

# Training Workbook on Social Mediation with 'Gay' and MSM Businesses regarding HIV/STI prevention

## Contributor(s)\*

Ben Tunstall]  
On behalf of the Everywhere Consortium



**Project Title:** A European Model of HIV Prevention in Men who have Sex with Men (MSM): The Everywhere Project

**Agreement number:** 2007315

**Priority area and action:** Health determinants (HD 2007). 3.2 Integrative approaches on lifestyles.

**Starting date:** April 2008

**Ending date:** September 2010

**Project director:** Dr Nigel Sherriff

**Deliverable title:** Guide for Mediation “Training Workbook on Mediation with Gay Businesses for HIV prevention”

**Due date of deliverable:** M18

**Deliverable number:** D7

**Related Work package:** WP5 Creation of a social mediator network specialising in accessing the business/private sector

**Lead partner:** Terrence Higgins Trust (THT)



# Social Mediation Training Workbook

Purpose:

- A workbook for individuals to learn about social mediation.
- A training guide for social mediators to train other social mediators.



## **Logo guide**

0 Discussion

✂ Paper and pens

🗨 PowerPoint slides

📄 Handout

🕒 Practical exercise

## **Learning Modules**

### **Introduction.**

Icebreaker (📄)

### **1 - Social mediation and HIV/AIDS**

1.1 Key acronyms (🗨)

1.2 Key terms (🗨)

1.3 Social mediation history (🗨)

1.4 Social mediation definitions (🗨)

1.5 HIV/AIDS overview (🗨)

### **2 - Social mediation promising practice**

2.1 Partner country summary (🗨)

2.2 Social mediation promising practice - health standards for sex venues (🗨, 📄)

2.3 Social mediation promising practice - online outreach (🗨, 📄)

2.4 Social mediation promising practice exercise

### **3 - Working with MSM business**

3.1 Principles of social mediation (🗨)

3.2 Social mediation communication techniques (🗨)

3.3 Incentives for MSM business to be socially responsible (🗨)

3.4 Financing social mediation (🗨)

3.5 Liaising with hostile MSM business (🗨)

3.6 Overcoming obstacles to successful social mediation – exercise (📄)

### **4 - Social mediation case studies**

4.1 Case study 1 (🗨, 📄)

4.2 Case study 2 (🗨, 📄)

4.3 Case study 3 (🗨, 📄)

### **Evaluation.**

Survey (📄)



## Appendix

### Appendix A

Social mediation and HIV prevention – power point training presentation.

### Appendix B

Social mediation promising practice – paper handouts.

### Appendix C

Social mediation training evaluation survey (📄)



### Session outline – Introduction

Title: Course opening

Duration: 1 hour

Aim: To provide an overview of the workshop and welcome delegates

Objectives:

- ☞ To provide an overview of principle components of the workshop
- ☞ To introduce participants to one another and facilitate interaction
- ☞ To discuss any concern or issue that may block effective learning

Presenters:

Delivery: Presentations, group exercise

Venue:

Resources:

- Training room in lecture format
- Laptop for PowerPoint presentation
- Flipcharts
- Markers
- Ice-breaker activity sheets

Participant profile:



## Session plan – Introduction (please follow instructions below)

Trainer says -

*Hello and welcome to this workshop on Social Mediation. My name is ..... and I will be facilitating this workshop.*

*This workshop is broken into 4 modules:*

*Introduction.*

*Module 1 - Social mediation and HIV/AIDS.*

*Module 2 - Social mediation promising practice.*

*Module 3 – Working with MSM business.*

*Module 4 - Social mediation case studies.*

*Evaluation.*

Trainer says –

*Just before we begin the course, I'd like you to introduce yourself to the person next to you. Find out some things about them by using these interview questions.*

Give out handout.

'Getting to know you' interview questions (📄)

📄1 Handout

Trainer says -

*In about ten minutes, I'll ask you to introduce your partner to the group.*

Housekeeping (🗨️)

- Orientation (location of toilet and café etc)
- Ask questions and share knowledge.
- Please let me know if I am talking too fast or if you can't understand me.
- What do you want to learn?

Learning Outcomes (🗨️)

Module 1

- Describe social mediation in the context of the Everywhere project.
- Describe a basic understanding of HIV/AIDS and prevention.

Module 2

- Identify and describe examples of successful social mediation.

Module 3

- Describe the general principles of social mediation.
- Outline the obstacles to effective liaison with MSM business.
- Describe strategies for overcoming obstacles to effective liaison with MSM business.



#### Module 4

- Demonstrate effective liaison with MSM business.
- Demonstrate effective social mediation with MSM business.





## **Session outline – Module 1**

Title: Social mediation and HIV/AIDS.

Duration: 1 hour

Learning outcomes: At the end of this session learners will be able to:

- Describe social mediation in the context of the Everywhere project.
- Describe a basic understanding of HIV/AIDS and prevention.

Presenter:

Delivery: Presentation, exercise

Venue:

Resources:

- Laptop for PowerPoint presentation
- Whiteboard
- Flipcharts
- Markers

Participant profile

### Session plan – Module 1

Time	Content	Training Technique	Resources
1 hour	PowerPoint Presentation <ul style="list-style-type: none"> <li>• Key acronyms</li> <li>• Key terms</li> <li>• Social mediation history</li> <li>• Social mediation definitions</li> <li>• HIV/AIDS overview</li> </ul>	Presentation	📎 PowerPoint: present slides

#### Key acronyms (📎)

**HIV** - Human Immune Deficiency Virus

**AIDS** - Acquired Immune Deficiency Syndrome

**Hep A** - Hepatitis A Virus (HAV)

**Hep B** - Hepatitis B Virus (HVB)

**Hep C** - Hepatitis C Virus (HVC)

**UAI** – unprotected anal intercourse

**LGBT** - Lesbian, Gay, Bisexual, Transgender

**SM** - social mediator

**MSM** - men who have sex with men

#### Key terms (📎)

**Customers/clients** – users of a service.

**MSM business** - a business that facilitates sex between men.

- Travel Agent
- Website
- Sex Venue
- Dance club
- Pub
- Hotel

**Public Sex Environment** - a public place where men have sex

- Park
- Beach
- Toilet



**Health organisation** – government and non-government organisations responsible for health needs of a community or population

**Promising practice** - examples of successful social mediation that have not yet been formally evaluated.

**Liaising with MSM business** - emailing, phoning, writing letters and meeting with business owners, managers and workers.

**Commitment from MSM business** – this is when a business wants to be socially responsible and is willing to contribute to clients' and community's health and well being. In the Everywhere project this could take the form of a formal agreement to a charter, code of conduct or protocol.

**Risk-reduction** - strategies to reduce HIV infection risk including condom use and other alternative informed decisions such as: sex positioning, serosorting, using lubes, pulling out, viral load.

**HIV Prevention Protocol** – code of actions around HIV prevention that enables businesses to be certified with SR-HIV seal.

**SR-HIV seal** - SR-HIV seal of social responsibility.

### Social mediation history (↕)

For thousands of years indigenous communities use mediation in order to solve problems within a community by bringing everyone together to discuss and make plans.

Institutional mediators emerge in France and Spain in the 1970's based on the ombudsman model of Scandinavian countries.

During the 1980's social mediation emerges globally for the purposes of finding alternative solutions to criminal trials.

### Social mediation definitions (↕)

Social mediation  
- an undertaking designed to reach an agreement.

Social mediator  
– a facilitator of a social bond.

\*Social Mediation - New ways of conflict resolution in everyday life (National Forum of Urban Affairs Professionals, Paris – Creteil. September 2000)

### Social mediation in the context of Everywhere (↕)

Social mediation is a means of fostering partnerships that enable MSM business and health organisations to achieve mutually beneficial outcomes both economic (profit) and social (better public health).

### HIV/AIDS overview - HIV transmission (↕)

The main ways HIV is transmitted are:

- By anal or vaginal sex without a condom. HIV cannot pass through good-quality condoms, and the failure rate of properly used condoms is extremely low. HIV can also be passed on during oral sex, although this is much less common.
- Through blood-to-blood contact. This mainly happens through sharing drug injecting equipment. In the past, before screening was introduced in the UK, some people were infected by blood and blood products during medical treatment. Very rarely, healthcare workers have been infected through accidents at work, such as needlestick injuries.
- From a mother to her baby. This is also called vertical transmission, and can happen during pregnancy, birth or breastfeeding.

#### HIV/AIDS overview - psychosocial factors for sexual risk behaviour (🔗)

- Sexuality
- Sexual identity
- Ethnicity
- Legal / visa status
- Age
- Socio-economic status
- Gender
- Risk of violence
- Mental health
- Isolation (geographic and social)
- Discrimination (religious, institutional, family, cultural)
- Drug and alcohol use
- Relationship breakdown

#### HIV/AIDS overview - risk reduction (🔗)

Definition - risk is 'reduced' in that it is perceived to be lower than the highest risk activity (receptive UAI with an HIV-positive partner) but higher than having no UAI.

- Disclosing status to sexual partners – HIV negative man is aware of partner's status and can therefore make informed decisions to reduce risk (1,2)
- Negotiated safety – a particular form of serosorting, UAI is restricted to an HIV-negative partner with whom a steady regular relationship is formed (1)
- Serosorting - UAI is practised only with partners believed to be HIV negative (1,2)



- Strategic positioning – the HIV-negative man takes only the insertive role (1)
- Withdrawal during receptive UAI - the HIV-negative man engages in receptive UAI only where ejaculation inside his rectum does not occur (1)

1. Morin, S.F. et al. A behavioural intervention reduces HIV transmission risk by promoting sustained serosorting practices among HIV-infected men who have sex with men. *J Acquir Immune Defic Syndr.* 49: 544-51, 2008.

2. Fengyi Jin, June Crawford, Garrett P. Prestage, Iryna Zablotska, John Imrie, Susan C. Kippax, John M. Kaldor and Andrew E. Grulich. Unprotected anal intercourse, risk reduction behaviours, and subsequent HIV infection in a cohort of homosexual men. *AIDS* 2009, 23:243–252, Vol 23 No 2, 2009

#### HIV/AIDS overview - HIV prevention (🔗)

- Biomedical approaches include HIV treatment, because anti-retrovirals reduce people's infectiousness (a study in San Francisco calculated that the average viral load, and therefore infectiousness, of gay men in the city had been cut by two-thirds since HAART). Post-exposure prophylaxis - taking HIV drugs immediately after a risky exposure to prevent HIV – is another intervention. Needle exchange is another. Barrier methods like condoms are biomedical, though programmes to ensure their use are not, and the same will apply to developing prevention technologies such as microbicides.
- Individual approaches include one-to-one counselling including voluntary counselling and testing, cognitive behavioural therapy, face-to-face detached or outreach work, telephone helplines and certain internet interventions.
- Group approaches are those delivered to small groups of individuals, often from the same peer group, and are usually facilitated in some way. They include school sex education and small-group work that usually includes both information and risk reduction skills training.
- Community interventions are delivered to the whole population or (more frequently) a target audience; the difference from the previous interventions being that individuals do not need to seek out the programme. They include media stories and small-media resources (e.g. leaflets and posters), condom distribution schemes, the empowerment and development of communities (including communities of people with HIV), and some internet interventions.
- Sociopolitical interventions include legal change such as the decriminalisation of homosexuality or intravenous drug use; legal sanctions such as the criminalisation of transmission; and policy interventions which may permit other types of prevention work, such as allowing needle-exchange.



## **Session outline – Module 2**

Title: Social mediation promising practice.

Duration: 2 hours

Learning outcomes: At the end of this session learners will be able to:

➔ Identify and describe examples of successful social mediation.

Presenters:

Delivery: Presentation, small group work

Venue:

Resources:

- Laptop for PowerPoint presentation
- Whiteboard
- Flipcharts
- Markers

Participant profile:

## Session plan – Module 2

Time	Content	Training Technique	Resources
1 hour	<ul style="list-style-type: none"> <li>• Partner country summary</li> <li>• Health standards for sex venues</li> <li>• Online outreach</li> <li>• Travelling Safe campaign</li> </ul>	Presentation	📄 PowerPoint: slides
1 hour	<ul style="list-style-type: none"> <li>• Social mediation promising practice - exercise</li> </ul>	☹ Practical exercise  Small group work.  Small groups report back to whole group.	✂ Paper and pens  📄 2 Handout

### Partner country summary - homosexuality legalised (🕒10)

#### France

Homosexuality was decriminalised in 1791. The new French penal code in 1791 decriminalized homosexual acts between consenting adults. Since the 4th August 1982 an equal age of consent for homosexual and heterosexual sex was set at 15 years old. France sponsored the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### Italy

Homosexuality was decriminalised in 1890. Italy signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### Poland

Homosexuality was decriminalised in 1932. Poland signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### Hungary

Homosexuality was decriminalised in 1962. Hungary signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### England

Homosexuality was decriminalised in 1967. The Sexual Offences Act of 1967 maintained the general prohibitions on buggery and indecency between men, but provided for a limited decriminalisation of homosexual acts where three conditions were fulfilled. Those conditions were that the act had to be consensual, take place in private and involve only people that had attained the age of 21. England signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### Slovenia

Homosexuality was decriminalised in 1976. Slovenia signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.



#### Spain

Homosexuality was decriminalised in 1978 (derogation of "Social Dangerousness Law" where homosexual men were included as offenders). However many were still persecuted and arrested under the "Public Scandal Law". This was revoked in 1987. Spain signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### Cyprus

Homosexuality was decriminalised in 1998. Cyprus signed the 2008 UN Statement on Human Rights, Sexual Orientation and Gender Identity.

#### Partner country summary - homosexuality: political and legal situation in participating countries (✓)

- In all eight countries participating in Everywhere, homosexuality is not considered an offence.
- Some local or national governments have developed policies guaranteeing sexual and human rights of homosexual people. These could take the form of anti homophobia laws, such as those in France, or see homophobia as an aggravating circumstance for some crimes.
- Except for Cyprus, Italy and Poland, in the rest of the countries there are policies bestowing civil rights on homosexual people (marriage partnerships, etc).
- There are LGBT groups and organisations in every country or region participating in the Project, except Cyprus. France, Italy, Spain and the United Kingdom are the countries with a higher number of organisations. In some of these last countries there are also federations of LGBT organisations.

#### Partner country summary - discrimination towards people with HIV (✓)

- Only two countries (Spain and the United Kingdom) could provide a report identifying discrimination against people with HIV according to the UNAIDS Protocols.
- In the majority of the countries, people with HIV participate in prevention strategies and in all countries there are HIV prevention programmes targeting people with HIV.
- Most partners estimate that people with HIV who suffer discrimination denounce it, despite data not generally being available regarding denounced cases of HIV discrimination.
- According to organisations' backgrounds, some MSM with HIV experience discrimination in public sex venues.

#### Partner country summary - MSM venues (non-sex oriented) (✓)

- Among the eight countries taking part in the project there are many non-sex oriented (clubs, bars, discos, etc) venues targeting LGBT people, which are legal and are openly advertised as LGBT venues.
- In every country, the most used channel for the advertisement of these venues is the Internet. Other frequent ways of advertisement are flyers and handbills



Partner country summary - MSM Sex Venues (🇹🇭)

- There are saunas, clubs with dark rooms and sex clubs in every partner country.
- Commercial sex venues are illegal in Italy, Hungary and Cyprus.
- Public sex is an offence in all countries except Poland and Spain.
- Only in Hungary, Italy and the United Kingdom are sex venues controlled or part-controlled by Health Authorities.

Partner country summary - sex venues across partner countries (🇹🇭)

	ANLAIDS Milano	COGAM Madrid	HATTER Budapest	RUBSI Nicosia	SKA Warsaw	SKUC/ MAGNUS Ljubljana	SNEG Paris	SRF Turin	THT London	UoB Brighton
Number of gay saunas in the city	8	12	2	0	3	1	16	4	20	4
Number of clubs with dark rooms in the city	5	9	2	1	9	0	20	2	3	1
Number of sex clubs in the city	INA	8	1	2	2	2	3	4	23	0
Number of public sex environments	INA	4	2	5	3	2	10		50 >	5
Are sex clubs legal?	NO	YES	NO	NO	YES	YES	YES	NO	YES	NO
Is public sex an offence?	YES	NO	YES	YES	NO	YES	YES	YES	NO	NO
Are these venues controlled by Health Authorities?	YES	NO	YES	NO	NO	NO	NO	NO	YES	YES

Partner country summary - HIV prevention strategies targeted at MSM (🇹🇭)

- Cities implicated in the project have NGOs/charities working specifically in HIV prevention for MSM, both LGBT and HIV/AIDS organisations. Only one of these NGOs/charities collaborates with a profit organisation.
- Except Italy and Hungary, all countries in the project also work with public departments in HIV prevention targeting MSM.
- Funding for MSM prevention interventions comes from national and local public institutions in most countries.
- Prevention work targeting MSM is mainly focused on HIV/STI prevention, promotion of safer sex and promotion of sexual health.
- Methodologies mainly used by partners for HIV prevention in MSM are outreach work (public sex environments / websites / sex venues), media prevention campaigns (printed materials/ audiovisual) and counselling.



### Social mediation promising practice – health standards for sex on premises venues

(🔊, 📄3)

- Charte de Responsabilité – France
- Code of Conduct - Sydney
- Play Zone – London and Brighton

### Social mediation promising practice - sexual health outreach on MSM websites (🔊, 📄4)

Online outreach (www.gaydar.co.uk) – Scotland, England, Spain.

Online outreach (www.gayromeo.com and www.czateria.pl) – Poland.

### Social mediation promising practice - Travelling Safe Campaign (Australia 2003) (🔊)

- Cambodian, Chinese and Thai men present with AIDS symptoms at a Sydney sexual health clinic.
- Nearly all acquired HIV from prostitutes after holidaying in their country of origin. Most had lived in Australia for over 20 years and were not aware that there was a high prevalence of HIV amongst prostitutes in their country of origin.
- The men return to Sydney unaware they were HIV.
- Health workers designed Travel Safe 'Passports' outlining how to stay safe when travelling. Brochures included information about HIV and STI's in the wider context of staying safe.
- Health workers (using translators) encouraged Cambodian, Chinese and Thai travel agents and GP surgeries to distribute Travel Safe 'Passports' to their clients before holidaying.

### 🔊 **Practical exercise**

✂ Paper and pens

Social mediation promising practice - exercise

- In small groups discuss what other promising practice exists in your country / city and why you think it is promising practice.
- Small groups report your findings to the whole group.



### **Session outline – Module 3**

Title: Working with MSM business

Duration: 1 hour 45 minutes

Learning outcomes: At the end of this session learners will be able to:

- Describe the general principles of social mediation.
- Outline the obstacles to effective liaison with MSM business.
- Describe strategies for overcoming obstacles to effective liaison with MSM business.

Presenters:

Delivery: Presentation, small group work

Venue:

Resources:

- Laptop for PowerPoint presentation
- Whiteboard
- Flipcharts

Participant profile:

### Session plan – Module 3

Time	Content	Training Technique	Resources
45 min	<ul style="list-style-type: none"> <li>Principles of social mediation</li> <li>Social mediation communication techniques</li> <li>Incentives for MSM business to be socially responsible</li> <li>Financing social mediation</li> <li>Liaising with hostile MSM business</li> </ul>	Presentation	☞ PowerPoint: slides
1 hour	<ul style="list-style-type: none"> <li>Overcoming obstacles to successful social mediation - exercise</li> </ul>	☞ Practical exercise  Small group work.  Small groups report back to whole group.	✂ Paper and pens

#### Principles of social mediation (☞)

Responsibility for the outcome rests with the parties

Win-win approach

Takes into account each parties needs

Helps with communication and collaboration

Allows parties to find a solution satisfactory to all

Affordable

#### Social mediation communication techniques (☞)

- Liaise
  - Build trust using step-by-step approach to liaison:
  - Identify key worker (manager, senior staff)
  - Phone call introducing yourself and the project
  - Visit business to promote the protocol and it's commercial and social benefits
  - Write a letter outlining protocols and working arrangement
  - Phone call to follow up on interest
  - Visit business to secure a commitment to protocol
- Partnerships
  - Establish a Business Partnership Group and seek membership from the business community



- Establish a clear set of membership benefits
- Establish clear terms of references for group (5)
- Meet in a central location
- Provide food and drink
- Invite membership from all sectors not just health (police, licensing, suppliers)
  
- Audits
  - Regular business audits (checklist) (6)
  - Identify best ways to communicate sexual health information
  - Identify areas where business is not meeting protocol standards
  
- Network
  - Become a member of business community groups
  - Become active member of licensing meetings
  - Become active member of local business forums
  
- Informal contact
  - Drop in regularly
  - Attend staff meetings (provide 'brief' sexual health training)
  - Socialise in venue
  - Take business owner out for lunch

#### Incentives for MSM business to be socially responsible (6)

- Free condoms and delivery
- Free sexual health training for staff
- Discount cards / promotions
- Opportunity to share information, pool resources and bulk order stock
- Opportunity to promote customer health and well being
- Opportunity to increase profit by promoting customer care and customer satisfaction
- Business can promote itself as a responsible business to health authorities
- Business can promote 'responsible business' as a right entitlement of gay men as consumers. This can impress customers

#### Financing social mediation (6)

- Highlight promising practice as evidence of how social mediation can reduce sexually transmitted infections amongst MSM
- Set social responsibility costs against the public health costs of increases in HIV
- Seek commercial sponsorship

#### Liaising with hostile MSM business (6)

- Promote a non-judgemental service
- Build trust gradually with business. Take your time

- Highlight any local, national or European legislation to encourage business to adopt protocols
- Promote a risk reduction approach i.e. support various ways to reduce sex related harm. If the venue insists on promoting itself as a bare backing venue introduce protocols that reduce harm such as promoting the risks of Hep C

© Practical exercise

📄 Handouts

Overcoming obstacles to successful social mediation

List the solutions in the right column.

Social Mediation - obstacles / solutions (📄7)

Obstacles	Solutions
Lack of incentives for business	
Lack of funding for health organisations	
Competition between business	

Social mediation - obstacles / solutions (📄8)

Obstacles	Solutions
Poor communication between business and health agencies	
Business distrust in health organisations and government	

Monitoring protocol minimum standards in sex venue	
--	--

Social mediation - obstacles / solutions (9)

Obstacles	Solutions
Business think social mediators are condom police	
High turn over of staff in business	
Business owner lives overseas	



#### **Session outline – Module 4**

Title: Social mediation case studies.

Duration: 3 hours

Learning outcomes: At the end of this session learners will be able to:

- Demonstrate effective liaison with MSM business.
- Demonstrate effective social mediation with MSM business

Presenters:

Delivery: Group discussion, presentation

Venue:

Resources:

- Laptop for PowerPoint presentation
- Whiteboard
- Flipcharts

Participant profile:



### Session plan – Module 4

Time	Content	Training Technique	Resources
3 hours	<ul style="list-style-type: none"> <li>• Case study 1</li> <li>• Case study 2</li> <li>• Case study 3</li> </ul>	<p>Small group work</p> <p>Small group report back to whole group</p>	<p>📄 PowerPoint: present slides</p> <p>📄 Handout</p>

#### Case study 1 (📄 and 📄10)

A club uses its downstairs toilet as a sex space on a Sunday night. You contact the manager of the club and ask if he would be interested in signing up to a HIV prevention protocol for sex venues. The manager tells you his club is not a sex venue because sex does not take place on the premises. You know this is not the case because the manager advertises his club as a sex venue on a website and many of your clients use the club for sex.

- What are the issues for you?
- What are the issues for the club?
- What is your next step?

#### Case study 2 (📄 and 📄11)

A travel agent has signed up to a HIV prevention protocol for travel agents. The travel agent tells you that distributing brochures about safe sex to MSM clients is bad for business because many of them get offended if you suggest they might be having risky sex on their holiday.

- What are the issues for you?
- What are the issues for the travel agent?
- What is your next step?

#### Case study 3 (📄 and 📄12)

You want to encourage an MSM dating website to sign up to a HIV prevention protocol that would allow your workers to do outreach on their website. The head office is in Canada. You



call head office and they tell you that they don't want online outreach workers telling their customers what to do, particularly in relation to condom use.

- What are the issues for you?
- What are the issues for the website?
- What is your next step?



## Appendix A

Social mediation training PowerPoint presentation

## Appendix B

 1 Handout

### Getting to know you.

Please ask your partner the following questions. Try and remember your partner's answers so you can repeat the answers back to the whole group.

Are you responsible for anyone in your life and if so who?

What do you think motivates people to take responsibility for another person?



📄 2 Handout

## Social mediation - promising practice in your country



### 3 Handout

The following handouts are available on website –  
[www.everywhereproject.net](http://www.everywhereproject.net)

Charter – France

\*See Responsibility Charter PDF

Play Zone – Brighton and London (United Kingdom)

\*See Play Zone PDF

Code of Conduct – Sydney (Australia)

\*See ACON Code of Conduct PDF



#### 4 Handout

The following handout is available on website –  
[www.everywhereproject.net](http://www.everywhereproject.net)

Netreach Code of Conduct



## 5 Handout

The following handout is available on website –  
[www.everywhereproject.net](http://www.everywhereproject.net)

Example 'terms of reference' for meetings / networks /  
interagencies





## 6 Handout

The following handout is available on website –  
[www.everywhereproject.net](http://www.everywhereproject.net)

Business audits - Checklist for Code of Good Practice (Playzone)

7 Handout

In the right column list the solutions you would employ to overcome the obstacles to successful social mediation.

Social Mediation - obstacles / solutions

Obstacles	Solutions
Lack of incentives for business	
Lack of funding for health organisations	

Competition between business	
---------------------------------	--

8 Handout

List the solutions in the right column.

Social mediation - obstacles / solutions

Obstacles	Solutions
Poor communication between business and health agencies	
Business distrust in health organisations and government	

Maintaining protocol standards for a sex venue	
--	--

9 Handout

In the right column list the solutions you would employ to overcome the obstacles to successful social mediation.

Social mediation - obstacles / solutions

Obstacles	Solutions
<p>Business think social mediators are condom police</p>	
<p>High turn over of staff in business</p>	

Business owner lives overseas	
-------------------------------	--



## 10 Handout

### Case study 1

A club uses its downstairs toilet as a sex space on a Sunday night. You contact the manager of the club and ask if he would be interested in signing up to a HIV prevention protocol for sex venues. The manager tells you his club is not a sex venue because sex does not take place on the premises. You know this is not the case because the manager advertises his club as a sex venue on a website and many of your clients use the club for sex.

- What are the issues for you?
- What are the issues for the club?
- What is your next step?





## 11 Handout

### Case study 2

A travel agent has signed up to a HIV prevention protocol for travel agents. The travel agent tells you that distributing brochures about safe sex to MSM clients is bad for business because many of them get offended if you suggest they might be having risky sex on their holiday.

- What are the issues for you?
- What are the issues for the travel agent?
- What is your next step?



## 12 Handout

### Case study 3

You want to encourage an MSM dating website to sign up to a HIV prevention protocol that would allow your workers to do outreach on their website. The head office is in Canada. You call head office and they tell you that they don't want online outreach workers telling their customers what to do, particularly in relation to condom use.

- What are the issues for you?
- What are the issues for the website?
- What is your next step?



# Appendix C

## Social Mediation Training Evaluation Form

Job  
Title \_\_\_\_\_ Organisation \_\_\_\_\_

### 1. How well were the course topics covered?

	Excellent	Good	Average	Poor	Very poor
Social mediation and HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social mediation promising practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with MSM business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social mediation case studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How useful were the group exercises?  Excellent  Good  Average  Poor  Very poor

3. How well were questions dealt with?  Excellent  Good  Average  Poor  Very poor

4. How relevant was the course for your work?  Excellent  Good  Average  Poor  Very poor

### 5. How would you rate the:

Timing of course  Excellent  Good  Average  Poor  Very poor

Administration prior to the day?  Excellent  Good  Average  Poor  Very poor

6. How would you rate the way the trainer worked with the group?  Excellent  Good  Average  Poor  Very poor

### 7. What would you like to see added to the course programme?

---

—

---

—

---

—

---

—



---

-



8. What would you like to see left out of the course programme?

---

—

---

—

---

—

---

—

---

—

---

—

9. How much has the course helped to increase your...

	A lot	Some	A little	Not at all
Understanding of social mediation history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of HIV/AIDS prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of social mediation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of the obstacles to social mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies for overcoming obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner country profiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Everywhere HIV prevention methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please add any other comments...