the generalities of sex and risk to the particularities of his own circumstances and needs.

Several gay men that we interviewed suggested that it was important for workers to be proactive in initiating contacts with men. It was suggested that workers needed to engage men about their own circumstances:

You need a certain kind of individual that would actually go and actively approach people and start ... the conversation and discussions about things. And then really start to understand why people don't necessarily practise safe sex and also discuss the ... choices that people have... So I don't think this having a stand in the corner of the bar and expect people to come up to you is necessarily the right way of doing it. Some people just won't will they? They just don't.

These views were echoed by several individuals working in partner agencies:

The whole thing is about being proactive, deciding what conversation they want to engage men in and go out doing it

A common complaint from gay men who had witnessed detached workers in venues was that they were too stand-based:

I think they do need to make, to make the initial approach because if they just stand there ... people aren't likely to come up to them like that.

Our observations suggested that workers could successfully combine proactivity with a presence at the stand: one worker could walk round while another stayed at the stand, or both workers could initially advertise their presence and then return to the stand. We observed benefits to stand-based work: staying at the stand could allow workers to engage in longer contacts than might occur if walking around a busy bar. However, other observations noted that workers could sometimes remain at the stand, despite men not approaching this, and fail to be proactive in approaching men.

A number of the men we interviewed commented that the questionnaires used for our evaluation could be used by workers to initiate discussion about men's HIV health promotion needs. Indeed, workers had in the past successfully used a number of questionnaires. Some of these were short quizzes and some were questionnaires used in previous research that workers had distributed. Workers reported these were a good way to encourage men to think about their own circumstances and needs.

Gay men said in interviews that they generally liked the resources that were distributed and available from racks in venues. Researchers observed that workers thought carefully about which resources would work best in which settings. For example, leaflets aimed at young gay men were taken to venues mostly used by this group. Many men particularly liked pocket-sized rather than larger leaflets because they preferred to take materials home rather than read them in the setting. Men also preferred resources that were written using accessible language and presented in a user-friendly style.

Workers repeatedly identified the importance of having items that could be used to initiate contact with men. These included resources such as leaflets and booklets. CLASH workers suggested that the lack of high quality resources for Black and other minority ethnic gay men and HIV positive men impeded their ability to make contact with men from these groups. LADS workers thought there was a similar need for a general basic resource for young men.

Workers also reported the value of small novelty items termed 'nik-naks' in making contact with men. These included lollies shaped like penises. Workers reported that these could be used as icebreakers

and when styled on a specific theme could be used to link the contents of detached work to campaigns within the wider programme. This enabled contacts to be made and gave the subsequent conversations focus, thus providing workers with greater clarity of purpose. However, researchers observed that sometimes 'nik-naks' such as lollies were distributed with little accompanying conversation or other information and in such circumstances served little health promotion purpose.

Workers generally regarded condoms as the most crucial item in facilitating engagement with men. This reflected their intrinsic value as safer sex aids and their symbolic power. The contract for detached work did not cover condom distribution in venues but did allow for condoms to be given to men at PSEs. Workers reported that they obtained condoms from other sources to distribute in venues and that inclusion of condoms/'lube' in pocket-sized packs, given out in 'zaps', increased the likelihood that men would accept the packs.

Impact of detached work

Perceived usefulness of detached work

Table 8 provides information regarding the proportions of men who encountered detached work who reported finding various aspects of this useful. Over three-quarters of men reported that they found the provision of leaflets and the provision of condom/'lube' by a worker or via dispensers or the bar useful. Around a half to two-thirds of men reported that speaking with a health promotion worker for less than five minutes was useful and somewhat more than this found speaking with a worker for more than five minutes useful. There were few differences between the proportion of men reporting that different types of health promotion were useful at commercial venues compared with PSEs. Men were however more likely to report that provision of leaflets was useful at venues than PSEs.

Table 9 provides information about the profile of men reporting that they found different types of detached work health promotion useful. Men under 25 were more likely than other men to report that they found speaking with a worker for more than five minutes useful. BME men were more likely than other men to report that they found talking with a worker for less than five minutes useful. Men with no educational qualifications were less likely than other men to report that they found the provision of leaflets in racks or condom by workers useful, or the provision of condoms from dispensers useful. These men were also less likely to report that speaking with a worker was useful. Men with higher numbers of sexual partners were more likely than other men to report that they found the provision of condoms by workers useful. Men testing positive were no more or less likely than other men to report that any type of health promotion was useful. Men who used class A drugs were more likely than other men to report that speaking with a worker for more than five minutes was useful.

Perceived effectiveness of detached work

Knowledge of HIV and awareness of risk

Around half of men encountering detached work indicated that it increased their knowledge of HIV and/or STIs. Just under two-thirds indicated that it had made them think more about their sexual behaviour (table 10). A recurrent theme across our interviews with gay men was the value of reinforcement of information. One man for example said of detached work:

I think it keeps in your ... mind you actually think about the things more often....as opposed to, you know if you don't get reminded of it, you tend to let things slip and forget about things

One man suggested that without a more consistent presence of detached workers in settings, reinforcement would not be achieved:

I think probably if, if they were more obviously around, and very determined to try and persuade people to behave in a particular way and almost every bar you went to or club or whatever you had this, so it was like a constant warning, like on a cigarette packet, maybe it might make a difference.

Although some men suggested detached work did not raise or maintain their awareness because its over-familiarity caused them to ignore it, another interviewee suggested that the personal delivery of

safer sex messages through outreach workers as opposed to the use only of written materials actually helped guard against such information fatigue:

I think that you're immune to this [posters], to a lot of what you see. This is all the same old stuff ... think there is a call for face-to-face interaction.

Another man suggested that written resources being distributed via face-to-face interaction was more powerful than simply stocking racks with such resources:

I think that the written word or having something you can sort of like take with you and read when you're in a more sober frame of mind or when you have a bit more privacy ... It's much more helpful than sort of like having discussions. However, I think it does need a person to be there ... to dish that out ... because like if it's just left on the side I don't think that it will get distributed properly.

One stakeholder we interviewed thought that detached work might well have more impact in raising awareness among men if there was an increase in the extent to which it involved messages that were joined up between different elements of the programme. He suggested that detached work which involved workers using opening messages that tied into other parts of the programme could be a particularly effective approach.

Knowledge of and referrals to other services

About 40% of men encountering detached work indicated that it had increased their knowledge of HIV testing. A third of men in our survey said that detached work had made them aware of where to go to access a sexual health clinic and other services. Just over a quarter indicated that it had made them go and get vaccinated against hepatitis A/B.

Our observations confirmed that in some contacts detached workers encouraged men to seek other services such as cognitive-behavioural therapy and counselling. Whilst our observations could not establish that these men subsequently accessed these services, our interview with the director of a sexual health clinic revealed that men attending the clinic did regularly cite detached workers as a source of referral and in some cases detached workers actually gave men a lift to the clinic. The clinic director said that during the period in which the detached workers ran a specific campaign about hepatitis B vaccination, about 10% of men seeking vaccination cited this as the reason they attended.

Staff from partner agencies in the London programme that provided group-work and counselling varied in the extent to which they reported that detached workers referred men to their services. A manager of a groupwork provider said that his agency had produced a leaflet advertising groupwork to be distributed by detached workers, but that according to monitoring his agency had conducted about sources of referral he was unaware of any referrals from detached work. A manager of a counselling service also perceived that few clients were referred from detached work and that most came instead as a result of press advertisements. However, two other individuals working in counselling, one in the same agency and another in a different agency, said they had met a number of clients who had come to their services as a result of referral by detached workers.

A number of the men interviewed had had positive experiences of outreach workers referring them on to useful services. Men mentioned that information from leaflets had enabled them to seek services, for example:

Those leaflets that I mentioned before, that I actually found out about the clinic in Soho Square where you could go to ... so I mean, if you like that ... encouraged me to do that.

Men also mentioned that speaking to detached workers had encouraged them to access services, for example:

I went back and asked him some questions....And again, from me, it was where was the local GUM clinic in relation to Soho..... Yeah, he told me at the top of Tottenham Court Road.....that there was one up there and that there was also a clinic, an NHS walk-in clinic in Soho itself...

Condom distribution

In the questionnaire survey, nearly two thirds (65%) of men who reported contact with detached work indicated that this had increased their access to condoms/‘lube’. Various stakeholders and workers from provider agencies discussed the advantages and potential limitations of condom distribution via detached work. Whilst condom distribution may encourage men to practise safer sex, it was clearly not possible for distribution of condoms by detached workers to meet the needs of all men all of the time. Workers raised concerns that men may become reliant on the provision of free condoms and that this may result in their being at risk when condoms are not available.

Gay men interviewed echoed these views. Some men suggested that the provision of condoms by detached workers would have a direct impact on the likelihood of them using a condom during sex. One man argued that that the provision of condoms by detached workers was important because whilst men are informed about safer sex, sometimes they do have a problem getting hold of condoms. Other men argued that it might be problematic if men were to depend on condoms distributed by detached workers. When asked if cruising sites were a suitable place for workers to distribute condoms, one man said:

I don't think I ever would rely on bumping into somebody in a fairly large area, even if I knew they were down there on a nightly basis, that would give me condoms and 'lube' ... the thing is that if you were relying on people being there to get your condoms and 'lube', the one night they weren't there ... I think on an intermittent basis, I think it's from my point of view next to useless, in a cruising ground.

Negotiation skills, self-esteem and confidence

In the questionnaire survey, just over a quarter of men encountering detached work indicated that this had increased their ability to negotiate sex. Workers however had mixed views as to whether detached work could increase men's negotiation skills, self-esteem or confidence. In interviews, no gay men actively volunteered evidence that their negotiation skills, self-esteem or confidence had been enhanced. This may indicate that detached work experienced by these particular men did not impact on these outcomes. Alternatively, it may be that gay men don't consciously identify these as needs that are amenable to intervention. It is also possible that this finding is a function of a limitation of our interview sample: although more than half the men interviewed reported some contact with workers, the majority had not experienced more in-depth interventions through which such needs are more likely to be addressed.

Other effects

No men interviewed suggested detached work had increased their desire not to be involved in HIV exposure.

Some men expressed the view that an important effect of detached work was that the presence of workers in gay spaces reinforces gay men's sense of community and their solidarity in combating the spread of HIV. As one man said:

It proves to me that there are organizations out there trying to help the prevention of the spread of disease.

This suggests that detached work might promote some gay men's sense of self-worth and responsibility towards other gay men.

Differences in effectiveness according to type of contact, settings and group

Men who reported having talked with a worker at either venues or PSEs were more likely than men who had experienced other aspects of detached work not involving conversations to report effects (table 11). One exception was men who reported having talked with a worker at a PSE, who were not more likely than men experiencing other forms of detached work to report this had increased their knowledge of HIV. Men who reported that they had received a condom as a result of detached work were more likely than men experiencing detached work but receiving no condoms to report this improved their access to condoms (table 12).

According to our questionnaire survey, men who had experienced detached work at PSEs were less likely than men who had experienced it at commercial venues to report that it had influenced them in relation to most outcomes. Men experiencing work at PSEs or venues were similarly likely to report that the work had increased their ability to negotiate sex and encouraged them to get vaccinated against hepatitis A/B.

Table 13 provides information about the perceptions of men from different groups of the impact of detached work. Men under aged 25 were no more or less likely than other men to report that the work impacted on their knowledge or behaviour. BME men were more likely than other men to report that the work impacted on all outcomes except their access to condoms. Men with no educational qualifications were no more or less likely to report that detached work impacted on their knowledge or behaviour. Men with higher numbers of sexual partners were less likely than other men to report that the work increased their knowledge of HIV and/or STIs and HIV testing. Men testing positive were less likely than other men to report that the work made them think more about their sexual behaviour and/or increased their knowledge of HIV testing. Men who used class A drugs were not more or less likely than other men to report that the detached work impacted on their knowledge or behaviour.

SUMMARY AND DISCUSSION

Context of the evaluation

Situation of providers

There are a number of factors that should be taken into account when interpreting findings from this evaluation. Firstly, the evaluation took place during a time of considerable change for both providers. LADS had been a part of THT for just six months and the detached work team had recently moved from previous premises to THT's offices. CLASH had experienced a recent restructuring of its detached work team. Secondly, both organizations were experiencing staff changes. An acting manager for detached work at LADS was appointed as a result of the manager being on long-term sick leave. One of the core team of LADS project workers and most of the sessional workers had been in post for less than six months. During the evaluation, two health promotion specialists from the CLASH team who had worked on detached work with gay men left the organisation. One CLASH worker was not able to carry out detached work with men at either venues or PSEs because of health problems and another worker was absent for the period of the evaluation due to long-term sick leave. A summary of reported developments since our evaluation is provided in the appendix.

Doing the research

We succeeded in recruiting a large sample of PSE-users for both our questionnaire survey and interviews. Most of these were however recruited at settings other than PSEs. Recruitment at PSEs was difficult because of the small numbers of men using these sites in winter (when we were required to conduct fieldwork) and because of the reluctance of many men using PSEs to participate in research. Other researchers have reported similar recruitment problems at PSEs (Scott 1997; Hospers et al 1999). Previous research has noted the lower use of PSEs in winter than in summer (French et al 1997). We also experienced difficulties observing work at a range of PSEs because work was only regularly undertaken at three sites during the evaluation period. Survey work and observations in commercial venues were much less problematic and we recruited large numbers of users of venues for our survey and for interviews. Saunas also proved a good place to recruit research participants.

Our sample compared with other studies

The proportion of men in our sample using PSEs is high compared to other London surveys (e.g. Kelley et al 1996; Annetts et al 1996; Dodds and Mercey 2003). This is unsurprising given that our study targeted recruitment of PSE-users. Our sample was broadly comparable to those of other UK studies in terms of age (e.g. Hickson et al 2003b). Our sample was slightly more ethnically diverse than other London samples (e.g. Dodds and Mercey 2003). This may partly be explained by the proportion of PSE-users in our sample, a higher proportion of whom were Black and Asian than was the case in the remainder of our sample or other samples of PSE-users (Fisher 1995; Scott 1997;

French et al 1997). Our sample was comparable to other studies in terms of formal educational attainment (e.g. Dodds and Mercey 2003).

Our sample reported fewer sexual partners per year than participants in other surveys (e.g. Hickson et al 2003b). Our finding that men who used PSEs and PSVs had more partners than men using commercial venues is in line with that of Davies et al (2002). We reported lower rates of bisexuality amongst PSE-users than some other studies (e.g. Hospers et al 1999). Rates of exclusively homosexual and bisexual behaviour among our sample overall are in line with other studies such as Hickson et al (2003b). Our sample contained a higher proportion of men testing positive compared with Dodds and Mercey (2003) probably because of the greater proportion of PSE- and PSV-users in our sample who reported HIV diagnosis at a higher rate. The rate of UAI among our sample is higher than that reported in other surveys of gay men in London (Dodds and Mercey 2003; Hickson et al 2003b). This might in part be explained by high proportion of PSV-users in our study.

Our interview participants were slightly older, slightly less well educated and used class A drugs much less than those participating in our questionnaire survey. The sample contained more white men and a comparable proportion of Asian men as the questionnaire survey but involved no Black men.

Implications of our findings for the research questions set for the evaluation

We address each research question in turn, though in a slightly different order than set out in our introduction and organized under a series of sub-headings.

The scope of detached work

How logically consistent are the intervention's aims and objectives with each other and with the core programme's principles, strategic goals, and relevant strategic targets, aims and target groups?

There appear to be certain gaps in the current ASTORs for detached work. It is not clear why the following aims listed in Making It Count (Hickson et al 2003a) are not outlined in the ASTORs as aims of detached work: increased control over condom failure; and increased knowledge about sexually transmitted infection, their detection and treatment.

In order to ensure that detached work contributes maximally to LGMHPP strategic goals, providers, programme partners and commissioners should reflect further about which of the current aims of detached work should be prioritised. Our evaluation indicated there were two perspectives on the aims of detached work:

- Detached work should focus on raising awareness and basic knowledge about HIV transmission and prevention and raising awareness about other services within the programme including, where relevant, how these can be accessed.
- Detached work should undertake awareness raising work as specified above but should also aim to assess men's personal HIV health promotion needs in situ and then either aim to meet these needs in situ or to refer men to other services including those within the programme.

There was broad agreement that detached work had a role in awareness-raising about HIV and about the London programme. There was disagreement about whether detached work should aim to assess men's specific needs and ensure these were addressed there and then or via referral. Weighing the findings from this evaluation, our view is that, at its best, detached work can achieve awareness-raising as well as assessing and addressing men's individual needs. However to do this, detached work requires additional investment to enhance workers' skills in such work.

It is not clear why the settings listed in the ASTOR for detached work do not include saunas. Furthermore, the rationale for the detached work not to target various groups of men that are targets for the programme as a whole is unclear. These comprise: men with lower levels of formal education; men who use class A drugs; and men who have been sexually abused or assaulted. Detached work in venues already achieves desired rates of contact with men with less formal education and class A drug users. Detached work in PSEs achieves desired levels of contact with men with less education and just misses the target for class A drug users. No data on sexual abuse and assault are

available. The rationale for PSE detached work not to target younger gay men, as venue detached work does, is also unclear. PSE work currently just fails to achieve desired target for younger gay men. Should the LGMHPP also decide to define BME men as a target group, these should be a target group for detached work, because Black men and to a lesser extent Asian men are well accessed by detached work in both settings.

The objectives of detached work in its ASTOR are consistent with its aims. However, it is not clear why these do not include the provision of stalls/stands and the use of special campaign events.

How clearly are the intervention's aims operationalized as 'intended outcomes'?

The aims set out in the ASTORs for the work were not operationalized as intended outcomes by providers, commissioners or other stakeholders. ASTORs need to be reflected upon, redeveloped and then actively used as a tool to commission, plan and deliver detached work.

Do 'zaps' have specific and clear aims?

Workers were clearer according to our observations about the aims behind 'zaps' and other special events than they were about the aims behind 'routine' detached work. 'Zaps' aimed to distribute resources hand-to-hand to large numbers of men in a number of venues in succession order to increase knowledge and awareness about specific aspects of sexual health and/or specific elements of the London programme. Workers referred to specific ASTORs in the planning of some 'zaps' as well as some other special events such as launches of resources.

As well as those stated in the 'ASTOR', does detached work have other implicit aims and objectives?

Workers from both agencies saw the aims detailed in the ASTOR as too focused on HIV. A number of other aims were mentioned: raising awareness and basic knowledge about STIs and their treatment; provision of information about other health issues such as drug and alcohol use; and provision of information on other matters such as safety in PSEs, sexual and other physical abuse and assault, and self-esteem and well-being. These non-HIV factors needed to be addressed when raised by men in order to engage men and also because they in turn influence factors more directly linked to sexual health.

Distribution of condoms was seen as an important activity by workers. This was generally viewed as a means to facilitate the making of contacts rather than as an aim in itself although observations suggested that workers often distributed condoms at PSEs without this leading to either short or long conversations. Clearly, detached work cannot provide sufficient coverage in distributing condoms and so should not be considered as a way of increasing men's access to condoms.

Should the intervention have any other aims and/or objectives according to various groups?

Various interviewees suggested that if detached work is to engage with men's individual HIV health promotion needs, workers could aim to use a systematic questionnaire tool to do this. This is not currently an objective of the work although workers reported that experiences of distributing questionnaires had been useful in enabling them to initiate and structure conversations about men's needs. This matter is discussed in further detail later in this section.

The delivery of detached work

Does detached work deliver its objectives?

Detached work had the following objectives:

- identify sites;
- make and maintain necessary contacts with site managers (venues) and police, park keepers and local authorities (PSEs);
- match site to team of workers by skill mix, knowledge of venue, age, ethnicity and life experience;
- make the contracted total number of visits and hours for each site;
- engage and talk with men, provide information, advice and referral;
- hand out resources and condoms and 'lube' as required;

- 'zap' selected venues with hand-to-hand distribution of information on core programme campaigns and new resources to every man on site, and answer questions (venues only);
- collaborate on programme coverage and accessibility evaluation; and
- collaborate with detached work evaluation.

Both providers successfully identify sites and make and maintain contacts with the relevant stakeholders for each settings. We can make firmer conclusions about the LADS' formal profiling of settings than CLASH's since the former but not the latter team provided us with full documentation about this matter. Both organisations relied largely on personal knowledge and observations to inform which settings to work. It may be useful to supplement such activities with occasional surveys of the users of different settings to assess the presence of men from target groups in these.

Neither provider formally matches its team to the site to be worked in terms of skills, knowledge or age. Both agencies considered workers' comfort in working different sites and attempted where necessary to ensure workers adopted at least some elements of the dress code of venues. Both agencies tried to ensure that Black workers were employed on visits to certain venues used by Black men. However the extent to which such matching could occur was limited by a lack of appropriate staff at the time of the evaluation.

Both providers appeared to make the contracted total number of visits and hours for each site according to monitoring data. According to monitoring and access data, as well as our own observations, interviews and surveys, detached workers did engage and talk with men, and provided information, advice and referral. Our questionnaire survey of gay men indicates that overall around half of men surveyed had seen a stand and somewhere between about a third and just over a half of men have been given a leaflet or a condom. Somewhere between a quarter and a third have had a short conversation with a detached worker and between about a tenth and a fifth have had a longer conversation.

Hartley et al (1999) previously undertook a large survey of men recruited at sites other than where detached work was occurring. Sixteen per cent of this sample reported contact with outreach (by providers other than CLASH and LADS) in the last year and 12% reported a conversation with an outreach worker about HIV or safer sex in the last year. Of men reporting contact with outreach, 54% reported this in non-sex venues, 19% in PSEs and 19% in sex venues/saunas. We cannot say whether across the overall population of London gay men contact with detached work has increased since Hartley et al's survey because our survey used a different recruitment strategy. Given that our questionnaires were largely distributed at settings in which detached work was occurring, it is perhaps surprising that our reported rates of contact are not higher. It is possible that men under-reported their contact with detached work either because they did not understand the term 'health promotion worker' used in our questionnaire or because they interpreted the questions as referring only to past contact with detached work.

Our observations suggest that detached workers did hand out resources and condoms and 'lube' as required, a finding also supported by monitoring data. Observations found that most contacts were short. Where conversations occurred, these usually focused on the provision of information rather than on engaging with men's specific needs and how these might be addressed. Longer contacts were observed and although it was not usually possible to determine the content of these interventions, some of the contacts observed did involve more in-depth conversation that addressed men's specific needs. Examples were observed of workers aiming to address these needs in situ by giving advice as well as workers aiming to refer men to other services such as sexual health clinics. Some gay men complained that detached workers remained at their stands too much and did not proactively engage men.

Our observations suggest that 'zaps' were carried out successfully. Our findings also suggest that detached providers did collaborate on programme coverage and accessibility evaluation as well as collaborating with the detached work evaluation.

Are the interventions reaching the intended target groups?

Workers from CLASH and LADS felt that the number of contacts made with men testing positive and men with higher numbers of partners was good. LADS workers felt that the number of contacts made

with younger men and BME men was slightly less good. CLASH workers felt that the number of contacts made with younger men was excellent. Our observations suggested that on some occasions in venues and in PSEs, workers were less successful in reaching younger gay men than other men.

According to access data, commercial venue detached work appeared to fail narrowly to achieve desired contact with men with 13-29 partners, men testing positive and younger gay men and narrowly achieved desired for contact with men with 30+ partners. According to access data, PSE detached work appears to achieve desired for contact with its target groups.

According to our questionnaire data, certain aspects of detached work appeared to reach men in target groups more than other men. Detached workers had short conversations with younger men more than men in general. Men with higher numbers of sexual partners were more likely than others to have seen a display stand and to have been given a condom by a worker or to have taken one from a bar or dispenser. Detached work generally reached men testing positive more than other men but this group did not receive condoms any more than men in general.

Our survey also found that men were much less likely to have experienced any form of detached work in PSEs than in commercial venues. However this finding is to some extent likely to reflect biases in our sample arising from most participants having been recruited in venues in which detached work was occurring.

Which men using the various settings are not reached by the various forms of the intervention?

According to access data, venue detached work appears less successful at reaching Asian men and men from outer London, while PSE detached work appears less successful at accessing younger men, class A drug users and men from outer London. Any conclusions about the reach of PSE work should be made with caution however because the response rate for PSE accessibility surveys was rather low. Our researchers observed that it was particularly difficult for detached workers to make contact with men whose first language was not English, of whom there appeared to be large numbers using PSEs.

Although findings from our questionnaire survey suggest that BME men more than other men engaged in short conversations with workers, other evidence suggests, but cannot conclusively demonstrate, that this group is not always well reached by detached work. Some detached workers reported that it was difficult for white workers to make contact with Black gay men in more Black-identified venues and that contacting minority ethnic men at PSEs was more difficult if men did not identify as gay.

To what extent are the men who encounter detached work in need of the intended benefits?

The men who participated in our survey can be regarded as the audience for detached work in the various settings in which it operates. Amongst these we found considerable levels of certain unmet HIV health promotion needs amongst men using venues, PSVs and PSEs in relation to what detached work was intended to achieve.

While we found only limited evidence of unmet need for more information about HIV, caution is required in interpreting our findings because other research on men in England and Wales indicates that up to a third have unmet information needs regarding HIV-related matters (Reid et al 2002). We did find that men's knowledge about how different men might negotiate sex was much lower, especially among younger men and men with lower levels of formal education. We found only limited unmet need for negotiation skills amongst our sample here, in line with Reid et al (2002). We also found high levels of unmet need regarding information about the correct way to use condoms, especially among men using PSEs, BME men and men with more than ten partners.

We found reasonably high levels of unmet need regarding access to condoms, with this need being higher among PSE-users, men testing positive and men with more than ten partners. Other surveys report even greater unmet need (Hickson et al 2001). Men participating in our survey also indicated high unmet need regarding access to sexual health services. Overall half had not had a sexual health check in the last year, the accessing of check-ups being particularly low amongst men using venues.

According to our survey, certain aspects of detached work appeared not to be successful in reaching men with certain of these unmet needs including those with lower knowledge about how different men might negotiate sex, lower knowledge about HIV transmission and men experiencing condom failure.

How does the quality of interaction between workers and gay men vary with different detached workers, different settings and different gay men?

The quality of interaction was, according to some workers, partly dependent on having clear aims for each visit. Our observations suggested this was sometimes lacking. Our researchers also suggested that workers varied in the extent to which they could deliver high quality in-depth conversations. The skills required for such work include the ability to encourage men to reflect on their own beliefs and behaviour and to move them from talking about the generalities of sex and risk to their own circumstances and needs.

The quality of detached work was significantly affected by the setting in which it occurred. Crowdedness and the intensity and nature of socializing could affect how easily high quality detached work could be delivered. Noisiness could sometimes impede work especially when this involved in-depth and personal conversations between workers and gay men, but in general a certain level of noise did not cause problems. In most venues, including saunas, noise was not a major problem. It was very difficult to engage in high quality, in-depth, one-to-one contacts in PSEs because of the frequent unacceptability of oral communication in these settings.

According to workers, the quality of communication with men testing positive and men with higher numbers of sex partners was good. Workers from CLASH felt that communication with BME men was slightly less good and workers from LADS felt that communication with younger men was slightly less good.

The acceptability of the interventions

How do men using different sites/settings regard the detached work including 'zaps' and one-to-one engagement?

In our survey very few men indicated they had not talked to a detached worker because they found this unacceptable. We could not separate out experiences referring to venues from those in PSEs in this analysis. Most men interviewed supported the presence of workers in venues and saunas. A few men did not want to discuss sexual health, especially their own sexual health, in front of friends and current or potential sexual partners. Previous research by de Wit et al (1993) has established that gay men's use of PSEs is associated with a positive pleasure in anonymity and expedience. These factors may make PSEs unsuitable settings for some aspects of detached work to be achieved both for gay and non-gay identified men (Hickson et al 1997). Several men interviewed questioned the acceptability of detached work in PSEs. Interviews with workers and observations supported the idea that while distribution of condoms was acceptable in PSEs, other aspects of the work could in some cases be unacceptable to the men using these settings.

What do men regard as the most important/useful aspects of detached work?

Our questionnaire survey indicates that, of men who experience that aspect of detached work, more men find the provision of condoms useful than any other aspect of detached work, with a comparable proportion finding provision of leaflets useful. Smaller, though still substantial proportions, report conversations as useful.

How do opinions about the services vary with different detached workers?

CLASH workers considered that team diversity in terms of gender and sexuality was important while LADS workers thought that detached workers should themselves be gay men. Men differed widely as to whether the gender, sexuality and appearance of the detached worker influenced their view of the work's acceptability. Some preferred men to women and gay men to straight men. Some also preferred attractive to 'ordinary'-looking men, and others the opposite.

Our evaluation cannot assess the extent to which BME men prefer detached workers to be themselves members of BME communities or of the same community as themselves. However workers and other stakeholders generally thought that it was important for detached work teams to

include members from a diversity of ethnicities and that more work was required to achieve this. Most workers agreed that it was easier to make contact with Black gay men when a Black worker was present.

How do opinions about the services vary between men with regard to HIV status, age and number of sexual partners?

Our survey found that men testing positive were no more or less likely than other men to report that any aspect of detached work was useful. Younger men were more likely than other men to report that they found speaking with a detached worker for more than five minutes useful. Men with more than 10 partners were more likely than other men to report that they found the provision of condoms by workers useful.

Are there any other dimensions of identity that account for differences in opinions about the services between men, such as level of formal education?

Our questionnaire survey found that BME men were more likely than other men to report that they found talking with a detached worker for less than five minutes useful. Men with no educational qualifications were less likely than other men to report that they found the provision of condoms by workers useful. They were also less likely to report that speaking with a health promotion worker was useful. Men who used class A drugs were more likely than other men to report that speaking with a health promotion worker for more than five minutes was useful.

Is the intervention delivered in a manner which is acceptable and otherwise appropriate to other key stakeholders?

The providers of detached work had developed effective relationships with various stakeholders in both venues and PSEs. The teams liaised well with venue managers and, of those interviewed, none reported any problems. Only a small number of venues did not allow work to occur because they believed that the use of stands and/or the presence of detached workers disrupted their venues. Police also reported that processes of communication worked effectively and found the detached work in PSEs acceptable.

The feasibility of the interventions

Is the intervention appropriate to the physical context (layout, lighting, noise etc.) and the social context (activities of the users and staff etc.) of the setting?

Crowding and to a lesser extent noise could sometimes make it difficult to engage at all with men and especially to engage in more in-depth work in commercial venues, as discussed above. The importance of these factors as barriers to feasibility varied considerably between venues and between different nights of the week. This was taken into account by the providers in planning visits. In some cases workers were capable of reducing the effects of these factors by operating in quieter and less crowded areas within a venue and acting to reduce the noise in collaboration with venue staff.

Detached workers put considerable thought into placing their stand in the optimal position in order to increase impact whilst reducing the likelihood that they would interfere with social interaction or discourage men from approaching the stand by placing it in too overlooked a position. Good relations with staff were crucial in negotiating the best position for a stand. However on some occasions it seems that detached workers chose, or were forced by circumstances, to operate in areas of a venue such as the entrance or in an area off the main part of the venue that impeded their ability to engage men in contacts.

In addition, drunkenness and drug use among the men using the venues could sometimes impede detached workers successfully making contacts. Men's desire to socialize rather than to engage in contacts with detached workers could also prevent the work being successful. Providers stressed that they took care to assess men's state of mind and attitude in making contacts and only attempted more sustained conversations with those men who appeared likely to find this acceptable.

Flowers and Hart (1999) have questioned the feasibility of undertaking HIV health promotion in commercial venues because of impediments such as high levels of bitchiness, gossip and other forms of social surveillance. Similarly, London men interviewed by Warwick et al (2002) described certain venues, particularly those in the West End, as being pressured, judgmental, cliquey and gossipy environments. Men we interviewed suggested that a perception of 'social surveillance' was

sometimes likely to impede detached work because men would not want to discuss personal matters. However, only a minority of men expressed these views and those that did acknowledged that the extent to which this might present a barrier to detached work varied considerably between venues.

Saunas were regarded by detached workers as feasible settings in which to undertake the work because these settings were clearly demarcated into areas where sexual activity did and did not occur. Detached work was highly feasible and acceptable in the latter sorts of area where men sat around in quiet 'chill-out' areas or cafes. No interviewees reported that saunas were bitchy or gossipy places.

Overall PSEs were widely regarded as much less feasible settings for detached work than were commercial settings. It is clear from the discussion earlier in this section that the unacceptability of verbal communication among some PSE-users when focused on identifying men interested in engaging in sexual activity could be an impediment to detached work. Uncertainty about the identity of detached workers because of their atypical behaviour in the context of a PSE could also impede workers' ability to make contact with PSE-users. Lack of light also operated as an impediment to detached work on PSEs because darkness made initiating contacts more difficult.

There were ways in which workers could reduce these impediments, such as: positioning stands or otherwise working in areas away from the areas used by men for cruising and/or for sex; using lights and torches to facilitate their work; and handing out condoms to indicate that they were workers. However, not all PSEs contained such suitable areas and on some occasions concerns about safety rendered the use of lights and torches unfeasible.

Are 'zaps' more feasible in some CVs than others?

Most of the factors that were reported as impeding detached work, such as crowding and noise, appear to constrain in-depth contacts more than other forms of contact including 'zaps'. 'Zaps' were also less constrained by the need to position a stand in the correct position. 'Zaps' were nonetheless more feasible in some venues more than others. Factors that could impede 'zaps' included men's drunkenness, which could make it difficult to explain the purpose of resources or 'nik-naks'.

Which settings have been found unfeasible and why?

Stand-based and face-to-face contact work by detached workers was not carried out in a very small number of venues because the managers felt that that this would be disruptive. Some venues, especially in outer London, were regarded as not particularly feasible settings for detached work because of the small numbers of men using them.

Providers and stakeholders commented that the use of PSEs appears to be falling, making it harder for detached workers to achieve contacts. Until relatively recently there were very few PSVs in London but these are now emerging. The increase in use of PSVs together with the use of the internet to meet anonymous sexual partners is thought to be associated with a decline in the use of cruising grounds and other PSEs (Davies et al 2002). Weatherburn et al (2003) report large reductions in the use of cruising grounds and cottages between 1999 and 2001 as well as large increases in use of the internet for meeting sexual partners.

A number of factors caused work to be unfeasible in some PSEs at certain times. Poor weather, especially rain, made detached work unfeasible. Concerns about safety rendered work in certain PSEs unfeasible, for example when reports had been received of a series of attacks.

Providers and stakeholders suggested that PSE work cannot make contact with as many men in winter as in summer. Although our research occurred only in winter and cannot describe seasonal trends in use, research by Scott (1997) and by French et al (1997) confirms that use declines considerably in winter. Opinion differed as to whether PSE work was practically feasible in winter given the reduced numbers of users at that time of year. Some workers and stakeholders thought attention should be given to PSV work in winter and to PSE work in summer. Other workers thought that although numbers of users were less in winter, the work was still practicable.

As discussed above, some aspects of detached work, especially in-depth conversations, were much less feasible in PSEs than in other settings. Burnell (2000) reports that use of a motivational

interviewing tool in a PSE facilitated semi-structured discussions between detached workers and men. However, Burnell reports that while use of this tool led to more conversations involving discussion of health topics, it also generated more refusals of contacts than did detached work without such a tool.

What characteristics of those delivering the intervention affect feasibility and what is required to promote high quality delivery?

The obvious factor required to make delivery of detached work feasible was the presence of a full complement of staff. At different times, both CLASH and LADS had suffered considerable staffing problems. Both had taken on sessional workers to ensure that they could deliver their contracted visits. Stakeholders suggested that staffing problems were influenced by the difficulty of the work and its demoralizing nature, workers rarely knowing whether they were having an impact.

Initiation of contacts appeared from various sources of evidence to be facilitated by a proactive approach on the part of the detached worker. Workers varied in the degree to which they were proactive. The following supported a proactive approach: communication skills; clarity of aim; and an innovative and varied approach to the work.

Flowers et al (2002) report that some outreach workers are uncomfortable discussing personal behaviour and emotional issues and more comfortable with provision of basic information. We found that some workers tended to focus on provision of general information rather than engaging with men's specific needs and circumstances. Detached work involving in-depth conversations required strong communication skills and it was clear from observations that workers varied in the extent to which they possessed these skills. Workers' perceptions of the aims of detached work influenced whether they set out to engage men in intensive one-to-one conversations; those workers that saw the aims being more to do with awareness-raising tended not to engage in more intensive conversations.

What other factors influence feasibility?

Workers reported that it was much more feasible to initiate contacts in both venues and in PSEs when this was accompanied by the distribution of items such as condoms, written resources and 'nik-naks'. Some items worked better in certain venues than others. Condoms appeared to be the most suitable items in PSEs because of their immediate utility. Workers ensured that the resources they used at various settings were matched to the needs of the users of those settings. A lack of resources aimed at Black gay men and younger gay men was suggested as a constraint on the feasibility of initiating contacts with such men.

Workers mentioned that they were under pressure to visit venues in each PCT contributing to the programme. While this might enhance the equity of provision, in some cases it could lead to work being undertaken in venues that would otherwise be regarded as unfeasible settings for the undertaking of high quality work (because of the various physical and social barriers discussed above). It could also lead to shifts being taken up with large amounts of travel between sites, again undercutting the feasibility of undertaking adequate amounts of detached work in any one session.

What other objectives would be feasible in these settings?

As discussed earlier, it would be feasible to target various other groups in the settings used for detached work including men using class A drugs as well as Black men and men with lower levels of formal education in these settings since the settings are used by these men. Whilst targeting of Black men can be done on the basis of observation, targeting of men in the other two groups may require more formal profiling information to be collected.

Various interviewees suggested the use of tools to support detached workers in initiating and structuring conversations with men about their individual circumstances and needs. Workers reported previously using various quiz and research questionnaires to such ends. As mentioned above Burnell (2000) reports the use of a systematic tool to foster structured consideration of men's situations in PSE detached work. Given the mixed results of this pilot work any implementation of such a tool by CLASH and LADS should be done on a pilot basis with a thorough assessment of its suitability to different settings and accompanied by training for the workers involved. Our findings suggest that the use of this tool is likely to be more acceptable and feasible in saunas and some venues than in PSEs.

Are there other important settings or sites within which the current intervention might be feasible?

Our evaluation has not identified any other settings other than saunas in which the current intervention might be feasible.

The effectiveness of the interventions

How do men benefit from their encounter with the intervention [according to themselves and to the providers of the intervention]?

Although US research has reported the effectiveness of bar-based HIV prevention in reducing rates of STIs among gay men living in small cities (Kelly et al 1997), we cannot assume that such work is effective in larger cities such as London or in a UK context (Hart and Elford 2003). Flowers et al (2002) report that a trial of HIV prevention, mainly involving bar-based outreach delivered by both male and female paid workers, was ineffective in reducing rates of STIs among gay men in Glasgow (compared to the control city, Edinburgh). However, they do report higher rates of hepatitis B vaccination and HIV testing among the Glasgow men who experienced the intervention compared to those who did not. Although this finding may well be subject to selection bias, it does offer some hope that detached work could be effective in the UK in achieving certain health promotion outcomes.

Without either a comparison group or a before-and-after survey, our evaluation provides data of limited rigour on effectiveness. We merely surveyed men about their experience of detached work and the benefits they thought this had brought. These findings are likely to be undermined by information bias whereby individuals make errors about whether they have experienced detached work or not, and possibly also whereby individuals tell researchers what they think they want to hear: that the intervention was effective.

Of men who reported contact with some form of detached work, about two-thirds thought it had increased their access to condoms and slightly fewer thought it had made them think more about their sexual behaviour. About half thought it increased their knowledge of HIV and/or STIs. Just under half thought it had increased their knowledge of HIV testing. A third said it had made them aware of where to go for sexual health services. Just over a quarter thought it had increased their ability to negotiate sex and about the same proportion said it had made them seek vaccination against hepatitis B. Men who experienced detached work at PSEs were less likely than those experiencing it at venues to report benefits, except in the case of ability to negotiate sex, where the benefits reported were similar. Men who reported having talked with a detached worker were more likely than other men to report benefit.

These results appear to make some intuitive sense, in that the greatest benefits are reported with regard to outcomes that our research suggests detached work more often aims to address. As stated above, however, these results should be treated with caution.

In interviews, some gay men suggested that detached work would be most likely to bring about significant outcomes if it engaged with men's specific circumstances and needs. Some of these individuals felt that general awareness-raising and provision of general information could have no impact. However, other men strongly disagreed, believing that quite limited interactions or even merely sight of the workers could bring about substantial impact via, for example, reinforcing men's commitment to safer sex or making men think anew about their risk of being involved in HIV exposure.

Some men reported very specific benefits such as referrals to other agencies for HIV health promotion and self-referrals as a result of information obtained from written resources distributed by workers. Interviewees more often mentioned referrals to sexual health clinics than to other London programme partnership agencies. Although our interviews cannot provide definitive evidence about patterns of referrals, this finding is supported by interviews with other stakeholders. Whereas a director of a sexual health clinical service was certain that referrals resulted from detached workers, managers of groupwork and counselling partnership providers were much less certain about referrals from detached workers. This may reflect referral activities of detached workers or the pattern of need amongst men they contact, although the former is more likely.

Providers and other stakeholders viewed the combination in detached work of providing written resources and condoms and communicating one-to-one as crucial in meeting men's needs for more awareness and knowledge, especially for those men who would not otherwise pick up and read such resources or who would not see similar messages in the gay media. Managers and providers, as well as other stakeholders, suggested that detached work should link in more with campaigns originating from other programme partners. It was also suggested that the enhanced 'theming' of detached work that would result from this could enhance the morale of workers and boost their proactivity as discussed earlier.

Which reported benefits are intended and which are unintended (e.g. sexual health benefits that go beyond those prioritized in the core programme)?

The benefits examined in our questionnaire were intended in that they were formal or informal aims of detached work or specific aspects of the work such as the hepatitis B vaccination campaign. Unintended benefits were examined in interviews.

Several men suggested that the work had a subtle role to play in underlining men's sense of community. The presence of workers in various settings gave them a sense of solidarity amongst gay men in preventing the spread of HIV.

Do the men or providers report any harm arising from the intervention (e.g. disruption of settings making sexual negotiation more difficult)?

No harm was reported.

How do reported benefits vary between men according to key characteristics such as HIV status, number of sexual partners and age etc?

Our results regarding specific sub-groups of men should be treated with particular caution both because the numbers involved in some of these are small and also because differences in reporting of benefits are just as likely to result from systematic differences in how specific groups communicate with researchers, as from genuine differences in experience.

In terms of detached work's target groups, men with more than 10 partners were less likely than others to report increased knowledge of HIV and/or STIs and HIV testing. Men testing positive were less likely than other men to report benefits regarding thinking about their own sexual behaviour and/or, as one would expect, their knowledge of HIV testing. Younger men were no more or less likely to report impacts regarding knowledge or behaviour.

Regarding other groups, men from BME communities were more likely to report that detached work impacted on all outcomes except their access to condoms. Men with no educational qualifications were more likely to report that the work made them aware of where to find a sexual health clinic. Men who used class A drugs were not more or less likely than other men to report that the detached work affected their knowledge or behaviour.

Overall, does the intervention address the core programme's strategic goal, and relevant strategic targets, aims and target groups, according to our evaluation evidence?

Because the planning of detached work is currently insufficiently based on explicit use of an ASTOR that is fully owned by the providers, detached work currently is not sufficiently linked into the LGMHPP or to the Making It Count strategy (Hickson et al 2003a). However the aims of the work that are held by providers are not markedly out of line with those set out in LGMHPP and Making It Count.

Measuring and developing the quality of detached work

How is delivery of the intervention currently monitored and its quality audited?

Formal monitoring focuses on contacts and divides these according to the form of contact but not the content. Access monitoring involves episodic surveying of those men contacted to assess accessibility by target group. Access data appears useful but is currently underused.

Informally, the providers monitor delivery via meetings in which they discuss the work and how this operates in different settings. Where work is delivered by sessional workers, it is important that if they

are unable to attend weekly meetings, other occasions are identified when their views can be accessed so that they can inform the development of detached work in different settings.

The role of monitoring data needs to be clarified. If it is to ensure that providers are meeting contracted outputs, then it appears to be successful. However, if it is intended to enable development of detached work, then it needs to be expanded. In order to inform the development of services, information on the health contents of detached work contacts would need to be collected. If it is decided that more detailed information is to be collected this should be done on an episodic basis as collection and analyses of such information would involve commitment of time and resources.

Who is currently involved in setting and auditing quality standards?

No quality standards are set or audited. The setting and auditing of quality standards with reference to episodic sub-samples of contacts would be a useful complement to current monitoring of detached work.

Are the interventions delivered to time and to quality standard? In particular, how high is the performance quality of CV detached work for the core programme's targets groups (e.g. men who have tested HIV positive)?

It appears that intervention visits and contacts are achieved to target levels and in line with time milestones. No formal data is available about the achievement of quality standards since none exist. The quality of detached work is generally high according to our research and this matter has been discussed in detail earlier in this section.

Is the intervention delivered in line with the overall programme's principles?

Detached work was generally delivered in line with the programme's principles. Being the only face-to-face work that involves men who have not actively sought a service, detached work contributes towards the partnership abiding by the principles of providing a service equally accessible to London men based on HIV need not ability to pay, and of providing a comprehensive range of interventions. Some detached work was provided to men who did not live in London but who socialized in the city. Our research suggests these are likely to be relatively few in number and it would appear impractical to prevent such men receiving detached work. In responding to the specific needs of individual men, the detached workers did appear to aim to shape their work around the needs of individual men, another key principle of the programme. However the extent to which workers could respond to needs was dependant on the extent to which workers felt able to engage men in discussion of their personal circumstances which, as outlined in detail previously, varied between workers.

The interventions did appear to aim to abide by other programme principles: to respond to different HIV needs of different populations; to help keep men sexually healthy; and to work to reduce sexual health inequalities. The detached work sought to target specific groups with the aim of reducing sexual health inequalities between these. In making contacts with and delivering interventions to men from particular sub-groups, workers gave considerable thought to the specific needs of particular groups.

Although the teams providing detached work informally reviewed their work in order to enhance its quality, no more formal quality improvement processes were undertaken. Therefore, this work was not in line with the commitment to work continuously to improve the quality of services and minimize errors, a principle of the programme. Furthermore, the detached work is not currently as linked into a seamless programme of interventions as it should be. This matter is discussed in detail later in this section.

Lastly, we found no evidence that detached workers did not abide by the principle of respecting the confidentiality of individual clients, and providers abided by the principle of providing open access to information about the interventions and their performance.

What indicators can be monitored by the intervention to reflect the quality of work carried out?

The choice of indicators depends on decisions regarding the desired aims and objectives of detached work. If detached work focuses only on raising awareness and basic knowledge about HIV transmission and prevention, and raising awareness about other services within the programme

including, where relevant, how these can be accessed, then the following are some possible indicators that could be included on a monitoring sheet:

- discussion about facts relating to HIV, its transmission and prevention of this;
- discussion about HIV testing process;
- discussion of LGMHPP campaigns;
- discussion of LGMHPP services;
- discussion of sexual health clinics;
- discussion about HIV testing services;
- discussion about hepatitis B vaccination services; and
- discussion of other services (specify).

If detached work also focused on assessing men's personal HIV health promotion needs in situ and then either aims to meet these needs in situ or to refer men to other services including those within the programme, then the following are possible additional indicators:

- discussion of desire not to be involved in HIV exposure;
- discussion of negotiation skills;
- discussion of potential for HIV exposure in own behaviour; and
- discussion of pros and cons of HIV testing personally.

In either case, these should be completed for all contacts in a defined 'snapshot' period, using tick boxes to indicate where issues had been discussed. There could also be indicators for any referrals made. This quantitative information might be supplemented with a brief qualitative commentary on the worker's perceptions regarding the success of the contact and factors affecting this.

Synergy of the intervention and the overall programme

Does the mode of delivery and the intended and unintended outcomes of the intervention raise any opportunities or barriers regarding the successful planning or delivery of any other interventions in the overall programme, especially other direct contact interventions such as other forms of detached work, condom distribution and FS Newsletter provision?

Workers did consider activities within the programme as a whole when planning detached work. Workers would, for example, aim to promote a new resource via their work and in doing so would consider in which settings this could best be done.

Providers and other stakeholders agreed that there was scope to enhance such synergy between detached work and other interventions within the London programme, especially in the area of small and mass media. Detached work, as discussed elsewhere in this section, should aim to continue to promote new resources as well as to underline the messages of small and mass media campaigns via conversations with men. This area of work should be expanded.

There were also attempts at synergy with HIV health promotion services outside the programme. For example, CLASH promoted certain sexual health clinics and would time this work so that it occurred when the clinic was open.

Have these opportunities and/or barriers been properly considered and addressed?

The full potential for synergistic work has not been realized because it has not to date been supported by sound mechanisms of collaboration within the partnership. This is well recognized by most of those from partner agencies interviewed in this research. This matter is discussed in detail below.

Collaborative working between agencies

Is delivery of the intervention supported by sound collaboration between the various delivery partners, including those providing CV detached work, those providing other direct contact interventions, and those providing other sorts of interventions?

CLASH's position within Camden PCT resulted in good collaboration between some workers and colleagues engaged in the development of resources and the provision of free condoms within the

London programme. This resulted in detached workers inputting into the design of resources and coordination of detached work promoting specific resources.

LADS's incorporation within THT had improved its collaborative work with THT's gay men's team. This had resulted in better coordination of detached work with wider campaigns within the London programme and more input into the development of THT resources. The detached work team's move away from their Healthy Gay Living Services colleagues engaged in counselling had resulted in reduced communication between staff engaged in the two interventions and probably fewer referrals to counselling from LADS detached work.

Relations between the two provider agencies appeared good and joint work did on occasion occur, for example on a number of specific joint events. Providers appeared content to maintain separation of geographical remit as this promoted clarity of responsibility. Our research has identified that the manner in which the two agencies provided detached work differed in important ways, for example differing somewhat in the aims pursued. There may be scope however for further joint work between the agencies in terms of planning the work and developing the capacity of workers to deliver the interventions.

Despite having improved during the course of the programme since 2001, collaboration between the detached work providers and other agencies within the partnership is not optimal. Formal meetings between partner agencies involved senior managers and did not aim to facilitate discussion of the detail of work. Although collaborations had occurred, these appeared to be somewhat sporadic. Detached workers often did not input sufficiently into the design of resources produced within the programme. Processes of day-to-day consultation between agencies appeared often to be insufficiently extensive. Collaboration with certain agencies seemed especially under-developed. It was suggested there was a need for a clarification of communication between staff in partner agencies below the level of senior managers.

A major determinant of the poor day-to-day collaboration between agencies appears to be fundamental tensions that exist between the partner agencies. Although these tensions have dissipated in the course of the programme since 2001, they still exist. The causes of these tensions are discussed below.

What are the main barriers and facilitators to collaborative working?

Competitiveness between agencies appeared to be strongly exacerbated by a lack of sense of clear and consistent specialization of agencies. Most agencies appeared to consider themselves as potential rivals in the provision of services currently undertaken by their partners. Such competitiveness interfered in collaboration and might be reduced in a market more strongly managed by commissioners so that continuity of contracts was promoted, and this in turn encouraged specialization.

Areas for improvement

What implication do the answers to all the above research questions have for further development of the intervention in question and of the overall programme?

We make the following recommendations based on our findings:

The providers of detached work should meet with commissioners to review and clarify the aims, objectives, target groups and settings for detached work and the ASTORs revised accordingly. These revised ASTORs should be consulted on with LGMHPP partners. The agreed ASTORs should be used to review and further develop the work.

A decision should be taken as to whether detached work should aim to assess and address men's individual needs via in-depth contacts *as well as* aiming to raise general levels of awareness about HIV and other interventions in LGMHPP via less in-depth contacts, *or* whether detached work should focus only on the latter. If the former choice is made the current rate of contacts should be maintained. The resources implications of the former choice are discussed below. If the latter choice is made then detached work should aim to increase the numbers of contacts made with men.

Detached work needs to improve its targeting of younger gay men, men with multiple partners and men testing positive, because desired targets are not currently achieved for these groups in venue-based work. In addition to current target groups, detached work should target the following: men with lower levels of formal education; men using class A drugs; and BME men.

Providers should develop and use a consistent formal method of profiling settings. This should involve occasional surveys of the use of settings by target groups to inform better targeting of these groups.

Contracts for detached work at venues and PSEs should be combined and integrated. Providers should be given more flexibility regarding the settings in which they can work to meet contracted hours (e.g. saunas rather than PSEs in winter).

There should be more synergy between detached work and other aspects of the London programme. This requires the development of better systems for collaboration between programme providers with opportunities to plan the development of small and mass media campaigns and to organise detached work around these. This planning/development should involve those working to deliver detached work as well as more senior managers.

How can quality be improved and maintained?

Providers should pilot monitoring of the content of interventions, as discussed earlier. This could be carried out on an episodic basis and the information used (along with existing monitoring and access information) for reviewing how work is undertaken, the suitability of ASTORs and the training needs of workers.

Is the intervention supported with the right resources in terms of staff (commitment, skills, and cultural competence), organizational infrastructure, materials, and time?

In general the detached work is supported by the right resources in terms of commitment, skills and cultural competence. If a decision is made that detached work *should indeed* focus on assessing and addressing men's individual needs then this will require workers to receive additional training to ensure they all have the capacity to deliver detached work aiming to do this. Currently workers vary in this capacity. Such work should also be supported by the use of a questionnaire that workers use to initiate and structure in-depth conversations. Workers will require training in the use of such a tool. Use of the tool should be audited to assess its feasibility and usefulness. The training and the development and piloting of an assessment questionnaire will require additional investment on the part of commissioners in detached work.

Lastly, commissioners should continue to develop year-on-year consistency regarding which LGMHPP agencies provide each intervention, in order to ensure specialist capacity is developed and consolidated and in order to dissipate any sense of competition and rivalry between agencies.

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Table 1. Description of men reporting use of venues, PSVs and PSEs

	% of venue-users (n=1192)	% of PSV-users (n=299)	% of PSE-users (n=408)	% overall (n=1314)
Residence (SHA)				
North-central	16.0 (106)	9.3 (15)	13.2 (29)	15.8 (112)
North-west	18.1 (120)	16.2 (26)	24.6 (54)	18.5 (131)
North-east	22.7 (150)	27.3 (44)	20.0 (44)	22.4 (159)
South-east	29.5 (195)	38.5 (62)	28.6 (63)	29.6 (210)
South-west	13.8 (91)	8.7 (14)	13.6 (30)	13.7 (97)
Age				
Under 25	15.0 (178)	4.4 (13)	10.3 (42)	14.4 (189)
25-29	17.2 (205)	13.7 (41)	17.2 (70)	17.6 (231)
30-39	41.7 (497)	45.8 (137)	42.3 (172)	41.0 (538)
40-49	17.3 (206)	23.4 (70)	19.4 (79)	17.8 (234)
50 plus	8.8 (105)	12.7 (38)	10.8 (44)	9.2 (121)
Median	34	34.5	36	34
Ethnicity				
White	87.0 (973)	86.2 (237)	80.4 (304)	86.2 (1057)
Asian/Asian British	4.3 (48)	4.7 (13)	6.1 (23)	4.4 (54)
Black/Black British	5.5 (61)	6.2 (17)	8.2 (31)	6.0 (73)
Other	3.2 (36)	2.9 (8)	5.3 (20)	3.4 (42)
Educational qualifications				
Degree or higher	57.1 (648)	62.7 (178)	57.4 (222)	57.7 (721)
A-levels/GCSEs	38.5 (437)	33.4 (95)	37.5 (145)	38.0 (474)
None	4.4 (50)	3.9 (11)	5.2 (20)	4.4 (55)
No's of male partners				
More than 10	33.0 (290)	53.6 (104)	48.8 (145)	66.0 (628)
10 or under	67.1 (590)	46.4 (90)	51.2 (152)	34.0 (323)
Median	6	15	10	6
HIV testing				
Positive	9.3 (107)	15.5 (44)	12.4 (48)	9.8 (123)
Negative	61.6 (706)	57.0 (162)	65.2 (253)	61.8 (778)
Untested	26.3 (301)	24.7 (70)	19.3 (75)	25.4 (320)
Preferred not to answer	2.8 (32)	2.8 (8)	3.1 (12)	3.1 (39)
Drug use				
Class A drug use in last year	44.2 (527)	47.5 (142)	41.2 (168)	42.5 (559)
No class A drug use in last year	55.8 (665)	52.5 (157)	58.8 (240)	57.5 (755)
Unprotected anal intercourse (UAI) (n=1020)				
One plus man	49.5 (458)	44.3 (104)	47.8 (154)	47.6 (485)
None	50.5 (468)	55.7 (131)	52.2 (168)	52.5 (535)
Concordant UAI (n=360)				
Yes	60.1 (202)	44.4 (36)	49.1 (55)	58.1 (209)
No or don't know	39.9 (134)	55.6 (45)	50.9 (57)	41.9 (151)

Table 2. Proportion of men reporting contact with detached work overall and by categories of setting

	% at venues (n=1057)	% at PSEs (n=374)	% overall (includes saunas) (n=1165)
Have seen a display stand	47.4 (501)-	8.1 (30)	47.3 (551)
Been given a leaflet	33.8 (357)- 56.1 (609)	11.5 (43)- 20.6 (78)	34.9 (407)- 57.9 (692)
Been given a condom/'lube'	34.1 (360)- 59.4 (646)	21.1 (79)- 28.9 (108)	37.9 (441)- 62.6 (753)
Spoken with worker for less than five mins*	22.4 (237)- 30.4 (326)	8.1 (30)- 12.0 (45)	24.3 (283)- 32.7 (386)
Spoken with worker for more than five mins*	9.8 (104)- 17.7 (189)	5.1 (19)- 8.8 (33)	11.3 (132)- 18.8 (222)
Taken a free condom from dispenser or bar	64.9 (686)- 77.2 (844)	n/a	65.0 (757)- 77.0 (929)

The lower estimate in the ranges given in the table above includes men who reported contact with detached work in this or any other setting in the last twelve months while the upper estimate additionally includes men who indicated in response to a later question that they found this health promotion useful.

* Categories reflect two separate questions. Responses for 'spoken for less than five minutes' were not recoded to include those who indicated that they had 'spoken with a worker for more than five minutes'.

Table 3. Proportion of men from different sub-groups reporting contact with detached work

	Seen display stand	Been given leaflet	Been given condom by HP worker	Spoken with HP worker for less than five mins	Spoken with HP worker for more than five mins	Taken a free condom from a dispenser
Age						
Under 25 (n=155)	47.7 (74)	31.0 (48)- 59.9 (97)	38.7 (60)- 64.4 (105)	27.1 (42)- 40.9 (65)	11.0 (17)- 23.3 (37)	64.5 (100)- 76.8 (126)
25 and over (n=1009)	47.1 (476)	35.6 (359)- 57.6 (595)	37.7 (380)- 62.3 (647)	23.9 (241)- 31.4 (321)	11.4 (115)- 18.2 (185)	65.1 (657)- 77.1 (803)
Ethnicity						
BME (n=145)	49.0 (71)	40.7 (59)- 73.0 (111)	41.4 (60)- 74.3 (113)	31.0 (45)- 44.2 (65)	14.5 (21)- 28.6 (42)	66.9 (97)- 78.2 (118)
White (n=953)	46.7 (445)	34.2 (326)- 55.5 (540)	36.3 (346)- 60.2 (588)	23.2 (221)- 31.0 (300)	9.9 (94)- 16.5 (159)	64.4 (614)- 76.8 (753)
Educational status						
Low (n=44)	43.2 (19)	40.9 (18)- 54.4 (25)	47.7 (21)- 65.2 (30)	29.6 (13)- 35.6 (16)	25.0 (11)- 27.3 (12)	68.2 (30)- 75.6 (34)
High/medium (n=1072)	47.7 (511)	34.6 (371)- 58.0 (638)	37.5 (402)- 62.5 (691)	23.8 (255)- 32.4 (352)	10.4 (111)- 18.2 (197)	65.1 (698)- 77.6 (860)
No. of partners						
More than 10 (n=269)	50.7 (150)	37.2 (110)- 58.1 (175)	43.6 (129)- 65.9 (201)	25.7 (76)- 34.6 (104)	11.2 (33)- 17.1 (51)	72.0 (213)- 81.3 (248)
10 or under (n=570)	43.7 (249)	33.3 (190)- 55.9 (326)	34.6 (197)- 60.6 (353)	20.7 (118)- 29.7 (171)	10.0 (57)- 17.6 (101)	62.5 (356)- 75.6 (443)
HIV status						
Positive (n=113)	56.6 (64)	42.5 (48)- 68.1 (79)	44.3 (50)- 67.2 (80)	36.3 (41)- 45.2 (52)	21.2 (24)- 31.6 (37)	69.0 (78)- 83.9 (99)
Negative/untested (n=975)	46.3 (451)	34.2 (333)- 57.2 (574)	37.2 (363)- 62.6 (630)	23.0 (224)- 31.7 (63)	9.7 (95)- 17.4 (171)	64.7 (623)- 76.4 (772)
Drug use						
Drug use (n=503)	50.7 (255)	36.4 (183)- 58.3 (302)	41.2 (207)- 65.1 (341)	26.4 (133)- 35.4 (181)	11.3 (57)- 20.0 (102)	72.2 (363)- 82.4 (432)
No drug use (n=366)	44.7 (296)	33.8 (224)- 57.5 (390)	35.4 (234)- 60.7 (412)	22.7 (150)- 30.6 (205)	11.1 (75)- 18.0 (120)	59.5 (394)- 72.9 (497)

Those figures highlighted in bold are significantly different (P<0.05).

HP = health promotion.

The lower estimate in the ranges given above includes men have had contact with health promotion in this or any other setting (venue, sauna or PSE). Upper estimate includes these men plus those who indicated they found such health promotion useful in response to a later question despite not having earlier reported such contact.

Table 4. Reasons why men have either not spoken or only briefly spoken with a health promotion worker

	% of venue-users (n=741)	% of PSV-users (n=183)	% of PSE-users (n=249)	% overall (n=822)
I haven't noticed them	54.5 (404)	48.1 (88)	55.4 (138)	54.0 (444)
I don't need to talk to them	30.7 (228)	28.4 (52)	23.3 (58)	29.4 (242)
They are not my sort of people	3.9 (29)	1.6 (3)	2.8 (7)	3.9 (32)
I'd like to but felt embarrassed	7.8 (58)	8.2 (15)	11.2 (28)	8.2 (67)
I'm busy doing other things	19.7 (146)	15.3 (28)	20.8 (50)	18.7 (154)
I don't want to think about health promotion when I'm out	12.7 (94)	6.6 (12)	11.7 (29)	12.2 (100)

In each case the denominator is men who do not report having spoken with health promotion workers at any setting either for less or more than five minutes (with no recoding for those who later on indicate the usefulness of this contact).

Table 5. Proportion of men using venues and PSEs indicating health promotion need

	% of venue-users	% of PSV-users	% of PSE-users	% overall
Low confidence about negotiating sex (Disagree/strongly disagree that I find it easy to say no to sex I don't want)	5.8 (65/1130)	3.9 (11/284)	6.3 (24/384)	5.6 (69/1237)
Difficulties accessing condoms (Agree or strongly agree that I have problems getting hold of condoms)	14.8 (164/1105)	16.2 (45/278)	21.4 (81/378)	15.9 (192/1208)
High expectations of disclosure (Agree or strongly agree that I would expect a man with HIV to tell me he was positive before we had sex)	62.2 (696/1119)	48.4 (137/283)	54.8 (211/385)	60.7 (744/1226)
Low knowledge (Didn't know that an HIV-negative man is more likely to pick up HIV by getting 'fucked' by an HIV-positive man than by 'fucking' him)	7.0 (79/1126)	6.3 (18/286)	5.7 (22/387)	7.0 (86/1235)
No sexual health check up in last 12 months	54.2 (619/1142)	65.7 (190/289)	62.9 (246/391)	55.5 (696/1254)
Condom failure in last year (Condom has torn, split or slipped off while 'fucking')	13.6 (153/1127)	12.9 (36/279)	17.8 (70/394)	13.6 (168/1233)

Table 6. Proportion of men from different sub-groups reporting health promotion need

	Low confidence about negotiating sex	Difficulties accessing condoms	High expectations of disclosure	Low knowledge	No sexual health check up in last 12 months	Condom failure in last year
Age						
Under 25	5.6 (10/180)	12.4 (22/178)	71.5 (128/179)	12.9 (23/179)	44.5 (81/182)	13.4 (24/179)
25 and over	5.6 (59/1056)	16.5 (170/1029)	58.9 (616/1046)	6.0 (63/1055)	44.5 (477/1071)	13.7 (144/1053)
Ethnicity						
BME	8.2 (13/159)	19.2 (29/151)	61.8 (97/156)	6.2 (63/1019)	35.0 (56/160)	18.1 (152/160)
White	5.4 (45/1019)	15.0 (151/1004)	60.9 (616/1012)	9.6 (15/156)	46.9 (485/1034)	12.3 (123/997)
Education						
Low	5.9 (3/51)	23.5 (12/51)	64.1 (34/53)	14.3 (7/49)	48.2 (26/54)	14.0 (7/50)
High/medium	5.7 (66/1152)	15.2 (172/1128)	60.6 (691/1140)	6.7 (77/1151)	44.6 (519/1164)	13.5 (153/1135)
Nos of partners						
More than 10	5.8 (18/308)	18.9 (57/301)	48.0 (147/306)	6.1 (19/312)	33.2 (105/316)	19.1 (58/304)
10 or under	4.1 (25/606)	13.3 (79/593)	68.4 (411/601)	6.8 (41/603)	51.6 (314/609)	12.8 (72/596)
HIV testing						
Positive	5.2 (6/115)	23.0 (19/112)	41.6 (47/113)	5.1 (6/79)	9.3 (11/118)	10.6 (12/113)
Negative/untested	5.4 (58/1066)	15.2 (158/1040)	63.0 (664/1054)	6.9 (73/1060)	48.1 (517/1075)	13.4 (140/1045)
Drug use						
Drug use	7.7 (42/548)	15.8 (85/537)	54.1 (294/543)	17.2 (94/547)	36.9 (204/553)	15.6 (85/545)
No drug use	3.9 (27/689)	15.9 (107/671)	65.9 (450/683)	18.8 (129/688)	50.5 (354/701)	12.1 (83/688)

Those figures highlighted in bold are significantly different (P<0.05).

Table 7. Proportion of men reporting health promotion needs who reported contact with detached work

	Seen display stand	Been given leaflet	Been given condom by HP worker	Spoken with HP worker for less than five mins	Spoken with HP worker for more than five mins	Taken a free condom from a dispenser
Confidence negotiating sex						
Low (n=67/68)	43.3 (29) -	40.3 (27) 66.2 (45)	40.3 (27) 67.6 (46)	22.4 (15) 33.8 (23)	13.4 (9) 25.0 (17)	62.7 (42) 77.6 (52)
High/unsure (n=1038/1068)	48.0 (498) -	34.8 (361) 57.7 (616)	37.9 (393) 62.3 (676)	24.6 (255) 33.0 (348)	10.7 (111) 18.1 (190)	66.2 (687) 78.1 (843)
Accessing condoms						
Difficulties	44.2 (76) -	33.7 (58) 60.8 (107)	40.7 (70) 66.5 (117)	19.8 (34) 27.0 (47)	12.8 (22) 18.9 (33)	63.4 (109) 74.2 (132)
No difficulties/unsure	48.8 (444) -	35.6 (324) 57.8 (541)	37.5 (341) 62.3 (587)	25.6 (233) 34.6 (320)	10.7 (97) 18.3 (169)	66.5 (605) 79.0 (745)
Disclosure						
Expectations of disclosure	46.4 (308) -	33.9 (225) 56.5 (385)	37.3 (248) 61.9 (422)	23.3 (155) 31.2 (215)	10.5 (70) 18.6 (125)	62.8 (417) 75.9 (520)
No expectations of disclosure/unsure	50.3 (219) -	37.0 (161) 60.6 (272)	39.0 (170) 64.5 (293)	26.4 (115) 34.9 (155)	11.5 (50) 18.1 (80)	70.1 (305) 80.9 (368)
Knowledge						
Low	45.0 (32) -	38.0 (27) 57.5 (42)	40.8 (29) 58.7 (44)	16.9 (12) 30.1 (22)	12.7 (9) 20.8 (15)	52.1 (37) 71.0 (54)
High	48.0 (496) -	34.9 (361) 58.3 (619)	37.7 (390) 63.0 (673)	24.9 (257) 32.8 (344)	10.7 (111) 18.0 (189)	66.4 (686) 78.1 (835)
Sexual health check up						
No	47.6 (235) -	31.1 (159) 54.4 (276)	33.4 (165) 58.7 (298)	20.7 (102) 26.6 (113)	7.7 (38) 13.7 (68)	62.5 (309) 74.5 (381)
Yes	47.4 (296) -	37.0 (231) 61.1 (392)	41.0 (256) 65.9 (427)	26.8 (167) 37.5 (238)	13.5 (84) 22.0 (140)	67.8 (423) 79.7 (518)
Condom use						
Failure in the last year	46.6 (447) -	34.2 (328) 57.6 (567)	37.3 (358) 62.1 (615)	22.4 (215) 31.4 (306)	10.5 (101) 17.9 (174)	64.2 (616) 76.9 (763)
No failure	53.6 (82) -	43.8 (67) 63.2 (98)	43.8 (67) 68.9 (107)	36.6 (56) 41.6 (64)	15.0 (23) 22.7 (35)	77.1 (118) 82.7 (129)

Those figures highlighted in bold are significantly different ($P < 0.05$).

The lower estimate includes men who reported contact with health promotion in this or any other setting in the last twelve months while the upper estimate includes these men as well as those men who indicated in response to a later question that they found this health promotion useful.

HP = health promotion

Table 8. Proportion of men reporting different types of detached work as 'useful' at venues and at PSEs

	% at venues	% at PSEs	% overall (includes saunas)
Proportion of men reporting that they found health promotion 'useful'			
Provision of leaflets by workers	73.2 (246/336)- 84.7 (498/588)	58.5 (24/41)- 73.7 (56/76)	73.4 (282/384)- 84.8 (567/669)
Provision of condom/'lube' by workers	80.4 (272/338)- 89.4 (558/624)	72.0 (54/75)- 79.8 (83/104)	81.7 (340/416)- 89.6 (652/728)
Speaking with a worker for less than five mins	52.8 (122/231)- 65.9 (211/320)	65.6 (19/29)- 77.3 (34/44)	55.1 (152/276)- 67.3 (255/379)
Speaking with a worker for more than five mins	67.7 (67/99)- 82.6 (152/184)	58.8 (10/17)- 77.4 (24/31)	68.0 (85/125)- 81.4 (175/215)
Provision of free condom/'lube' in dispensers or at the bar	86.2 (554/642)- 89.0 (712/800)	n/a	86.4 (603/698)- 88.3 (778/881)
Provision of leaflets in stands/racks*	51.6 (517/1001)	n/a	50.5 (558/1104)

The first number in the ranges above is the proportion that found health promotion useful who had reported in previous question that they had experienced it. The second number is the proportion who reported health promotion useful who either reported in previous question that they had experienced it or who were treated as such because they stated that they found it useful.

* This is the proportion of all venue-users and/or PSV-users who reported that they found leaflets in racks useful. There was no previous question asking whether men had come across leaflets in racks.

Table 9. Proportion of men from different sub-groups who reported that they found different types of detached work ‘useful’

	Provision of leaflets	Provision of condoms by HP worker	Spoken with HP worker for less than five mins	Spoken with HP worker for more than five mins	Provision of condoms in dispensers	Provision of leaflets in racks
Age						
Under 25	79.2 (38/48)- 89.7 (87/97)	77.9 (46/59)- 87.5 (91/104)	64.3 (27/42)- 76.9 (50/65)	88.2 (15/17)- 94.6 (35/37)	84.7 (83/98)- 87.9(109/124)	50.0 (78/156)
25 and over	72.6 (244/336)- 83.9 (480/572)	82.3 (293/356)- 89.9 (560/623)	53.4(125/234)6 5.3(205/314)	94.8(70/108- 78.7(140/17)	86.7(520/600)- 88.4 (669/757)	50.6(479/947)
Ethnicity						
BME	77.8 (42/54)- 88.7 (94/106)	85.7 (48/56)- 92.7 (101/109)	74.4 (32/43)- 82.5 (52/63)	61.1 (11/18)- 82.1 (32/39)	83.5 (76/91)- 86.6 (97/112)	55.0 (77/140)
White	71.6 (222/310) 83.2 (436/524)	81.2 (267/329)- 89.1 (509/571)	50.9(110/216)6 4.1(189/295)	70.7 (65/92)- 82.8(130/15)	86.8(495/570)- 88.7 (636/717)	50.6(455/900)
Education						
Low	62.5 (10/16)-73.9 (17/23)	63.2 (12/19)- 75.0 (21/28)	38.5 (5/13)- 50.0 (8/18)	50.0 (5/10)- 54.6 (6/11)	70.8 (17/24)- 71.0 (22/31)	34.0 (16/47)
High/med	73.1 (258/353)- 84.7 (525/620)	82.8 (317/383)- 90.2 (606/672)	56.2(140/249)6 8.5(237/346)	69.4(75/108) 83.0(161/194)	86.8(567/653)- 88.8 (731/823)	51.9(526/1014)
Nos of partners						
More than 10	73.3 (77/105)- 83.5 (142/170)	88.7 (110/124)- 82.9 (182/196)	54.7 (41/75)- 67.0 (69/103)	68.8 (22/32)- 80.0 (40/50)	91.4(178/197)- 90.3 (214/237)	46.8 (132/282)
10 or under	67.7 (120/180)- 81.0 (256/316)	77.4 (144/186)- 87.7 (300/342)	51.7 (60/116)- 66.9(113/169)	63.2 (36/57)- 79.2 (80/101)	86.8(290/334)- 89.1 (378/424)	51.8 (277/535)
HIV testing						
Positive	78.3 (36/46)- 87.0 (67/77)	81.3 (39/48)- 88.5 (69/78)	55.0 (22/40)- 64.7 (33/51)	65.2 (15/23)- 77.8 (28/36)	87.8 (65/74)- 89.7 (87/97)	58.4 (66/113)
Negative/untested	72.2 (228/316)- 84.2 (469/557)	81.3 (283/348)- 89.4 (550/615)	54.6(120/220)- 67.7 (210/310)	69.2 (65/94)- 82.9(141/170)	86.6 (504/582)- 88.5 (651/736)	49.5 (459/927)
Drug use						
Drug use	71.1 (124/172)- 83.5 (243/291)	81.2 (160/197)- 88.8 (294/331)	49.6 (64/192)- 83.3(112/177)	76.4 (42/55)- 87.0 (87/100)	87.0(295/339)- 88.6(365/412)	50.2 (247/492)
No drug use	74.5 (158/212)- 85.7 (324/378)	82.2 (180/219)- 90.2 (358/397)	59.9 (88/147)- 70.8(143/202)	61.4 (43/70)- 76.5 (88/115)	85.8(308/359)- 88.1(413/469)	50.8 (311/612)

Those figures highlighted in bold are significantly different (P<0.05).

The first number in the ranges given above is the proportion that found health promotion useful who had reported in previous question that they had experienced it. The second number is the proportion who reported health promotion useful who either reported in previous question that they had experienced it or who were treated as such because they stated that they found it useful.

HP = health promotion

Table 10. Proportion of men reporting impact of health promotion

	% at venues (n=766)	% at PSEs (n=103)	% overall (includes saunas) (n=828)
Made me think more about my sexual behaviour	58.0 (444)	44.7 (46)	59.5 (493)
Increased my ability to negotiate sex	25.2 (193)	25.2 (26)	26.2 (217)
Increased my knowledge of HIV	52.7 (404)	29.1 (30)	53.3 (441)
Increased my access to condom/'lube'	65.8 (504)	49.5 (51)	65.7 (544)
Increased my knowledge about HIV testing	40.2 (308)	20.4 (21)	40.2 (333)
Increased my knowledge about other STI	53.0 (406)	30.1 (31)	52.9 (438)
Made me aware of where to find a sexual health clinic	33.3 (255)	20.4 (21)	33.3 (276)
Made me go and get vaccinated against Hep A/B	27.8 (213)	20.4 (21)	28.0 (232)
Made me aware of other health promotion services	39.0 (299)	22.3 (23)	38.9 (322)

The numbers given are the proportion reporting impact of those who reported having contact with any health promotion. Upper estimates (includes those men who indicated any impact from health promotion despite not having earlier reported such contact) are not provided in the table as numbers are very similar.

Table 11. Proportion of men reporting impact of health promotion of men who have talked with a health promotion worker versus men who have not

	% at venues		% at PSEs		% overall (includes saunas)	
	Talked to detached worker (n=257)	Not talked to detached worker (n=665)	Talked to detached worker (n=32)	Not talked to detached worker (n=183)	Talked to detached worker (n=303)	Not talked to detached worker (n=705)
Made me think more about sexual behaviour	62.7 (161)	50.2 (334)	43.8 (14)	25.7 (47)	62.7 (190)	54.0 (381)
Increased my ability to negotiate sex	30.7 (79)	21.5 (143)	34.4 (11)	11.5 (21)	33.0 (100)	23.0 (162)
Increased my knowledge of HIV	59.1 (152)	44.2 (294)	31.3 (10)	17.5 (32)	57.4 (174)	46.0 (324)
Increased my knowledge about HIV testing	47.1 (121)	32.9 (219)	28.1 (9)	11.5 (21)	45.9 (139)	33.5 (236)
Increased my knowledge about STI	60.3 (155)	43.2 (287)	37.5 (12)	14.8 (27)	59.1 (179)	43.7 (308)
Made me aware of where to find a clinic	42.4 (109)	26.8 (148)	34.4 (11)	9.3 (17)	42.6 (129)	27.2 (192)
Made me go and get vaccinated against Hep A/B	34.6 (89)	22.9 (152)	28.1 (9)	9.3 (17)	34.7 (105)	23.7 (167)
Made me aware of other services	49.8 (128)	31.1 (207)	34.4 (11)	10.9 (20)	48.5 (147)	31.9 (225)

The numbers given are the proportion reporting impact of those who reported having spoken with a worker or not according to responses to previous question asking directly about this.

Table 12. Proportion reporting impact of health promotion of men who have either been given a condom/'lube' by a health promotion worker or have taken a condom from a dispenser versus men who have not

	% at venues		% at PSEs		% overall (includes saunas)	
	Took condoms/'lube' (n=679)	Did not take condoms/'lube' (n=243)	Took condoms/'lube' (n=74)	Did not take condoms/'lube' (n=154)	Took condoms/'lube' (n=776)	Did not take condoms/'lube' (n=105)
Increased my access to condoms/'lube'	66.7 (453)	40.7 (99)	52.7 (39)	16.8 (26)	60.1 (466)	45.3 (105)

The numbers given are the proportion reporting impact of those who reported having taken a condom or not according to responses to previous question asking directly about this

Table 13. Proportion of different sub-groups of men reporting impact of health promotion

	Think more about sexual behaviour	Ability to negotiate sex	Knowledge of HIV	Access to condoms	Knowledge HIV testing	Knowledge of STIs	Where to find clinic	Vaccinated against Hep A/B	Aware of other services
Age									
Under 25 (n=105)	61.9 (65)	31.4 (33)	53.3 (56)	63.8 (67)	41.9 (44)	52.4 (55)	35.2 (37)	34.3 (36)	37.1 (39)
25 and over (n=760)	59.2 (450)	25.8 (196)	52.1 (396)	65.4 (497)	39.2 (298)	51.7 (393)	32.9 (250)	27.2 (207)	38.3 (291)
Ethnicity									
BME (n=109)	69.7 (76)	34.8 (38)	67.0 (73)	62.4 (68)	53.2 (58)	62.4 (68)	47.7 (52)	39.5 (43)	53.2 (58)
White (n=713)	57.9 (413)	24.5 (175)	49.8 (355)	66.1 (471)	37.3 (266)	49.8 (355)	30.6 (218)	25.8 (184)	35.5 (253)
Educational qualifications									
Low (n=28)	60.7 (17)	35.7 (10)	57.1 (16)	50.0 (14)	39.3 (11)	46.4 (13)	46.4 (13)	42.9 (12)	53.6 (15)
High/medium (n=815)	58.9 (480)	25.6 (209)	51.7 (421)	65.8 (536)	39.1 (319)	51.0 (416)	32.5 (265)	27.0 (220)	37.3 (304)
No of partners									
More than 10 (n=243)	54.3 (132)	21.8 (53)	45.3 (110)	63.0 (153)	32.5 (79)	46.1 (112)	32.1 (78)	24.7 (60)	36.6 (89)
10 or under (n=407)	60.4 (246)	25.3 (103)	53.6 (218)	66.8 (272)	40.3 (164)	53.6 (218)	33.2 (135)	29.2 (119)	38.8 (158)
HIV testing									
Positive (n=90)	48.9 (44)	24.4 (22)	43.3 (39)	63.3 (57)	27.8 (25)	51.1 (46)	31.1 (28)	26.7 (24)	42.2 (38)
Negative/untested (n=725)	60.7 (440)	26.6 (193)	53.2 (386)	65.8 (477)	40.4 (293)	51.7 (375)	33.1 (240)	28.1 (204)	37.7 (273)
Drug use									
Drug use (n=395)	57.0 (225)	28.1 (111)	50.1 (198)	66.8 (264)	38.0 (150)	52.7 (208)	35.4 (140)	26.1 (103)	39.8 (157)
No drug use (n=471)	61.6 (290)	25.1 (118)	53.9 (254)	63.7 (300)	40.8 (192)	51.0 (240)	31.4 (148)	29.7 (140)	36.9 (174)

The numbers given are the proportion reporting impact of those who reported having contact with any health promotion. Upper estimates (includes those men who indicated any impact from health promotion despite not having earlier reported such contact) are not provided in the table, as numbers are very similar.

Appendix: Reported development since the period of the evaluation**Changes to contracts and ASTORs**

Both CLASH and LADS are likely to be awarded contracts for detached work for the period 2004-2005. A single contract will cover detached work in PSEs and venues. The volume of work in PSEs will be reduced by 15% and the resources released by this used to resource the development of 'detached work tools' ('nik-naks') linked in to small and mass media work. The development of these tools will be led by THT. Ranges for the total numbers of contacts to be achieved in different settings will be agreed between commissioners and providers. The suggestion from providers is that no less than 10% and no more than 30% of total contacts will be in PSEs and between 70% and 90% of contacts will be in commercial venues.

In January 2004, the LGMHPP partners agreed to include Black men as a target group. This will be operationalized by increasing the desirable range of the proportion of Black men encountering LGMHPP interventions. The ethnicity working group proposed that the desirable range for Black men be doubled from 4-11% to 8-22%. Providers also agreed to consider potential changes to the settings and objectives of interventions to increase the proportion of Asian men encountering them. Asian men are currently under-served according to Sigma Access data. The providers of detached work agreed to identify and increase visits to sites with a larger proportion of Asian men and increase visits to Club Afreaka, a setting used by Black men..

Staffing and induction

Since the period of the evaluation, CLASH has recruited three new core staff and a number of sessional workers. A training pack has been developed to support the induction of new staff. This outlines the aims and objectives of the detached work at venues and PSEs and the core competencies (including knowledge and skills) that the new worker is expected to develop. It also provides a structure whereby a 'trainer' (an experienced staff-member) works with the staff-member to reflect, evaluate and feed back on the work.

Staff training

LADS has begun to run a programme of training for all workers, including sessional workers. This will consist of an evening session every two months, with some external speakers and facilitators. CLASH workers will attend some sessions.

Collaboration outside of partnership

From April 2004, LADS will work at Club Kali, a venue used by large numbers of Asian men, in association with The NAZ Project, a specialist provider. This will involve an Asian sessional worker from LADS who has recently been recruited. LADS hopes to build on this relationship with NAZ and target other venues that attract Asian men.

Joint working between LADS and CLASH

There are plans for joint team meetings between HGLS and CLASH to occur monthly. These will involve core staff and focus on how to promote campaigns jointly. There are also plans for joint training (see below).

Other collaboration within partnership

LADS is developing its work with Big Up. LADS has provided training on the skills needed for detached work to Big Up staff. Staff from both agencies have collaborated on detached work at various commercial venues. From April, Big Up and LADS will be working together on a new campaign targeting specific venues. CLASH also hopes to work with Big Up volunteers in the future.

There are also plans for regular joint meetings between GMFA, Camden PCT (including CLASH) and THT (including LADS) to discuss the coordination of work around a campaigns calendar.

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London Gay Men's HIV Prevention Partnership

In the city

An evaluation of detached work in commercial venues and public sex environments

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