



# **Evaluation Report**

## **Freedom to Be (2012)**

*“Being myself, removing my mask. Conquering my fears. Knowing my dreams are achievable” (Young person, F2B 2012)*

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## Introducing Freedom To Be

The Children's HIV Association (CHIVA) ran its third support camp, Freedom to Be (F2B) for HIV-positive young people aged 13 – 17 in August 2012. This year's camp was funded by the Monument Trust, Simplyhealth and the Robert Keys Foundation (part of Elton John AIDS Foundation). Camp ran between the 7<sup>th</sup> and 11<sup>th</sup> of August at Margaret Macmillan House, which is an education and activity centre in Kent. 101 young people, of whom 57 were female and 44 were male, attended the camp.

As with previous years, the key aims of the 2012 camp can be summarised as follows:

- i) To facilitate the development of peer friendships and networks in order to address the high level of social isolation experienced by this group;
- ii) To supplement the participants' knowledge and understanding on how to live well with HIV;
- iii) To enhance the participants' confidence and self-esteem through outward-bound activities, decreased isolation and added knowledge; and
- iv) To facilitate the participants' access to a broader community of people living with HIV so as to provide them with knowledge, support, guidance and inspiration.

Places were allocated on the basis of clear criteria, the first being isolation (prioritising those who do not access peer support) and whether the applicant had attended camp previously. This information is provided in Tables I and II:

**Table I - Participants' previous attendance at Camp**

<b>Attendance</b>	<b>Number</b>
2010 camp	10
2011 camp	34
Never before	57

**Table II - Participant access to support services**

<b>Access to support services</b>	<b>Number</b>
Yes	27
No	65
Unknown	9

Table III below provides an overview of the ages of the participants at the time of attendance:

**Table III – Ages of participants**

<b>Age</b>	<b>Number</b>
13 years old	20
14 years old	26
15 years old	24
16 years old	15
17 years old	16

In addition to participants personally applying for attendance, referrals were received from a number of healthcare providers and support services throughout the country. Table IV provides an overview of the regional distribution of camp attendees.

**Table IV – Regional distribution of camp attendees**

<b>Region</b>	<b>Number</b>
East (England)	7
Northern Ireland	2
London and District (England)	23

Midlands (England)	26
North East (England)	4
North West (England)	12
Scotland	1
South East (England)	12
South West (England)	8
South (England)	6

The team running camp consisted of 6 CHIVA staff, 19 Key Workers (volunteers) and 9 Camp Leaders (volunteers aged 18-24). All Camp Leaders were HIV positive, as were 47% (n=9) of the key workers. Some of the Camp Leaders had attended camp as participants (n=6) and some of the Key Workers (n=4) had been Camp Leaders the previous year.

In order to achieve the camp's aims, HIV-focused workshops were held on the following topics: self-esteem, disclosure, medication, and general HIV awareness. These workshops were supplemented by a range of outward-bound activities as provided by the centre, e.g.: climbing, abseiling, and rope walking. After the success of theming the camp in 2011, this year's camp was themed 'Freedom To Speak'. This meant that all creative and arts-based activities focused on exploring living with HIV and how this can impinge on the participants' freedom to express themselves. These activities included: rap, singing, street dance, drama, filmmaking, journalism, a 'boxes workshop', and making masks. Complimentary therapies were also available for the young people to sign up for; these were Hopi ear candles, reiki and massage.

### **Evaluation methods**

Short evaluation forms were distributed after the camp's four HIV-related workshops on disclosure, self-esteem, medication, and general HIV awareness. Each workshop addressed one distinct aspect of living with HIV and was repeated six times across a day for different small groups of young people, meaning that all young people at camp attended these workshops. The evaluation forms were distributed at the end of each session, and were designed to assess:

- i) clarity and accessibility;
- ii) increases in knowledge;
- iii) recommendations for improvements; and
- iv) overall satisfaction.

Additionally, at the end of camp, a survey was completed by 96 of the 101 young people attending. Key workers and Camp Leaders ensured that the young people were given adequate time and a confidential environment in order to complete the survey. This survey, which contained both qualitative and quantitative elements, was designed to identify and assess participants':

- i) overall experience and assessment of the camp;
- ii) increase of knowledge in regards to HIV and/or related issues;
- iii) development of peer friendships and networks.

Six weeks after the end of camp 2012, the key workers were asked to complete an online survey designed to assess their views and opinions in regards to:

- i) venue;
- ii) activities;
- iii) workshops;
- iv) support they received; and
- v) changes introduced this year following last year's feedback.

## Chapter I - Workshops

After attending HIV-related workshops on the topics of “Self-esteem”, “Medicine”, “Disclosure” and “General HIV Awareness”, participants were asked to complete feedback forms. The following replies were received: Self-esteem (n=100); Medicine (n=87); Disclosure (n=91); General HIV Awareness (n=86). Additionally to these workshops, evening gender specific sexual health sessions were run in each house at some point during camp. CHIVA staff members ran these sessions directly with the young people, creating an environment of open discussion around issues relating to sex and sexual health. These sessions were not evaluated.

### ***Clarity and accessibility***

A large number of participants were able to identify the intent of the workshops. Some participants were able to identify deeper meanings and messages in some of the workshops.

*“Medication does not define who you are” (Young person)*

*“[It was] ...about how medication affects our lives and if we take it, nothing’s impossible” (Young person)*

There were a number of participants in all workshops that did not complete this question though this does not necessarily indicate a lack of understanding of the topic.

### ***Increase in knowledge***

The following number of participants indicated that they had learned one or more new things during the course of the workshops: General HIV awareness 71% (n=61); medicine 76% (n=66); disclosure 69% (n=63); and self-esteem 91 (n=91); indicating that most of the participants gained some HIV-related knowledge during the workshops. Though a percentage of the respondents did not answer this question it cannot be assumed that these participants did not learn anything during the course of the workshops. In fact, it is only a small number of young people that specifically claimed to not have learnt anything: General HIV awareness (n=2); medicine (n=6); disclosure (n=2) and self-esteem (n=1).

Thematic analysis of the responses from the HIV awareness workshop revealed that the participants had gained knowledge on the subjects of i) rights and responsibilities associated with being HIV positive; ii) facts about transmission and medication; and iii) HIV and employment. Additionally, a few participants indicated their learning had been around basic facts about HIV such as what it means and what it

stands for.

With regards to the medication workshops, the majority of respondents claimed to have learned something about the importance of medication: some of the participants identified the necessity of adherence (*“Medicine’s important”*) though many of the participants seemed to indicate a more positive attitude towards it (*“Meds are good”*). Further themes that emerged were to do with young people learning that “meds are a small part of life” with a significant number (n=22) having learnt that a future is open to them with the help of medication:

“I can still have my hopes and dreams with HIV” (Young person)

“Anything is possible living with HIV” (Young person)

“Medication = life” (Young person)

“...Taking meds leads to a good life” (Young person)

In the Disclosure workshop, thematic analysis showed that participants had learnt about: i) disclosure issues ii) general HIV facts, and iii) deeper meanings. Responses on the theme of disclosure indicate that for some participants, simply hearing about other people’s experiences and approaches to situations regarding disclosure had been helpful to them. Some participants indicated that they had learned they might need to “open up more” and that “speaking to others is good.” Knowledge gained on general HIV facts related to legislation regarding HIV disclosure as well as facts on childbirth and transmission. In terms of deeper meanings, the responses indicate that this workshop may have helped some participants to improve confidence and self-acceptance:

“It’s OK to be me.” (Young person)

Self-acceptance was also a prominent area of learning identified by the young people following the self-esteem workshop with some participants having learnt “it’s good to cry” and to “be myself”. Alongside this theme were issues around disclosure with some participants claiming to have learned of the importance of opening up more to people. This desire for openness seemed strongly linked to another key theme that emerged: that of belonging. Many of the participants cited a sense of not being alone, of being understood and supported by others who are in the same situation as a key lesson from the workshop.

*“People have felt how I have felt.” (Young person)*

*“It’s shown me that we all go through a lot” (Young person)*

The fact that this sense of community was emphasised and made apparent indicates that this workshop was of value in addressing the high level of social isolation experienced by this group. The following quote illustrates one of the deeper and more personal lessons which some participants claimed to have gained from the workshops:

*“I learned to think ahead of the future because I am worthy to achieve anything I want in life.” (Young person)*

This quote can also be taken to illustrate how the knowledge and understanding gained in these workshops can impact the self-esteem of this particular group.

### **Overall satisfaction**

Participants were asked the extent to which they had wanted to attend the workshop and they were also queried as to whether they were glad that they had done so once it was finished. Their responses are outlined in Table III below.

**Table V - Responses to the questions: “Did you want to come to this Workshop?” and “Are you glad you came?”**

	Before			Total	After			Total
	Yes	Not sure	No		Yes	Not sure	No	
<b>Self-esteem</b>	45 % (44)	43 % (43)	12 % (12)	100% (99)	91 % (90)	6 % (6)	3 % (3)	100% (99)
<b>Medicine</b>	36 % (31)	44 % (38)	20 % (17)	100% (86)	81 % (70)	18 % (16)	1 % (1)	100% (87)
<b>Disclosure</b>	38 % (35)	41 % (37)	21% (19)	100% (91)	79 % (72)	17 % (15)	4 % (4)	100% (91)
<b>Awareness</b>	38 % (33)	42 % (36)	20 % (17)	100% (86)	81 % (70)	14% (12)	5 % (4)	100% (86)

Prior to the workshops, more than half of the attendees had been unsure whether they had wanted to attend or not. However, having attended, nearly 80% of all participants for each workshop stated they were pleased to have done so. This proportion is noticeable higher in the case of the self-esteem workshop in which 91% of the participants were glad to have attended. It is also important to note that this workshop was developed and run by a Camp Leader who had previously been a camp attendee, suggesting that workshops delivered by peers can have a greater impact.

For each workshop, a small number of participants claimed to regret attendance (1 person in the medicine workshop, 3 in self-esteem and 4 people in the disclosure and

HIV awareness workshops). In addition to these responses, participants were also asked to indicate their overall feeling about the workshops as either “happy”, “neutral” or “sad”. The responses are outlined in Table VI below.

**Table VI - Reactions to various workshops**

	<b>Happy</b>	<b>Neutral</b>	<b>Sad</b>	<b>Total</b>
<b>Self-esteem</b>	82% (75)	10% (9)	8% (7)	100% (91)
<b>Medicine</b>	82% (60)	15% (11)	3% (2)	100% (73)
<b>Disclosure</b>	91% (71)	6% (5)	3% (2)	100% (78)
<b>Awareness</b>	78% (59)	19% (14)	3% (2)	100% (75)

Table VI shows that all the workshops were well received with over three-quarters of the participants rating them as a positive experience. The disclosure workshop received the highest satisfaction percentage, with 91% of the attendees expressing happiness about the workshop. 7 participants of the self-esteem workshop indicated their feeling about the workshop as “sad.”

These figures indicate that the majority of attendees were positive about having attended the workshops. As with last year’s figures, some inconsistencies can be found in relation to certain workshops, and this year it is the case for the self-esteem workshop. As posited in the 2011 evaluation report, this could be explained by the difficulty of the issues addressed during the course of the workshop or that their feeling of “sad” reflected their emotional feelings at the end of the workshop, as this was a highly emotional workshop, rather than their feelings about attending the workshop.

***Room for improvement***

For each workshop the participants were asked to specify something they disliked or would change about the workshop. Only a small number of participants suggested improvements or identified specific things they disliked about the medicine (n=6) and HIV awareness (n=6) workshops. The common theme from the comments about the awareness workshop was in regards to the level of interactivity in the session suggesting changes such as “more activities” and “play more games.” The few comments from the medicine workshop were around the group discussion with some participants identifying the more public aspects of the workshop such as young people presenting, as something they would change for next time. The responses for the

disclosure workshop were overwhelmingly positive with no significant themes for improvement suggested.

In contrast to the other three workshops, there was a large response to this part of the questionnaire for the self-esteem workshop. The main theme of these was around the depth of emotion that was evoked by the workshop with comments such as “it was too emotional” and suggested improvements such as: “not so sad.” In addition there were also several negative references to the use of “emotional” music in the workshop.

## Chapter II - Camp general

The following section outlines the results of the survey that was distributed at the end of camp 2012, which was completed by 96 of the attendees (although not all completed every question). Where appropriate, comparisons are made with the 2011 camp evaluation report.

### **Overall experience and assessment**

As an indicator of the overall experience of camp, the young people were asked to identify what being at camp had meant to them. All of the 88 responses (92%) to this question were extremely positive. Thematic analysis identified three main themes all of which link to the specified aims of the camp. A sense of belonging and not feeling alone was most commonly referred to (n=25). Attendees referred to an increased freedom to express themselves and “be me” indicating an improved confidence and self-esteem (n=23). 21 participants identified meeting others with HIV and making friends as the most meaningful part of their experience. In addition to these three themes, 11 participants identified increased knowledge about HIV as being the most important aspect of camp whilst others referenced fun (n=5) and increased confidence (n=6). There were a further 10 participants who commented simply that the camp had meant “a lot,” with 2 others stating it had meant “the world”.

The questionnaire also gave the participants the opportunity to provide overall feedback about camp to which there were 33 responses. Themes emerging were on the quality of the experience of camp as being either ‘amazing’, ‘the best’ or simply having ‘loved it’ (n=18) with several participants expressing a desire to re-attend (n=6). Some of the responses (n=6) were suggested improvements to the camp which will be discussed later.

*“F2B has opened a lot of experiences and assisted me with the condition I have, ...learning new things.... it is great to know people and share our opinions about HIV and how we can live a normal life.” (Young person)*

*“It has been one of the best times in my life” (Young person)*

*“I finally belonged” (Young person)*

*“Being myself, removing my mask. Conquering my fears. Knowing my dreams are achievable” (Young person)*

Further survey questions asked the young people to identify 3 things they liked most about the camp. Thematic analysis revealed that social elements such as meeting new people and making friends were identified 59 times, making them the most popular aspect of the camp. This indicates how important it is for these young people to feel part

of the wider community of people living with HIV in order to reduce isolation. There were also many mentions of the outdoor and creative activities (n=38) and the workshops (n=31). Given that one of the recommendations from the 2011 camp evaluation was to employ more engaging and stimulating approaches to the workshops to maximise learning potential, the popularity of the workshops this year indicates this has been successful and appreciated by participants. Other popular aspects of the camp were the entertainment including the talent show and party (n=26); the logistics including the accommodation, food, free time<sup>1</sup> (n=24); and the Key Workers and Camp Leaders (n=12).

Participants were subsequently asked to list three things they liked least about the camp. The thematic analysis of the 80 responses to this question indicated that the food (provided by the centre) was the least popular element (n=51). Complaints about the accommodation were also mentioned in significant numbers (n=43) specifically with regards to the showers, the rooms (with particular mention of the fact that some had no doors), the beds and the lack of charger sockets in the rooms. The aspects of camp planning that were mentioned with most frequency were mainly to do with timetabling, specifically bedtimes and wake up times being too early (n=21). Other timing complaints related to the amount of free time (n=4), the length of meetings (n=2) and 8 participants identified the length of camp as being 'too short'. Other aspects of camp planning that were identified were to do with age ranges, specifically the grouping of ages in activities and rooms (n=5).

The young people were also asked to suggest improvements for future support camps for which there were 80 responses. The most common theme was a desire for the duration of camp to be extended (n=18). Though this is suggested as an improvement, it would indicate that these participants have found the camp to be a positive experience. Other comments addressed the variety of activities (n=15) with specific requests for opportunities for outdoor activities as well as more equipment and games to be available during free time. The suitability of the accommodation and/or venue in general (n=13) and the quality of the food (n=11) were also brought into question.

Despite these suggestions, the overall feedback for camp 2012 has been very positive.

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<sup>1</sup> This was incorporated into the programme in response to the 2010 evaluation of the camp where attendees requested more 'down time'.

### ***Increase of knowledge of HIV and surrounding issues***

*“Even people with HIV can have children and still have a normal life” (Young person)*

Each of the participants were asked to identify any newly gained knowledge in regards to HIV following the camp. A total of 81 responses (84%) were received describing one or more things learned while attending camp. Analysis of the themes revealed the following categories: HIV general awareness (n=41), medication (n=11), disclosure (n=11) and Self-esteem (n=6). These topics relate directly to the subjects covered in the workshops, which evidences the importance of the workshops in enhancing and supporting HIV-related knowledge for these young people. Examples of specific knowledge gained can be seen by the following quotes:

*“I have learned that very few jobs cannot be done by people with HIV.” (Young person)*

*“You can be whatever you want to be if you keep taking the pills and not missing any.”  
(Young person)*

*“That an HIV+ woman that takes medicine regularly is very unlikely to have a child that is HIV+” (Young person)*

However, a proportion of the responses relate to an increase in basic HIV knowledge such as “how you get HIV” and “how you pass it on by sex.” This corroborates the findings from the workshop evaluations that a small but significant number of participants came to camp with poor prior knowledge about HIV. Similarly, the camp 2011 evaluation reported similar findings in terms of a lack of basic knowledge by some young people prior to the workshops. This indicates that these workshops and camp in general continue to be important in increasing the participants’ fundamental knowledge and understanding of HIV. In addition, with 44 young people having come to camp before, it also highlights the need to repeat information to this particular group, and that the information and knowledge they retain may vary and need reiterating as they develop and different aspects of living with HIV become more relevant to their stage of life.

Some respondents identified a deeper level of learning to have come out of camp that has impacted on their overall outlook on their life and their future. This is illustrated by the following quotes:

*“I have learned that it is not the end.” (Young person)*

*“I have learned that it is OK to be sad about HIV but it is good to move on with life.”  
(Young person)*

In addition to HIV-related knowledge, the respondents were asked to identify something they had learned about themselves whilst at camp. This particular question received 89 responses (93%) with 24 young people noting aspects of self-acceptance as the main personal learning from having attended camp as can be seen by these quotes:

*“I’m a person not a virus.” (Young person)*

*“That HIV is a part of me but doesn’t control or define me.” (Young person)*

For some young people, the learning they identified was around improved interpersonal skills (n=11) that they have gained from camp.

*“I have learned to express myself even more to other people.” (Young person)*

*“I am shy around new faces but I opened up when the week ended.” (Young person)*

That camp provides these opportunities for developing friendships and peer networks which contribute towards reducing isolation in this group. This is supported by a further 11 young people’s responses that an increased sense of belonging was central to their personal learning on camp.

*“I learned that I am not alone.” (Young person)*

Some young people identified an increased confidence in themselves and their capabilities (n=16) as a result of camp, which would in turn equip them to better deal with HIV-related stigma in their lives. The following quote illustrates this:

*“I learned that I can conquer my fears and though I may feel alone, I am not.”  
(Young person)*

*“I am stronger than I think I am.” (Young person)*

### ***Development of Peer Friendships and Networks***

A key aim of camp is to address the high levels of social isolation faced by this group through facilitating the development of peer friendships and networks, which can be maintained after a camp. As an initial indicator, the young people were asked how they spent their time whilst at camp, the results of which can be seen in table VII:

**Table VII – Time spent on camp**

<b>(Missing = 12)</b>	<b>Number</b>	<b>Percent</b>
<b>Making new friends</b>	75	89%
<b>Hanging around with people I already knew</b>	8	10%
<b>With my key worker or other adults</b>	1	1%
<b>By myself</b>	0	0%

Participants were then asked whether they planned to keep in touch with people they had met at camp 2012, which resulted in 95% (n=90) affirmative responses, with 4% (n=4) stating to be unsure. Only 1 young person (1%) said they did not intend to be in contact with other young people met at the camp. These findings are consistent with the results presented in the previous section and further reinforce the fact that the opportunity to meet people and make new friends is of central importance. In order to gauge the importance the participants attach to being around other young people with HIV, they were asked to comment in the survey as follows:

**Table VIII – Importance of being around other Young People with HIV**

<b>(Missing = 3)</b>	<b>Number</b>	<b>Percent</b>
<b>Very important</b>	78	84%
<b>Sort of important</b>	10	11%
<b>Not sure</b>	2	2%
<b>Not really important</b>	3	3%
<b>Not important</b>	0	0%

As shown in table VIII, 95% of the respondents confirmed the importance they attach to being around other young people living with HIV. These particular figures indicate this camp's success in targeting some of the most socially isolated individuals.

Another way in which the camp aimed to reduced the social isolation

experienced by this group was through exposing the participants to a broader community of people living with HIV. As part of the survey, the young people were asked about the importance they adhere to being around adults living with HIV. The results are outlined in Table IX below:

**Table IX – Importance of being around adults with HIV**

<b>(Missing = 3)</b>	<b>Number</b>	<b>Percent</b>
<b>Very important</b>	55	59%
<b>Sort of important</b>	18	19%
<b>Not sure</b>	13	14%
<b>Not really important</b>	7	8%
<b>Not important</b>	0	0%

The results are less categorical than those relating to other young people though still indicate over three quarters of the respondents felt it to be important to be around adults with HIV.

### Chapter III – Volunteer feedback

Six weeks after the end of camp 2012, the volunteers were asked to complete an online survey, of which 9 responses were received. The volunteers were asked to rate on a scale of “very poor” to “excellent” a variety of aspects of camp 2012. These were: i) the venue; ii) activities; iii) workshops; and iv) support and information received. The volunteers were also asked to respond to proposed changes for next year and suggest other improvements. The responses provided the following information:

#### **Venue**

Respondents were asked to rate four aspects of the venue, as outlined in Table X below:

**Table X – Rating of the venue**

	<b>Very poor</b>	<b>Poor</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Suitability of accommodation</b>	0% (0)	33%(3)	33%(3)	33% (3)	0% (0)
<b>Suitability of facilities</b>	0% (0)	0% (0)	22% (2)	44% (4)	33%(3)
<b>Involvement/interaction with centre staff</b>	0% (0)	0% (0)	11% (1)	56% (5)	33% (3)
<b>Food and refreshments</b>	0% (0)	22% (2)	33% (3)	33% (3)	11% (1)

The involvement and interaction with centre staff was shown to be this camp’s most valued venue-related aspect with 89% of the respondents rating it as either “good” or “excellent.” The majority of the respondents (78%) also rated the suitability of the facilities as either “good” or “excellent”. Respondents also felt that the outdoor space and activities were very good as were the lounge areas for the young people.

However, the accommodation received lower ratings with the responses averaging around the satisfactory mark. Particularly mention was made of the size of the rooms and that the accommodation for the older boys was not suitable due to having no common room. Mention was also made of the insufficient number of showers and toilets for the number of young people. In regards to the food, there were mixed opinions with 55.5% rating the food as “satisfactory” or “poor.”

## **Activities**

The majority of volunteers that responded rated the outward-bound activities provided by the centre as “satisfactory” (44%), with 33% rating them as “good” and 22% rating them as “excellent”. The volunteers were asked to rate the evening entertainment, the responses to which mainly “good” (44%) or “excellent” (33%). However, further comments on the evening activities revealed views that the evening entertainment was too repetitive, and that it didn’t take into account the broader tastes of the young people or give an opportunity to celebrate the diversity of the young peoples’ cultures.

In regards to the activities provided as part of the creative day, 100% of the respondents rated the singing and drama activities as either “good” or “excellent” and at least 72% of the respondents rated the dance, rap and journalism activities as “good” or “excellent”. However, the rap and journalism workshops each had one respondent rate them as “poor.” These ratings and comments suggest that though there is great support for initiatives run by the camp leaders, there may still be a need for additional training in session planning and preparation. A shortening of the length of the sessions was also suggested to maintain the engagement of the young people.

## **Workshops**

All of the volunteers rated the HIV awareness workshop as either “good” or “excellent”, with all other workshops receiving a “good” or “excellent” rating from over 67% of the respondents. The art workshops (masks and boxes) received one “satisfactory” rating and the medicine workshop received two. However, the self-esteem workshop received one “satisfactory” and one “poor” rating.

Further comments from respondents to the survey revealed a general concern around the self-esteem workshop in terms of the strength of emotional responses it was evoking in the young people. It was suggested by several respondents that better systems need to be in place to adequately support the young people after a workshop such as this and potentially after camp as well.

## **Support and information**

In the survey, the volunteers were asked to rate the support they had received both before and during the camp, the results of which are listed in Table IX below:

**Table XI – Ratings of the support they received**

	<b>Very poor</b>	<b>Poor</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
<b>Before</b>	0% (0)	0% (0)	22% (2)	0% (0)	78% (7)

<b>camp</b>					
<b>During camp</b>	0% (0)	0% (0)	0% (0)	22% (2)	78% (7)

The above ratings indicate that volunteers had generally received high levels of support with 100% of volunteers rating the support during camp as “good” or “excellent.”

### ***Logistical and organisational arrangements***

The volunteers were asked to rate the organisational aspects of camp. The house meetings and house-leader role were rated as “excellent” by 44%, as “satisfactory” by 33% and “poor” by 22%. The management of medication and supporting adherence at camp was rated as “good” or “excellent” by 100% of those who completed the survey.

The approach from CHIVA to managing behaviour at camp was rated by 77% as “good” or “excellent” with one respondent rating it “satisfactory” and another rating it “poor.” The structure of key workers and team leaders was considered “excellent” or “good” by 88% of the respondents with one person rating it “satisfactory.” The information provided about the camp programme and logistics was considered “good” or “excellent” by 88% of respondent’s though one person rated it “poor.” In terms of the overall organisation and logistical arrangements of camp 2012 77% considered it to be “excellent,” with one person rating it “good” and one other rating it “poor.”

The volunteers were also asked their thoughts on a proposed additional feedback form to be filled in by the Key Worker and young person together at the end of camp 2013 as a way of keeping the referring professional and parent or carer informed after camp. The responses to this were all positive on the proviso that adequate time is allocated for its completion with each young person.

### ***Additional comments***

In the survey respondents were given the opportunity to suggest possible further improvements to the volunteering experience. Three replies were received which included general supportive comments to the CHIVA staff and the running of camp itself. These quotes are examples of this support:

*“I think you guys do an utterly amazing job and just how you pull this logistical nightmare of an operation together so brilliantly is beyond me.”*

*“I had another fantastic and challenging year.”*

## **Chapter IV – Conclusion and recommendations**

This evaluation confirms that camp 2012 has been successful in its core aims of increasing the participants' knowledge and understanding of how to live well with HIV. This learning has ranged from basic facts of living with HIV through to the personal development involved in coming to terms with the more complex issues surrounding HIV. The workshops have been central to this learning and self-esteem continues to be essential to meeting this aim. However, in order to maximize the learning potential of these workshops year-on-year for all participants, the evidence suggests that future camps would benefit from fresh approaches and angles being implemented to cover these topics so as to engage participants whether they are new to camp or have attended previously.

**Recommendation 1:** In regards to the workshops, wherever possible, finding new ways to present the same core themes.

Another key aim of the support camp is to provide knowledge, support, guidance and inspiration through access to other people living with HIV and it is clear that this aim is already being met through camp. Similarly, the evidence suggests that workshops and activities that are run by peers (for example, past camp attendees) have a greater impact on the young people so the following recommendation aims to build on this:

**Recommendation 2:** Increase opportunities for camp leaders to facilitate learning where possible, with the necessary structures in place to support appropriate planning and delivery.

On a more practical note, there was significant criticism levied at the food and the accommodation from young people and some of the volunteers, which needs to be taken into consideration when planning next year's camp.

**Recommendation 3:** Giving due consideration to the quality of food and accommodation as provided by the venue.

A final recommendation is with regards to a new aspect to camp that was

introduced this year: the informal sexual health sessions. In order to assess the impact of these sessions on the young people's learning and development a formal evaluation could be incorporated into the evaluation tools that are pre-existing.

**Recommendation 4:** Evaluate sexual health sessions as part of the end of camp survey.

Despite these recommendations, the evaluations have shown the camp to be overall an extremely positive experience for the young people enabling them to form peer relationships, increase their knowledge and understanding in the context of a broader community of people living with HIV. There is evidence that through these opportunities provided at the camp an increase in confidence and self-esteem has resulted helping them see a future that is not limited by their HIV status.