

Indigenous Resiliency Project Participatory Action Research Component: A report on the Research Training and Development Workshop, Townsville, February 2008

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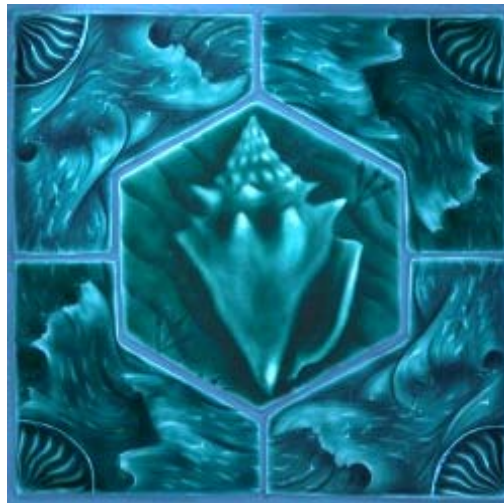
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Indigenous Resiliency Project Participatory Action Research Component

**A report on the
Research Training & Development Workshop
Townsville, 4 – 6 February 2008**



Sexual health through the eyes of Indigenous youth

The Townsville Aboriginal and Islander Health Service research team named their project, "*Sexual health through the eyes of Indigenous youth*", and chose the conch shell to symbolise the calling of youth, linking the Pacific Ocean that connects Australia, Canada and New Zealand.

Report prepared by Julie Mooney-Somers, Wani Erick, David Brockman, Robert Scott and Lisa Maher on behalf of the Indigenous Resiliency Project.

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Townsville Aboriginal and Islander Health Service



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Independent ASC members

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Project Background

The Indigenous Resiliency Project proposes to build capacity in Indigenous communities in Australia, New Zealand and Canada to conduct investigations into the factors that may support Indigenous people in responding to blood borne viral (BBV) and sexually transmitted infections (STI). The goal of this international project is to identify strategies related to resiliency that can be incorporated into public health and clinical practice.

The Australian arm of the Indigenous Resiliency Project focuses on young adults (aged 16 to 25 years) in urban settings. It employs a range of research methods to gain an understanding of the factors that might be strengthened to better protect young Aboriginal and Torres Strait Islander people against BBV and STI. The project has four components, the third being the Participatory Action Research (PAR) project.

The PAR has four aims:

1. Build the capacity of Aboriginal Community Controlled Health Services in Participatory Action Research practice.
2. Identify, assess and enhance selected BBV/STI resilience capability of Aboriginal and Torres Strait Islander populations in the study sites.
3. Inform on opportunities to decrease the risk of BBV/STI transmission in these populations.
4. Provide information for local and area health service planning for Aboriginal and Torres Strait Islander BBV/STI prevention.

The PAR project is running in three sites: the Townsville Aboriginal and Islander Health Service (TAIHS), Derbarl Yerrigan Medical Service in Perth (DY), and the Aboriginal Medical Service in Redfern (AMS). In each health service, a site research team works together with a research team from the National Centre in HIV Epidemiology and Clinical Research (NCHECR) to develop the project locally. Each site is using the following framework:

- Phase I: Develop protocols, identify priority population, and obtain ethics.
- Phase II: Research training and development workshop.
- Phase III: Fieldwork – recruitment, observation, and data collection.
- Phase IV: Focus groups.
- Phase V: Analysis and dissemination of findings.

This report describes the first two phases of the PAR project at the TIAHS. During these two phases the TAIHS research team was Wani Erick and Robert Scott; the NCHECR research team was Julie Mooney-Somers, David Brockman and Lisa Maher.

Phase I: Protocols, identification of population and ethics

In Phase I, the TAIHS research team worked with the NCHECR research team to establish project processes, obtain ethics approval from the relevant committees, identify the priority population group, establish a local reference group, and identify potential workshop participants (young people from the local Aboriginal and Torres Strait Islander community). The NCHECR research team provided site support and training.

Identification of priority population:

At its annual face-to-face meeting in August 2007, the Australian Steering Committee of the Indigenous Resilience Project decided that each site would focus on a particular population group, deciding locally which issue was a priority for them. The committee identified eight relevant population groups: young mums/dads; mobile young people (coming to region for family funeral/business, medical treatment, sports carnivals); young people involved in organised sport; young people in detention; young IDU; young people in families with inter-generational issues; homeless/residentially unstable young people; young gay men. The three health services were asked to undertake a consultation process to identify one of these priority population groups. Each service was given a range of criteria that might be useful to consider: health issues; public health significance; estimated size of the population; nature/extent of current contact; partners working with group; access issues; issues for staff working with this group; key worker(s).

The TAIHS research team engaged in a consultation process within their health service that included members of the sexual, mental and social health teams and workers in the TAIHS Youth Shelter. The outcome of this process was a decision to work with young people who had experience of homelessness or residential insecurity; the Board of TAIHS subsequently endorsed this. The following profile, produced by Wani Erick, describes this population group and the health issue they face.

Health issues for this population

- Unprotected sexual behaviour
- Unwanted pregnancy
- Young teenage pregnancy
- Sexually transmitted infections
- Alcohol and drug use
- Depression and mood disorders
- Low self esteem
- Sexual Abuse

Public health significance

- Social disadvantages
- Educational disadvantages
- Social isolation
- Widespread poverty
- Crime
- Racism
- Begging for money on streets

Estimated size of the population

Hard to gauge a specific estimation of the size of the population, as most of this group of people are highly transient. There are a few that come from Palm Island and tend to hang around for a few weeks and then either move back home or move on to another area e.g. Mt Isa or Charters Towers. Some utilise the TAIHS Youth Shelter services for a few weeks and then move on. There are a high number of people utilising the drop-in centre situated near the main city and the park. There are a few people living for a short period at Happy Valley. There is an ongoing movement of young single and/or two parent families utilising a hostel in the city that provides short term stay for Aboriginal people.

Who is represented by this population?

- Young indigenous (between 15 to 25 yrs of age)
- Mainly users of marijuana
- High alcohol use

TAIHS current contact with this group

- Youth Shelter
- Volatile Substance Misuse
- Mums and Babies clinic
- Early Intervention Parenting
- Youth Justice Group
- Sexual Health Unit
- Mental health Team

Access Issues

- Transport for screening and/or treatment
- Transience
- Easy access to drugs being on the streets
- Geographical areas too vast
- Financial constraints, e.g. costs of medication for treatment

Current Partnership

- Queensland Health Indigenous Sexual Health Unit
- Townsville Family Planning Organisation
- Queensland "Sister Girl" group
- Queensland AIDS Council

Issues for Staff

- Highly mobile
- Limited opportunities to develop rapport
- Lack of knowledge with regard to STI in general
- Health education provided by outreach/on the move, e.g. parks, pubs, Happy valley
- Stigmatisation of being diagnosed with an STI/privacy issues
- Preventative care is not a priority

TAIHS Key Workers

- Sexual Health Team
- Mental Health Team (psychologist and social worker)
- TAIHS assistant CEO

Phase II: Research Training and Development Workshop

Phase II of the PAR project was a three day workshop for young people from the local Indigenous community, and health workers from TAIHS.

The workshop aimed to:

1. Develop the knowledge, skill and confidence of peer workers and health workers in research ethics, sampling and recruitment, and exploratory qualitative research methods.
2. Establish collaborative working relationships between peer workers, health workers, site coordinators and members of the NCHECR research team.
3. Establish a shared understanding of ethical and culturally appropriate research conduct.
4. Identify suitable peer workers to recruit to the Indigenous Resiliency Project as peer worker researchers (PWR).
5. Develop research materials including:
 - a. inclusion and exclusion criteria;
 - b. a profile of the priority population including key sites for fieldwork;
 - c. a list of topics for individual and group interviews.

On completing the workshop, participants were able to:

1. Describe the aims of the Indigenous Resiliency Project.
2. Describe the principles of Participatory Action Research.
3. Explain the advantages and disadvantages of different exploratory qualitative methods.
4. Describe the project and the role of PWRs.
5. Explain important ethical concepts like confidentiality and consent to potential participants.
6. Undertake participant observation and record observations, informal conversations and personal reflections as field notes.
7. Conduct a semi-structured face-to-face interview and record the stories and views of interviewees and personal reflections as field notes.
8. Adopt an appropriate, ethical and professional manner in the conduct of the research.

Julie Mooney-Somers (PAR Coordinator, NCHECR) developed a 60-page training manual in consultation with members of the NCHECR research team, Lisa Maher and David Brockman. Members of the site research team, Wani Erick (STI Resiliency Project Coordinator) and Robert Scott (STI Resiliency Project Research Assistant), provided additional feedback. The manual was designed to meet the specific needs of the people attending the workshop, and every effort was made to include relevant local sites and venues. The manual covers research ethics, communication, research sampling and recruitment, individual and group interviewing, participant observation and writing field notes, analysis of qualitative data. In the workshop, participants received hands-on experience of interviewing, participant observation, writing field notes, developing a sampling frame, and developing a conversation guide for interviewing. Julie Mooney-Somers, Lisa Maher and David Brockman facilitated the workshop.

Participatory Action Research is about conducting research *with*, rather than *on*, people and communities; the project achieves this in a number of ways. The workshop was

designed to develop project questions to reflect local priorities and establish ways of researching that were appropriate for the priority population group (Indigenous young people who have experience of homelessness or residential insecurity). PAR facilitates participation through the engagement of young people as PWRs to work alongside the site coordinator, research assistant and NCHECR researchers to develop the research and conduct data collection and analysis. The workshop allowed us to identify young people who were interested, and had the capacity, to take up a place on the research team. Finally, building the capacity of Aboriginal Community Controlled Health Services in research practice is a central aim of the Indigenous Resiliency Project, and the participation of health workers in the training course directly addressed this aim.

Workshop participants:

One aim of the workshop was to identify and train people from the priority population group, as PWRs. The selection criteria for young people attending the workshop reflected this:

- Aged 16 to 25 years
- Aboriginal and/or Torres Strait Islander
- Have experience of homelessness or residential insecurity (defined as – not had access to any stable shelter or accommodation, living in public places like parks or riverbeds; living in temporary accommodation without secure tenure, staying with extended family or friends; or escaping unsafe or unstable family circumstances).

The site research team made contact with young people through contacts at TAIHS, sexual health networks, and through outreach (including attendance at World AIDS Day events in Townsville and Palm Island). They produced a leaflet, providing information about the project, which they distributed at health promotion events as well as through professional networks. A number of young people heard about the research through their own networks and contacted the site coordinator about participating. Accessing people with direct personal experience of homelessness proved quite difficult and the team decided to relax this criterion to include people who had experienced homelessness through a family member or friend.

Eight young people, aged 18 to 28 years, attended the workshop. Five young women and three young men attended. Four of the young people had recently left high school and there were two young mothers. The group included people from both Torres Strait Islander and Aboriginal backgrounds. To reiterate, these young people had experienced homelessness or residential insecurity *personally or via the experience of a friend or family member*. On the second day of the workshop, an additional three young people (two women and one man) turned up to the workshop, wanting to participate. Regrettably, it was not possible to include these young people at this late stage.

Five health workers attended the workshop, four from TAIHS and one from an external organisation. Also in attendance were the members of the site research team, Wani Erick and Robert Scott. A full list of attendees is in Appendix A.



Workshop participants

Workshop opening:

Wani Erick and Robert Scott opened the workshop and introduced the NCHECR researcher team. Workshop participants gave brief introductions about themselves. Following this, Julie Mooney-Somers gave an overview of the program and the presentation mode. The main workshop aims were discussed, namely developing the PAR project, and training people to do research with a view to engaging PWR. The peer participants were informed that the reimbursement of \$100 per day depended on attendance and participation in the workshop for the full three days. This position was negotiated in advance with the site research team. Peer participants were also informed that eligibility for a PWR role, depended on attendance at the full three days of the workshop.

We provided each participant with a folder containing a 60-page manual, copies of project materials (consent forms, timelines, project protocols), and paper for taking notes.

Introduction to ICIHRP Project:

This session was designed to provide an overview of the International Collaborative Indigenous Health Research Partnership, and the Australian component of the project.

Lisa Maher gave a history of the project's development including the establishment of the partnership between the three Aboriginal Community Controlled Health Services and the academic institutions. In a brief presentation, Julie Mooney-Somers gave an overview of the ICIHRP, the structure of the project, and the PAR project. We introduced the project questions and the need to consider the contexts of people's lives; participants were told that staying healthy is not just about individual actions. The aims of the project were outlined, and project design and timeline discussed. The three project sites were introduced, and the different priority population groups, each reflecting local priorities, described. Key project principles of community ownership and strength based research were also discussed.

The session ended with a group activity. The aim of this exercise was primarily to get the participants engaged and thinking about the topic, and the scope of research on BBV/STI.

Group Activity – Brainstorm exercise

Participants brainstormed the areas and topics connected to the project questions – young people's views on BBV/STI, and what they do to keep themselves healthy and protected. We left this list of topics on the whiteboard and used it as a catalyst for a later group activity.

A discussion about BBVs and STIs and the difference between these two categories resulted in a list of infections:

- STI (bacterial): Chlamydia, Gonorrhoea, Syphilis.
- BBV: Hepatitis C, HIV, Hepatitis B.

A discussion of topics/areas connected to the project:

- Do people know how to get tested? Have they been screened? Do they know the symptoms of BBV/STI? Pap smear – there is some misunderstanding about what it tests for. People think if no symptoms then they're healthy so won't see as priority issue. Symptoms of some STI become normalised because so common in community or in people's experience. People scared because they think have an STI so don't act on it.
- Issues with local Dr – shame at seeing your GP. Confidentiality issues/fears with own GP.
- Issues doing research – people prefer to talk to person of same gender. Trust and respect (rapport) needs to develop before you can ask people about their views.
- Health promotion and education – what education they've already had and what they know about the issues.
- Risk behaviour – what do young people understand as risk?
- Personal history, may have been abused so complex issue.

- Who do you go to? Who are the trusted people or the people they go to for advice? Where young people get support, information and help: Family support – domestic violence; Support from people in the community; Schools – (teaching life skills?); Friends.

Participatory Action Research (PAR):

This session was designed to introduce Participatory Action Research, its key principles, and examples of research with Indigenous and/or young people that has used a PAR approach. Julie Mooney-Somers facilitated this session.

The session started with a whole group discussion about people's experiences of research. The aim was to illustrate the broadness of the term – not just clinical or survey research – and to show that most people have been involved in some process that involved the systematic collection of information.

We briefly discussed the conventional approach to research, and then outlined the principles of PAR, including conducting research *with* rather than *on* people, defining issues and questions locally, and producing knowledge that is useful to communities. We explained that what makes PAR distinct from other approaches is the combining of knowledge gathering, creating change and involving all the relevant people in a single process. We also presented a simple PAR model (Look – Think – Act).

We described several examples of PAR projects conducted with Aboriginal and Torres Strait Islander communities or young people. Robert Scott was involved in the U Mob Yarn Up project on young people, sex and relationships (conducted at TAIHS, 2000 to 2004). He shared his personal experience of the project and described the role of the peer researchers. Other PAR projects discussed included:

- Look Think Act: Indigenous stories about living with diabetes. Port Lincoln Aboriginal health Service, Royal District Nursing Service, Spencer Gulf Rural Health School, Eyre Division of General Practice and the Council of Aboriginal Elders of SA (2002)
- The Strength of Young Kooris – Young people's health and wellbeing. Victorian Aboriginal Health Service, Melbourne (late 1990s).
- Within Reach: A participatory needs assessment of young injecting drug users in South Western Sydney. School of Public Health and Community Medicine, UNSW and South Western Sydney Area Health Service (2003)

We screened excerpts from two participatory video projects:

- No, you don't know how we feel – a project designed to discover the views of young people facing the serious illness of a parent. Funded by Macmillan Cancer Relief, UK.
- Urban Street Dance at L'Heure Joyeuse – a video made at the Gender Equity in Sport for Social Change conference, Casablanca.

The aim of this section was to show the workshop participants how a PAR project operated – how the questions and methods are developed in discussion and how the data

is collected and analysed by the whole research team (including young people). Unfortunately, we were unable to find a video that captured this process well. The two excerpts from the participatory video projects used video as an *output* rather than using video to document *process*. We will continue to search for an example of a video that documents the PAR process, which we can use in subsequent workshops. Considering the absence of this resource, it may be worthwhile for the PAR project to consider this as a potential output. With this in mind, we documented the training workshop using handheld digital video and stills cameras.

Sexy Health – BBV/STI:

This session was designed to give workshop participants basic information on blood borne viruses and sexually transmitted infections.

In keeping with cultural protocols, David Brockman prepared two sets of PowerPoint slides appropriate for single-sex groups. David (general practitioner) ran the male session, and Gracelyn Smallwood (registered nurse) ran the female session. These information sessions ran for approximately 60 minutes. Both groups were brought on a tour of TAIHS, introduced to staff members, and told about the range services provided at TAIHS. Wani Erick led the female group tour, and Robert Scott led the male group.

Arrangements made for a female general practitioner to lead the female information session fell through. Gracelyn Smallwood was kind enough to step in to take the session, but had little opportunity to prepare for the session or to run through the PowerPoint in advance. This glitch meant that the female group might not have received the same level of information as the male group. In future, we would use this session to provide participants with additional resources on BBV/STI. The TAIHS tour was a useful session for the workshop participants. They met staff who will be important to the conduct of the research, including members of the Social Health Unit, the Mental Health Unit, the Mums and Babies Clinic, and health workers in the General Medical Clinic.

Yarnin 101:

This session was designed to get participants thinking about process by drawing attention to the way that we conduct research and in particular, how we communicate with people involved as participants and as co-researchers. Articulating Indigenous ways of communicating, and culturally appropriate communication, was a particularly important function of this session. David Brockman facilitated this session.

The session covered micro skills such as building rapport and the role of reciprocity and commitment; listening skills such as mirroring, paraphrasing, dealing with silences; showing respect and giving up control. The importance of good speech and the dangers of poisonous speech were highlighted. David introduced higher level skills associated with deep listening, and talked about combining attention and awareness. Finally, the session addressed some common communication problems – mistrust, confidentiality, confidence and dealing with aggressive communication from others.

This was a very useful session. Participants were asked to reflect on communication as action, rather than as something that just happens. Several important issues raised during this session flowed through to the rest of the workshop.

Research ethics and research conduct:

This session was designed to raise important concepts in ethical research, like consent and confidentiality. The session began with an overview of the National Statement on Ethical Conduct in Human Research and the four values set out in the statement. Julie Mooney-Somers facilitated this session.

We discussed consent, and specific issues around negotiating research with community. In a spontaneous group discussion, we talked about how to avoid placing subtle pressure on people that are known to us, and avoid 'standing over' people. We also talked about privacy, confidentiality, and the importance of being transparent about what we plan to do with the information we collect from people. An important section of the session was on legal responsibilities and limits to confidentiality. We talked about the legal responsibilities (e.g. mandatory reporting of abuse), and the implications for health worker members of the research team. In an important whole group discussion, we discussed the difference between legal responsibilities, organisational guidelines and moral expectations. We discussed the likelihood of PWRs meeting people during fieldwork that needed or wanted support or services, and the limits of PWR responsibilities. We agreed a protocol whereby PWRs refer people to appropriate health workers, rather than attempt to deal with these issues on their own. In this context, we also discussed the importance of self care and seeking support from the site research team, peers and the NCHECR researchers where necessary. To make the complex ethical issues involved in human research, and particularly research around sensitive subjects like BBV/STI, tangible we conducted a group exercise.

Group Activity – Ethics exercise

Participants broke into three small groups. Each group discussed a different scenario that researchers may encounter during fieldwork, and identified the ethical issues in the scenario, possible actions and the consequences of each action. Members of the small groups then described their scenario to the large group, and presented the actions and consequences they discussed.

Ethics Scenario #1: During fieldwork, you meet a young woman called Tanya. You see her a few times and discover she is 17 years old and has been living in the home of a family member for the past few months. She is initially reluctant to do an interview with you, but is happy to chat informally whenever she sees you. Eventually she approaches you for an interview. During the interview, she tells you that she had to move out of home because someone in her family was sexually abusing her. She is very distressed after sharing her story. She tells you that she has to move out of the place she is staying and is afraid she will have to go back home.

Ethics Scenario #2: After a long day in the field, you meet a man called Clarence. He is friendly and very interested in the research. You have a long conversation

with him and he offers to introduce you to some people who might agree to talk to you. You are excited because the people he describes are hard to find. Just as you are about to say goodbye and head back to TAIHS, he starts to tell you about his situation. He has been staying at a shelter but has been told he can't stay anymore. He doesn't know why they won't let him stay anymore. He asks you to talk to the workers there. You think this is a reasonable request, and feel a bit obligated because you know he is going to help you find some participants. You agree to meet him again the next day. When you talk to the shelter worker, you discover Clarence has been put on an exclusion list because he has repeatedly broken the shelter rules.

Ethics Scenario #3: You're hanging out on Flinders mall with a group of people. You get into conversation with one young man, James, who tells you about a friend of his who went to TAIHS for STI treatment. He says the health worker who treated his friend was great and told him about how to protect himself against STI in the future. You are thinking how great it is to hear such a positive story when James mentions his friend's name. It is an unusual name and you are pretty sure that he is talking about your sister's boyfriend. You probe for more information and discover this happened last month. You know you sister has been seeing this man for at least 6 months.

Some important issues that came up during the feedback to the whole group included the importance of debriefing PWRs when they have encountered a difficult situation (scenario #1), and taking no action as a valid option (particularly in relation to scenario #3). An important outcome of the discussion was a decision to prepare a local referral and resource list that PWR could give to research participants. This session was primarily designed to introduce general ethical concepts and processes; however, a great deal of time was spent on establishing ways of conducting our research project. A lot of the discussion involved participants working through complex ethical situations, and the knowledge and experience that the health workers brought to these discussion was invaluable.

Sampling and population profile:

This session was designed to introduce participants to the process of identifying a research sample, including inclusion and exclusion criteria, and development of appropriate recruitment methods. Julie Mooney-Somers facilitated this session.

In the first part of the session, we discussed the need to develop a sampling frame to identify who we want to participate in the study. We outlined the minimum inclusion criteria for our project, and three recruitment strategies that we would use in our study – outreach, snowball sampling, and promotion. We outlined the next steps in the project as developing a sampling frame to identify inclusion and exclusion criteria, and a mapping exercise to identify where we could conduct outreach recruitment. We then used group exercises to develop the sampling frame, and brainstorm potential field sites for outreach recruitment.

Group Activity – Sampling frame exercise

The participants broke into three small groups. Each group identified inclusion criteria they felt appropriate and characteristics that would exclude people from participating in the study. Returning to the large group, these criteria were discussed and the following inclusion and exclusion criteria agreed:

Inclusion Criteria:

Characteristics	Reason
16 to 25 years old	Don't need parental consent, age group most vulnerable for BBV/STI
Aboriginal and Torres Strait Islander: self identified	Priority group for BBV/STI
Currently or previously experienced homeless, or at risk of homelessness	Priority group for BBV/STI
Living in Townsville and surrounds	Practical limitations, travel, access

Exclusion criteria:

Characteristics	Reason
Under 16 years	Need parental consent
Mental illness	Unable to consent
Declines invitation to participate	Not consented
Intoxicated/charged	Unable to consent – ask again another time

In the same small groups, participants identified places where the project could locate people who were likely to meet the inclusion criteria, along with specific locations and times. Back in the large group, a list of sites where young homeless people hang out or access services was compiled and the sites marked on a map of Townsville. The site research will refine this list, adding further details and adding this information to the map. These materials will be used to develop a fieldwork plan for outreach recruitment and data collection.



Developing inclusion/exclusion criteria



Mapping potential field sites

Shopping centres/areas:

Site	Suburb	Details
Townsville city centre/Flinders Mall	CBD	
Stockland Shopping centre	Aitkenvale	McDonald's Young people
Strand	North Ward	Young & homeless people IDU in toilets at Anzac park beachfront promenade, swimming, parks, cafes
Willows Shopping Town	Kirwan	
Riverway	Thuringowa	Young & homeless people Sports, leisure activities.
Castletown	Garbutt	
Lakes		McDonald's, Hungry Jacks
Sunset Plaza	Thuringowa	Young people
Vincent Village		

Parks:

Site	Suburb	Details
Queens Park and Queens Gardens	North Ward	Homeless people
Perfume Gardens	Townsville	Homeless people
Victoria Park		
Central, Dean, Hanran Parks & Victoria Bridge		Young & homeless people Drop in centre?
Jabiru Park	Condon	Young people
Thuringowa High School	Condon	Needles found – possible IVDUs
Glenrock, McCarthy & Apex parks	Rasmussen	
Apex & Moroney parks & PCYC	Kelso	
Cambridge Park & Vincent Primary School	Vincent	Young people
Aitkenvale & Illicah Parks	Aitkenvale	
Vincent Park		
Warrina Park	Vincent	
Ross River Weir, Upper Ross, Ross River Bridge		Young people
Happy Valley	Belgian gardens	Homeless people, not many young
Anzac Park, Strand	North Ward	
Railway estate		Homeless people
Westend Park		Homeless people

Causeway		Homeless people
Mt Louisa Park		Homeless people
Kirwan area	Kirwan	Homeless people, street involved young people
Melrose, Cutheringa, Salisbury Parks	Garbutt	Young people TAIHS Youth Shelter is in area
Wulguru Park	Wulguru	

Recreation centres:

Site	Suburb	Details
Reading Cinema		
Cannon Park		
Ice skating	Warrina	
Skating Park	Northern Beaches	
Skating Park	Annandale	Young people Murray Complex Townsville Skate Park & Dirt Jump Park
Skating Park	Riverway	
Private Parties		Between Condon and Vincent region
Under 18 disco		Ignatius Park College
BMX	Kelso	
Dairy Farmer's Stadium	Kirwan	Young people
Football carnivals		
Schoolies		
Bullwinkle Hotel		
Exchange Hotel	Townsville	Drinking venue for homeless people

Services:

Site	Suburb	Details
Townsville Sexual Health Unit and NSP	Gregory St, North Ward	
Queensland Sexual Health Clinic	Kirwan	
Family Planning Queensland Clinic	Kirwan	
Aitkenvale Library	Aitkenvale	
Wulguru Room		Chroming, glue, etoh
Grindle		Youth diversionary centre
Townsville CESS		
Youth drop in	Aitkenvale	
Youth shelter		
TAIHS Youth shelter	Garbutt	
Drop in centre	Sth Townsville CESS	
TAIHS	Garbutt	

Methods overview:

In the PAR session at the beginning of the workshop, participants were introduced to the Look – Think – Act model of PAR. The first stage of this model (Look) involves gathering information to build a picture of the situation we are researching. Participants were introduced to three techniques for gathering information – participant observation, individual interviewing and group interviewing.

Participant observation:

This session was designed to introduce the first of the project methods – participant observation. Julie Mooney-Somers facilitated this session.

Participants were told that participant observation is a method for collecting information by experiencing the world of your participants; it is a method for gathering information from people in their natural setting. We outlined the reasons for using participant observation, the characteristics of a good participant observer, and specific ethical issues that might arise during participant observation.

An important aspect of this session was the section on recording information. The importance of keeping extensive field notes was emphasised, with participants told that the field notes they wrote would become the data that was analysed. Julie Mooney-Somers led participants through the different aspects of field notes, provided guidelines on what to record, and explained the difference between observational notes and reflexive notes.

A field visit to a local area with a high concentration of Indigenous homeless people was designed to give participants hand-on experience of participant observation and writing field notes.

Group Activity – Field visit

On the second morning of the workshop, the group was taken by car to Happy Valley. Happy Valley is the largest and oldest site for homeless people in Townsville. In 1999 it was designated a parks and recreation reserve and is held in trust for the Aboriginal people by the Department of Aboriginal and Torres Strait Islander Policy and Development. The area is zoned as suitable for public drinking, and has open shelters, showers and toilets, barbecues, a laundry, and a one-room building for visiting consultations. Residents are free to build their own structure, or use the shelters provided. The area is off Old Common Rd, near the Townsville airport. It is not marked on any public maps, and apart from a sign near the entrance designating it a public drinking zone, there is no signage. Manny Ross (Social Health Unit Coordinator, TAIHS) led the group; the Social Health Unit staff provides regular onsite services to the residents.

The group split into small groups; Robert Scott and Leah Prior brought two of the groups to meet residents. The group drove around the site, and observed a variety of housing structures.

On returning to the workshop venue, we asked participants to write up field notes of the visit. The group then discussed their experience of writing field notes, and some participants read out the notes they wrote up.

In a three day workshop, the schedule is tight and we had limited time for this activity. More time would have allowed us to split the group up, as our large group wandering around the site was not representative of participant observation. It was also clear from the responses of the participants that more field visits would have been welcome. While Happy Valley was a good site as it was novel experience for most people, it will have little relevance to the rest of the project as very few young people live there. On returning to the workshop venue, there was limited time to write up and discuss field notes. In future workshops, we will allow additional time to work through the participants' field notes in more detail and provide individual feedback.

Interviewing:

This session was designed to introduce the second and third methods – individual and group interviewing. Julie Mooney-Somers facilitated this session.

Participants were told that interviewing is a method that allows us to find out about someone's life from their own perspective. The differences between individual and group interviews were discussed, and the reasons why each method might be used. We introduced the different structures used in interviews (structured, semi-structured, unstructured), and the types of questions that can be used (open, closed, typical, specific). We described the value of probes and verbal and non-verbal prompts, and outlined the characteristics of a good interviewer. During this session, many links were made to the skills introduced in the Yarnin 101 session. Finally, we again addressed the importance recording information and introduced two methods – digital recording and field notes.

We discussed the project's need for a conversation guide to provide a framework for individual interviews, and used a group exercise to develop a draft guide.

Group Activity – Conversation guide exercise

Participants broke into three small groups. Each group used information from the earlier brainstorming exercise, and the knowledge they gained over the preceding two days, to identify questions that they could ask in an individual interview. Participants were reminded to consider types of questions – open, closed, etc – and when to use them. During the subsequent large group discussion, we collated the following questions and topics:

Cultural protocols:

Introduce self and project

Participant's family

Own family

Outline what BBV and STI are and check understanding

Background questions:

How old are you now?

Are you sexually active?

Topic questions:

What do you think of BBV/STI?

What do you know about BBV/STI?

Is there anything you don't know much about, would you like to know more?

Would you know if you were infected with BBV/STI?

Would you know what to tell someone who had an BBV/STI what to do?

Do you know of any help for BBV/STI or condoms?

Do you know where to go for an BBV/STI check up and info?

Where do you go to get treatment for BBV/STI?

Have you ever been screened for BBV/STI? Tell me about your experience.

If you have never been screened for BBV/STI: what are your views on safer sex?

Have you ever had a discussion with anyone about BBV/STI?

Do you feel comfortable talking to me, or to a Dr, about BBV/STI?

How do you feel about indigenous medical centres?

How do you protect yourself and family/friends?

How do you stay safe from BBV/STI?

How do you keep yourself healthy?

What do you do to keep yourself healthy from BBV/STI?

Has there been a time when you have found it hard to keep yourself healthy from BBV/STI?

What sorts of things help you to keep yourself healthy from BBV/STI?

What sorts of things make it hard to keep yourself healthy from BBV/STI?

What are some reasons people don't protect themselves?

Does the community know how to protect itself from BBV/STI?

Is there enough awareness and information in your community?

Where or what else do you suggest should be done about BBV/STI?

Offer information, services, and assistance where indicated.



Brainstorming interview topics



Developing a draft conversation guide

The exercise illustrated to participants that there was a lot of overlap between the questions identified by each of the groups, suggesting there were some key areas that people felt were important to include. Participants also saw that there were different ways to approach the same topic/question. Although participants were reminded about the importance of open questions for eliciting information, some groups produced a lot of closed questions. This prompted a valuable discussion about how to turn closed questions into open questions.

An important issue that came up during this exercise was around cultural protocol. There was consensus that each interview should begin with the researcher and interviewee taking time to discuss their own family, and where they came from. Several groups also felt it was important to begin the interview with a description of BBV/STI, to ensure that interviewees understood what these infections were.

One issue that arose during the large group discussion was providing interviewees with information and access to services, with some seeing the interview as an opportunity to connect people to services. This reflects a desire articulated by many of the young people in the workshop to help their community.

We used a second group exercise to give participants the opportunity to experience conducting an interview.

Group Activity – Interviewing role play

Participants broke into pairs, with one conducting the interview and the other playing the role of the interviewee. The interviewers were instructed to make the interview as real as possible, introducing the project and themselves, and recording the interviewee's responses to their questions. The facilitators selected three questions from the list compiled in the earlier group activity. The questions were: what would you tell someone who had a BBV/STI? Where would you get information or services? Why don't people protect themselves? It was important to use BBV/STI as the topic for the interview role play, so participants experienced for themselves asking and responding to questions that are intimate and potentially embarrassing.



Interviewing role play



Interviewing role play

In the subsequent large group discussion, participants talked about the experience of interviewing, whether they had any difficulties with the questions, and whether the interviewee's answers had been what they expected. The participants who 'played' an interviewee also reflected on their experience.

The interview role play was quite short, and it may have been more useful to get the group to agree on a short conversation guide and conduct a complete interview. The experience of conducting an interview may then have been more realistic. In future workshops we hope to give participants more time to reflect on the interviewing process, ideally in small groups.

Qualitative data analysis:

In the PAR session at the beginning of the workshop, participants were introduced to the Look – Think – Act model of PAR. The second stage of this model (Think) involves analysing the information collected in the first stage, in order to understand what it means.

This session was designed to briefly introduce the process of analysing qualitative data. Julie Mooney-Somers facilitated this session. Basic thematic analysis, using grounded theory techniques such as coding and the constant comparative method, was introduced. Preliminary analysis will take place in the regular site research meetings, and we highlighted the importance of this process for reflecting and refining the research. The final analysis stage, where the research teams from across the three sites come together, was also described. The session ended with a reminder about the Act stage of the Look – Think – Act model of PAR, where the site research team develops and implements actions.

While waiting for the session to start an informal discussion was prompted by one of the health workers giving an account of his life and how he had ended up working in sexual health. This was a catalyst for a very valuable and at times emotional session where each participant – health worker, peer worker and researcher – recounted something of their life story that explained how they came to be involved in this workshop. The sharing of these very personal experiences suggests that a level of trust was established between the workshop participants. The session was spontaneous, and is unlikely to have worked if scheduled. It was difficult to refocus the group for a presentation about data analysis; however, the insights into people's histories and the lived experiences of resilience provided a powerful ending to the workshop.

Project review, protocols and evaluation:

This session was designed to briefly review the work that we had covered in the preceding three days. Participants were reminded that during the workshop we produced a sampling frame and map; inclusion and exclusion criteria; and a draft conversation guide for individual interviews. This review demonstrated to the group how their input shaped the project direction and design.

We also used this session to review the role of PWRs, and present the expectations the project had of people taking up these roles (Appendix B). We outlined the process of selection for these roles; the site coordinator would be in touch with people in the following week to discuss interest in taking up a PWR role.

Finally, to end this session participants were asked to complete an evaluation form for the workshop.

Graduation dinner:

A graduation dinner was held at Jupiter's Casino on the evening of the last workshop day. Fourteen of the workshop participants attended, including six of the young people.



Presenting certificates of completion



Presenting certificates of completion

Angie Akee (Assistant CEO, TAIHS) presented each of the young people with a certificate of completion. The NCHECR researchers also handed out “goodie bags” containing pens, safer sex key ring, Australian Indigenous Doctors’ Association (AIDA) promotional resources (pencil case, head band, lanyard), a hard cover UNSW notebook for field notes, and Aboriginal and Torres Strait Islander specific BBV/STI health promotion material.



Certificates of completion



“Goodie bag”

Workshop evaluation:

At the end of the workshop, we asked all participants to complete a workshop evaluation form to let us know what worked well in the workshop and we could have done differently. We received thirteen completed evaluation forms from eight young people and five health workers. The collated responses are located in Appendix C.

Participants strongly agreed or agreed that they felt confident to encourage young people to tell their stories and to write up and reflect on this process; that they had developed new skills as a result of this training; and that they understand the ethical and confidentiality issues in conducting research with young people. Comments from the participants included, that they had developed new listening skills, that their confidence in talking on front of a group had increased, and that they had learnt how to talk to young people about BBV/STI.

When asked what they liked most about the training several people mentioned working together in a group, learning about BBV/STI and the field visit to Happy Valley. Areas that participants felt could have been done different include the workshop running for longer, healthier lunch options, more field visits, and the opportunity to interview real people.

Workshop outcome: Development of research materials

Over the course of the workshop, we developed materials that are fundamental to the progress of the project. The site research team will refine these materials in conjunction with the NCHECR research team. These materials are:

1. Inclusion and exclusion criteria for research participants. The workshop participants decided to expand the priority population group to include young people at risk of homeless.
2. A profile of where young people and/or homeless people gather or access services.
3. A map of Townsville indicating relevant sites for fieldwork.
4. A list of topics and questions for the individual and group interviews.

In addition, the workshop participants decided to produce a referral and resources information sheet for research participants.

Workshop outcome: Selection of peer worker researchers

A fundamental aim of the workshop was to identify two young people to take up PWR roles on the research team. The role of the PWR is to work along side the health workers to further develop the research, conduct the fieldwork and data collection, and participate in the analysis of data, dissemination of research findings and development of actions. There was a consensus among the site research team and the NCHECR researchers that the level of engagement and potential of the young people called for a change in our project design. We decided to take on four young people rather than the proposed two. Following

the workshop, we produced the following selection criteria to meet the needs of the project:

- Location – are they in a suburb with a concentration of potential field sites.
- Transport issues – if located far from TAIHS how will they attend meetings or field work.
- Cultural protocols – including gender and ethnicity.
- Networks and interests – are they connected to a particular network or group, e.g. sport or performance.
- Age – which age group are they connected to.
- Are they 'looking over the fence' or have they had personal experience of these issues.

The four young people offered a PWR role were interested and available, had connections to different groups and networks, and would meet different cultural protocols (male and female; Aboriginal and Torres Strait Islander). We discussed ways of keeping the four young people who were not offered a PWR role engaged in the project. For example, by keeping them informed on the project's progress.

Appendices

Appendix A. Workshop Attendees

Health Workers:

Wani Erick, Registered Nurse, TAIHS (*STI Resiliency Project Coordinator*)

Robert Scott, Sexual Health Worker, TAIHS (*STI Resiliency Project Research Assistant*)

Leah Prior, Volatile Substance Misuse Coordinator, TAIHS

Donella Dallachy, Sexual Health Worker, TAIHS

Kaye Thompson, Smoking Project Research Assistant, TAIHS

Rob Daylight, Youth Shelter Coordinator, TAIHS

Florence Henaway, Townsville Sexual Health Unit, Queensland Health

NCHECR Researchers:

Julie Mooney-Somers, PAR Coordinator, NCHECR

David Brockman, National Coordinator, NCHECR

Lisa Maher, Chief Investigator, NCHECR

Peer workers:

Shannah Smallwood

Florence (Jennifer) Mareko

Tat Mabo

Bradley Brown

Morris Bourne

Joyce Scope

Jamie Gadd

Nikita Namok

Appendix B. Peer Worker Researchers: Roles & responsibilities

Phase 1 – training. Peer worker researchers will participate in a 3 day workshop in Participatory Action Research (PAR) to be held from **4 to 6 February**. Participants will be paid a per diem of \$100 per day or a total of \$300. Payment will be made at the end of day and is contingent on attendance for the full day. Peer worker researchers need to complete the full 3 day course before they can join the research team as a researcher.

Phase 2 – field work and data collection. Peer worker researchers will undertake the equivalent of 2 days field work per week between **February and April** (20 days in total). Deliverables include: 20 field notes entries in diary; 15 individual interviews; personal reflections on research process recorded in field note diary. Peer worker researchers are also expected to attend regular research team meetings and participate in discussions about the research process.

Phase 3 – focus groups. Peer worker researchers will co-facilitate focus groups during 1 week in **May**. Expected time commitment is 5 days.

Phase 4 – analysis. Peer worker researchers will attend and contribute to a data analysis workshop. Location and time commitment yet to be finalised.

Peer workers will be reimbursed for research expenses of \$\$ per day, contingent upon attendance and satisfactory performance of these duties.

I agree to abide by these roles and responsibilities and to respect the dignity and confidentiality of participants.

Signature of peer worker researcher

Signature of witness

Please PRINT name

Please PRINT name

Date

Appendix C. Training Course Evaluation: Responses

Please answer the following questions by circling and/or providing comments where appropriate. All forms are anonymous and will be used only for evaluating the training.

1. The purpose of the project was adequately introduced and explained:

Strongly Agree	Agree	Disagree	Strongly Disagree
7	6	0	0

2. Did you find the training useful for conducting research which aims to strengthen young Indigenous people's ability to protect themselves against BBV/STI and their ability to get appropriate care and treatment? Yes/ No, please comment:

Yes, it was very useful and the information was relevant and well said towards the group
Yes. Talking and listening techniques were very useful. Now I'll take this information and apply it to every day life to help my Indigenous people struggling with resilience!
Yes.
Yes.
Yes. Very well planned workshop. The structure and content very easy to follow. Suitable for young people.
Yes.
Yes. It really brought myself and peers confidence in interviewing and making field notes.
Yes.
Yes. For me as an Indigenous bloke the workshop put more confidence in me to speak up and not be as shame as usual
Yes. Training was very useful and I agree it will strengthen and highly educate young indigenous kids to project themselves against BBV/STI
I thought it was a great experience also it will be great to get out in the community and talk more with youths about BBV/STIs on how they can be more protective about themselves
Yes. Because being myself at a young age and knowing about STI and BBV is good because what I have learnt from this project helps me explain to the next generation and young Indigenous youth.
Yes. Having young people explain STI and BBV issues to other young people and to educate them about services, can only be a good thing as it helps with a persons wellbeing

3. I am confident to encourage young people to tell their stories and to write up and reflect on this process:

Strongly Agree	Agree	Disagree	Strongly Disagree
6	7	0	0

4. I have developed new skills as a result of this training:

Strongly Agree	Agree	Disagree	Strongly Disagree
8	5	0	0

5. I understand the ethical and confidentiality issues in conducting research with young people:

Strongly Agree	Agree	Disagree	Strongly Disagree
10	1	0	0

6. What lessons have you learned from participating in this training:

How to support other people's opinions and support their confidentiality
Building rapport, trust and relationships applies not only in personal life but in the workplace too,
I learnt about STI & BBVs, and how to do research on it, I've also learnt how to do research around the community and a whole heap of other things.
Different ways of learning tools
Sometimes you get fixed ideas that young people don't care about their health and being at this workshop proves that some people really are interested in their health and the health of others.
Finding suitable questions for the purpose of the research
More confidence in speaking in front of a group and how serious it has become within the community
Understanding interviews
Learnt exactly what STI and BBV are as I had only little knowledge beforehand
Highly educated myself in this area of BBV/STI. As well as how to do research. More communication skills.
That the younger generation has got a lot of help through the community about BBV/STI
Learning about AIDS/HIV and other things that go to do with this project
To review the proposals of human research

7. What did you like most about the training:

Working together as a group and speaking about the issues in fun way. And visiting Happy Valley
Building an outgoing person, I found this workshop helped me fine tune how I approach and interact with all kinds of people
Interviewing: why because it is interesting to know about someone else rather than myself
Understandable, constructive, relaxation, non-judgemental
All good
Interactive training
The group activities and going down to Happy valley. I liked the fact we were allowed to meet part of their community.
Team work. Group discussions
Going out into Happy Valley. It was a great experience.
The group activities and the amount of info given
Meet others. Learning about BBV/STI
Learning how to talk to Indigenous youth about STI and BBV in a way that they feel comfortable. Also knowing about the aids that our youth are getting effected and knowing how to stop it preventing. And meeting people
Seeing young peoples confidence grow

8. What did you like least about the training:

Sitting in the room for so long, but it was alright because we were in the air-con.
Diabetic friendly foods – not available
Not thing at all it's just some of the big word that I get mixed up with everything else was great.
NA
NA
Food, too much sweets
We didn't have a lot of time to spend doing the things i.e. the tour of Happy Valley, looking at pictures of severe cases. But all and all it was pretty great. I'd love to have it last a week or so, because we could have had more field work like Happy Valley/done our interviewing with the public...
?
No offence but sitting and listening to the theory for a long time
Shorten the speeches... that's all ☺
It would have been good if it went longer to learn a lot more about BBV/STIs
Nothing. All the info and research was worth it. I thought I knew all about it but when you actually think about it, it's also useful
Filling out this form

9. What would you have done differently in the training course:

I would've went out to a local school and talked to young people about homelessness and did interviews with them
Everyone gave an introduction of themselves and THEIR STORIES on the first day of the workshop
I would of made the PowerPoint a bit shorter. (but that's just me)
Field work within the local communities. BBQ at Happy Valley
Maybe at the beginning ask everyone to write a couple of sentences about what they hope to get out of the workshop. Then go back to those comments in the last day and see if those expectations were met.
Bit more organised with transports so we could start on time
I don't think I would have done anything differently expect talked up and made a better impression when we first arrived
Getting younger personas more involved
Make the theory a bit shorter or expand the workshop so people don't get bored. When bored people lose interest.
Maybe the field trip could have been a bit more organised. I didn't think the place was that relevant because I only saw old people.
-
-
Not sure

10. Were the facilitators effective in leading the workshop sessions:

Strongly Agree	Agree	Disagree	Strongly Disagree
9	4	0	0

11. The length and duration of the training course was sufficient:

Strongly Agree	Agree	Disagree	Strongly Disagree
3	8	2	0

12. Do you have any other comments:

It might have been a bit better if we did actual interviews with some youths
Very informative, you find out things that are very relevant in everyday life. IT also helped me to analyse things in my life that need to change.
Not really
Very good for all participants especially the youth
Enjoyed the workshop and thank you to those involved in the preparation. Job well done ☺
Very well done by the facilitators and there were good group discussions
I'm glad I've met great leaders to learn off: Leah, Rob Daylight, Lisa, Wani, Rob Scott, David and Julie. I wish it had lasted longer. Everyone was great...
Nil
Yeah um DR DAVE is the bomb diggity. Julie is a little pack of dynamite and Lisa is wicked as. Great job.
All of you guys and gals from down south rock!! ☺ Nah, I really like/enjoyed the way the message and presentation was put together!!
I hope to get a job or traineeship out of this because I enjoy health
I would like to thank the researchers for their time to teach me about STI and BBV. I found it really interesting, I have learnt A LOT. Also like to thank them for having me.
The unscheduled sharing of personal stories was a great bonding experience