



Evaluation Report
Freedom to Be
July-August 2013

I learnt how to talk to people and I felt free

Young Person, Camp 2013

Kate Fox

Table Of Contents

Introducing F2B	3
Evaluation methods	6
Chapter I – Workshops	8
Chapter II - Camp general	13
Chapter III – Volunteer and camp leader feedback	18
Chapter IV – Conclusion and recommendations	28

Introducing Freedom To Be

The Children's HIV Association (CHIVA) ran its fourth support camp, Freedom to Be (F2B) for HIV positive 13-17 year olds from across the UK and Ireland in summer 2013. This camp was funded by the Monument Trust, Robert Keys Foundation (part of Elton John AIDS Foundation), Children in Need and ViiV. Camp ran from 29th July – 3rd August, and for the second year, Margaret Macmillan House – an education and activity centre in Kent – was used. In total, 97 young people attended camp, 50 of whom were female and 47 male.

As with previous years, the key aims of the 2013 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 of how to live well with HIV;
- iii) To enhance the participants' confidence and self-esteem through outward-bound activities, decreased isolation and increased 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 a clear criteria, the first being isolation (prioritising those who do not access regular peer support) and then whether the applicant had attended a camp previously. Table I offers a breakdown of allocations over the last four years.

Table I – Participants breakdown relating to the selection criteria

	2010	2011	2012	2013
Attended camp before	0	51	44	58
New to camp	79	46	57	39
Do not attend a support service	35	52	65	54
<i>Total</i>	<i>79</i>	<i>97</i>	<i>101</i>	<i>97</i>

It is important to note that each year, a number of young people are offered a place at camp, but decide to not take this up. For example, in 2013, 164 applied for a place at camp. 104 places were initially offered places, with 49 not taking these up, (through hearsay, the main reason given for this was due to anxiety about attending). The original list was then revisited to fill all places. Of the 49 that did not take up their place, 44 do not access any other support.

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

Table II – Ages of participants

Age	Number
13 years old	14
14 years old	15
15 years old	28
16 years old	25
17 years old	15

Online referrals were available from March – May 2013 on both the CHIVA public website and via the secure website CHIVA runs for HIV positive young people. Referrals were received from a number of healthcare providers and support services throughout the country as well as self-referrals from young people and a small number of referrals made by parents. Table III provides an overview of the regional distribution of camp attendees.

Table III – Regional distribution of camp attendees

Region	Central	East	Ireland	London and District	Midlands	North East	North West	South East	South West	Wales
Number	2	2	1	21	10	7	17	17	10	2

The team running camp consisted of 6 CHIVA staff, 23 Key Workers (volunteers) and 15 Camp Leaders (volunteers aged 18-24). All Camp Leaders were HIV positive and all had previously attended camp as a participant. Of the 23 Key Workers, 52% (n=12) were HIV positive; 26% (n=6) had previously been Camp Leaders and 4% (n=1) had also previously been a participant at camp. The other 18% were made up of professionals from various fields (sexual health doctor, three paediatric nurses, social worker etc).

In order to achieve the camp's aims, HIV-focused workshops were held on the following topics: self-esteem/medicine; disclosure; rights and general HIV awareness. These workshops were supplemented by a range of outward-bound activities provided by the centre such as climbing, abseiling, and rope walking. This year's camp was themed by the CHIVA Youth Committee as: 'Facing HIV together.' This was due to the recent untimely death of a previous committee member, although this was not stressed at camp. The theme meant that all creative and arts-based activities focused on exploring living with HIV and coming together as a critical mass at camp. These activities included: rap, performance poetry, singing, dance, drama, filmmaking, producing a magazine, and a mask making workshop, which was followed by a masked ball on the final night, run by the CHIVA Youth Committee. Complementary therapies of Hopi ear candles and massage were also available for participants to sign up to.

Part of the ethos of Freedom To Be is about ownership of camp, and in year four, this can be seen through the following:

- Uptake of the Camp Leader programme (over 30 young people applied in 2013)
- HIV positive young adults becoming key workers
- Ex-participants as young adults returning to run activities – co-facilitating self-esteem/medicine workshop and disclosure workshop and running rap, performance poetry, singing and dance workshops.

Evaluation methods

Short evaluation forms were distributed after each of the camp's four HIV-related workshops on disclosure, self-esteem/medicine, rights, and 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 of the workshop;
- ii) Increases in knowledge resulting from the workshop;
- iii) Recommendations for improvements to the workshop; and
- iv) Overall satisfaction with the workshop.

At the end of camp, a survey was completed by 95 of the 97 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) Increased knowledge with 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 and camp leaders were asked to complete an online survey designed to assess their views and opinions with regards to:

- i) Venue;
- ii) Activities;
- iii) Workshops;
- iv) Support they received; and
- v) Changes introduced this year following last year's feedback.

The evaluation for camp 2012 recommended that the evening gender-specific sexual health sessions also be evaluated. A simple evaluation was drawn up, but due to miscommunication and having no specific person to take the lead on this, only some sessions conducted an evaluation.

Chapter I – Workshops

Four mandatory rolling workshops were run at the camp, with six of the same workshops running over a day so that every participant had the opportunity to attend. The workshops were 'Know your rights', focusing on the rights of people living with HIV; 'Me, my health and why', exploring self-esteem, managing health and adherence; 'Let's Talk', which looked at talking to others about HIV; and 'Knowledge is power', which covered general HIV knowledge but also current issues.

The following totals of evaluations were received for each workshop: 'Know your rights' n=95; 'Me, my health and why' n=95; 'Let's Talk' n=84 and 'Knowledge is power' n=86. Please note, that when analysing this data those answers that were illegible were registered as a 'no-comment.'

Clarity and accessibility

The evaluations asked participants to comment on the clarity and accessibility of each workshop, and what they thought the workshop was about. In general, a large proportion of those attending were clear what the intent of the workshop was, although this did vary between workshops. The main variant was primarily due to the nature of the workshop. For example, the workshop on rights was clearly about providing information on the legal rights of people living with HIV, whereas 'Me, my health and why' aimed to explore what the issues might be around self-esteem and adherence, and so was less obvious in its motives.

The vast majority (91%, n=86) of those attending 'Know Your Rights' who responded to this question stated that the workshop was about rights:

Rights for people living with HIV or The rights an HIV person has.

Those who did not specifically state rights, either said 'It was good' or mentioned HIV.

With 'Me, my health and why', as highlighted above, it was less clear to participants what the workshop was about, as this was a therapeutic-based workshop. 92% (n=87) answered the question on clarity and accessibility and participants' responses

concentrated on the general themes of the workshop:

It was about what matters to you.

Looking at HIV in a positive way.

A number referred to 'changing what we think about HIV,' which was the main focus of the activities.

In 'Let's Talk', 85% (n=71) of those who completed the evaluation answered the question about clarity and accessibility. Overall, they referred to talking to others and HIV:

Telling people about my status.

It answered a lot of good questions and it's about HIV.

Finally, for 'Knowledge is power', 76% (n=65) commented on clarity and accessibility and all apart from a couple of answers referred to HIV, therapy and specifics around this:

Facts about HIV and stuff and more specifically Treatment and meds.

A large number of participants were able to identify the intention of the workshops with some finding deeper meanings. There were a number of participants in all workshops that did not complete this question but this does not necessarily indicate a lack of understanding of the topic.

From the evaluations it is clear that all the workshops remained clearly in their topic areas and on completion the young people were aware of the focus of what they had just participated in.

Increase in knowledge

The following number of participants indicated that they had learned one or more new things during the course of the workshops: 'Know your rights' 85% (n=81); 'Me, my

health and why' 73% (n=69); 'Let's Talk' 69% (n=58), 'Knowledge is power' 76% (n=65).

In 'Know your rights' it was very apparent from the evaluations that the participants' learning was based around their rights, with many specifying employment as a key learning area:

That there are many jobs you can do even if you have HIV

and their right to confidentiality over their HIV status:

You don't really have to tell people about your HIV status. It's your choice.

In 'Me, my health and why', many participants referred to learning how to make HIV a positive aspect of their lives:

How HIV 'effects' yourself and things around you.

HIV is part of my life.

I have a relationship with HIV.

The most common thing participants stated they had learned in the 'Let's Talk' workshop, which focused around a number of themes, was around the law and criminal prosecution:

You cannot be prosecuted if you've had sexual contact with someone and [they] are found negative.

Learning about sex was mentioned by many – 'HIV sexual stuff' – and a few people commented on something personal – 'I'm lovely!'

The workshop 'Knowledge is Power' looked at a great deal of different information about HIV and this is reflected in the answers provided by the evaluation, where multiple topics are mentioned from facts about HIV, to Post Exposure Prophylaxis (PEP) and caesareans. A number of comments are summed up by the participant response:

I learnt a lot, I don't know what to write.

Room for improvement

For each workshop the participants were asked to specify something they disliked or would change about the workshop. In 'Know your rights', 26% (n=25) of participants responded with a comment that was not 'nothing' in the multiple choice list. Generally these were asking that the workshop be 'more fun', which reflects the challenge of making this substantial and complex topic teen-friendly whilst not losing the detail.

With 'Me, my health and why', 17% (n=16) of participants responded with suggestions to improve the workshop. Of these, the majority were to either lengthen or shorten times for aspects of the workshop. One person said they didn't like 'feelings,' but other than that the comments referred to practicalities.

In 'Let's Talk', 11% (n=9) of participants suggested changes. These varied from the workshop being too long to not long enough. One person said, 'It was too personal. I didn't like to tell people my personal things about me.' This is a reflective workshop that explored an issue that many HIV positive young people find very difficult, and this was one comment out of 84.

For 'Knowledge is Power', 12% (n=10) young people responded of which a couple suggested 'less talking' and the rest referred to better prizes and not enough sweets.

Overall satisfaction with the workshop

The evaluation asked participants to comment on whether they had wanted to come to the workshop in the first place and whether they were pleased they had attended at the end. Table IV shows the findings from these questions across all workshops.

Table IV

	<i>Before</i>				<i>After</i>			
	Yes	Not sure	No	Total	Yes	Not sure	No	Total
Know your rights	39% (n=37)	38% (n=36)	22% (n=21)	100% (n=94)	74% (n=67)	17% (n=15)	9% (n=8)	100% (n=90)
Me, my health...	44% (n=42)	29% (n=27)	27% (n=25)	100% (n=94)	77% (n=72)	17% (n=16)	6% (n=6)	100% (n=94)
Let's talk	42% (n=36)	39% (n=31)	20% (n=17)	100% (n=84)	81% (n=64)	18% (n=14)	1% (n=1)	100% (n=79)
Knowledge...	40% (n=34)	36% (n=31)	24% (n=21)	100% (n=86)	72% (n=62)	21% (n=18)	7% (n=6)	100% (n=86)

The final question on the evaluation asked participants to circle a face to say how they felt about the workshop after attending it, with the results shown in Table V.

Table V

	Happy	Neutral	Sad	Total
Knowing your rights	72% (n=62)	22% (n=19)	6% (n=5)	100% (86)
Me, my health and why	76% (n=65)	19% (n=16)	5% (n=4)	100% (85)
Let's talk	82% (n=65)	15% (n=12)	3% (n=2)	100% (79)
Knowledge is power	77% (n=62)	19% (n=15)	4% (n=4)	100% (81)

From Tables IV and V, it is apparent that the majority of young people who were initially reluctant to attend had changed their mind following attendance of the workshops, with a high percentage of participants stating that they were happy to have participated.

Chapter II - Camp general

The following section outlines the results of the questionnaire that was distributed at the end of camp 2013, which was completed by 95 of the attendees (although not every attendee completed every question).

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. The 86 responses (91%) to this question were extremely positive. Thematic analysis identified **four main themes** all of which link to the specified aims of the camp, with many answers covering more than one theme.

A **sense of belonging and not feeling alone** was most commonly referred to (30%, n=26) which was also the case in 2012, and there were multiple references to camp being 'family':

Being part of a family that are in your shoes.

17% (n=15) of attendees referred to an increased **freedom to express themselves** (*'I feel free and able to be myself'*), indicating improved confidence and self-esteem and a third highlighted 'learning' as helping them to express themselves. 24 participants (28%) identified **meeting others with HIV and making friends** as the most meaningful part of their experience. One participant stated that camp meant *'Being someone's friend.'* The final main theme was that **camp meant 'everything'** or *'the world'*, which 17 participants (20%) highlighted.

That I have got to meet new people I can be honest with and talk about HIV with.

Making friends for life who know who you really are.

The world to me. Gave me a chance to take a break from the outside world and really connect with my inner emotions.

A lot. It's awesome to accept my status.

In addition to these themes, 3 participants (3%) wrote about knowing themselves and others better; that camp meant fun (5%, n=4); that it feels like *'home'* (2%, n=2) and 3 participants (3%) mentioned it was a break from their lives. One participant said camp was, *'A journey of new things.'* The positive responses to the question of what camp

meant to participants, indicate that F2B was a highly constructive experience for attendees.

What you liked least

Participants were subsequently asked to list three things they 'least liked' about the camp. The thematic analysis of the 83 responses to this question indicated that the food (provided by the centre) was the least popular element (as has been the case every year). This year 54% (n=45) of respondents mentioned this, compared to 50% (n=51) who mentioned this last year with regards to the same venue. Complaints about the accommodation were also mentioned, but due to refurbishments at the venue, this was limited to 8% (n=7), with the showers specifically mentioned in 86% (n=6) of these complaints. This is significantly lower than last year (n=43).

As with 2012, 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 (11%, n=9). Other timing complaints related to evening meetings (2%, n=2) and 4 participants (5%) identified the length of camp as being 'too short'.

This year a 'no mobile phones' policy was instigated in line with current safeguarding practice. Only 3 participants out of 83 completing the questionnaire listed this as something they least liked. Out of the 83 responses to 'least liked'; 6% (n=5) stated 'nothing'. 2 participants (2%) responded 'not enough white people'. The presumption is that this is referring to white HIV positive young people, with the number attending camp this year being n=6 (6%), which is higher than previous years.

70% (n=68) of participants made comments regarding improvements for next year's camp. The highest proportion of these (21%, n=20) requested improving the food, with several requests for more chicken on the menu.

Further areas that received comments were: activities (16%, n=11); workshops (9%, n=6); venue (location and facilities) (13%, n=9); longer camp (4%, n=3); and bedtimes (4%, n=3).

Differences between camp 2013 and previous camps

A new question was added to the questionnaire to ask those who had attended camp before to reflect on whether they felt 2013 had been a 'better', 'worse' or the 'same' experience for them. Included was also a space for them to explain why, as many factors would have influenced this response. Of the 60 who completed this question, 58% (n=35) reported 2013 was 'better', 17% (n=10) 'worse' and 22% (n=13) 'the same' (3%, n=2 did not respond).

The main reasons given for camp being 'better' were meeting new friends; an improvement in the food; and the feeling that camp ran more smoothly and was better organised.

Because this year I felt more comfortable meeting new and old friends.

It was so organised and well planned. Really useful workshops.

From the 10 responses indicating the participant had enjoyed camp less this year, reasons provided were mainly about conflicts between people or missing people they had become friends with who were not at this camp. At previous camps, they had preferred the food, the activities offered or felt other camps were 'more fun,' as this quote summarises:

I preferred last year, it was more fun and was more to do and also I got to know a lot of cool new people.

On reflection, this question did not present any new information from that highlighted in the previous year's responses, and so may not be worthwhile including in future evaluations.

Increase of knowledge of HIV and surrounding issues

Each of the participants were asked to identify any newly gained knowledge in regards to HIV following the camp. A total of 83 responses (87%) were received describing one or more things learned while attending camp. Analysis of the themes revealed the following categories: General knowledge on HIV (40%, n=33); Rights, specifically in the areas of law, employment and disclosure (25%, n=21); Medication, including personal responses (14%, n=12) and sexual health (11%, n=9). 7% (n=6) of participants wrote that they had learned a lot, *'too much to write down.'*

With general knowledge, this varied from simply more about HIV, to specifics. 8 young people (24%) mentioned sex and sexual health, *'I put on a condom'*; 7 (21%) mentioned routes of transmission, *'That there is a small chance of passing it on if you have undetectable virus'*; and 3 (9%) mentioned learning about having babies.

What did stand out were a few comments where the participant had said they had learned a very basic fact about the route of transmission such as, *'You cannot get HIV from kissing.'* This highlights that some HIV positive young people are either not being told the very basic facts about HIV, or if they have been told in the past, they are not remembering them. This was also something that was highlighted in the evaluations for 2011 and 2012, indicating that these workshops and camp in general continue to be important in increasing the participants' fundamental knowledge and understanding of HIV.

Some respondents identified a deeper level of learning to have resulted from camp, which has impacted on their overall outlook on their life and their future. This is

illustrated by the following quotes:

I learnt that you can't be lonely when you have HIV.

You can change.

How you can still live a normal life.

In addition to HIV-related knowledge, the respondents were asked to identify what they had learned about themselves whilst at camp. This particular question received 80 responses (84%). Responses varied from creative skills such as 'I can sing' or 'I can rap' (6%, n=5), to personal and profound statements. The most popular responses related to increased confidence (19%, n=15):

I have the ability to be social, be open to learning new things and push myself to do what I once said I couldn't do.

Self-acceptance and strength was recognised by 18% (n=14) of respondents as something they learned about themselves:

How strong I have been with my HIV and how I have dealt with it

as well as realising they had the ability to make friends easily (13%, n=10).

I have been really shy, but after I made friends, I really loved it.

Of the 80 responses, 8% (n=6) said they did not know or felt they had not learned anything about themselves and 5% (n=4) reported learning that they were shy.

As stated before, there were some personally reflective statements noted in this part of the questionnaire, which demonstrate the immense impact this experience can have on some of the young people who attend.

I am just the same as everyone else. I should just be myself, I can be who I want.

That I should not bottle up my emotions inside me. I should talk about it.

That you can do anything and that HIV is just a little part of my life.

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 camp. As an initial indicator, the young people were asked who they spent their time on camp with. 80 responded to this question and the results can be seen in Table VI:

Table VI – Who did you spend you're time on camp with

(Missing = 2)	Number	Percentage
New friends	60	75%
Hanging around with people I already knew	18	22.5%
With my key worker or other adults	1	1%
By myself	1	1%

Participants were then asked whether they planned to keep in touch with people they had met at camp 2013, which resulted in 84% (n=80) of affirmative responses and 15% (n=14) of unsure responses. 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. Although the figures are high, they are a little lower than previous years. This slight discrepancy may reflect the fact that there are a group of geographically isolated young people who attend camp annually, spending most of their time with people they initially met at camp who they now have regular contact with throughout the year.

In order to gauge how much importance participants attach to being around other young people with HIV, they were asked to comment in the survey as follows:

Table VII – Importance of being around other Young People with HIV

(Missing = 2)	Number	Percentage
Very important	74	78%
Sort of important	16	17%
Not sure	3	3%
Not really important	2	2%
Not important	0	0%

As shown in Table VII, 95% of the respondents confirmed the importance they attach to being around other young people living with HIV. These figures, which were almost identical last year, indicate this camp's continued success in targeting some of the most socially isolated individuals.

Another way in which the camp aimed to reduce 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 attach to being around adults living with HIV. The results are outlined in Table VIII below:

Table VIII – Importance of being around adults with HIV

(Missing = 1)	Number	Percent
Very important	57	60%
Sort of important	26	27%
Not sure	9	9%
Not really important	2	2%
Not important	1	1%

The results are less categorical than those relating to other young people, although they still indicate that 87% of the respondents felt it important to be around adults with HIV.

Additional comments

In the survey, the participants were given the opportunity to make any final comments on their overall camp experience. 74% (n=65) did not comment further. Of those that did, 3 of the 23 commented on possible improvements: 2 for the workshops to be more fun and shorter and 1 for nicer food. The remaining 20 out of 23 respondents gave supportive comments to the CHIVA staff and the running of camp. These are some examples of this support:

Given me a chance at life again.

Thank you to everyone for letting me come (Please let me come back).

It's my family.

The evaluations demonstrate that the overall experience of camp was extremely positive for most young people attending, with an increase in knowledge of HIV and surrounding issues noted by a high percentage of attendees, as well as the development of friendships with other positive young people that extend beyond the duration of camp.

Chapter III – Volunteer and camp leader feedback

Six weeks after the end of camp 2013, the volunteers and camp leaders were asked to complete two separate online surveys to gather their feedback on their experience of camp. In most questions volunteers were asked to rate different aspects of their experience as Excellent, Good, OK, Adequate or Poor/Not helpful.

Volunteer feedback

Of the 25 volunteers who attended camp, 18 completed the online confidential evaluation that consisted of 7 questions. Below is a brief summary of the feedback provided by this group.

The venue

Volunteers were asked to evaluate the venue through questions relating to the suitability of accommodation; the suitability of facilities; the involvement and interaction of centre staff; and the venue's provision of food and refreshments. The responses to these questions of the 18 out of 25 volunteers are displayed in Table IX.

Table IX: The venue

	1 (Poor)	2 (Adequate)	3 (O.K)	4 (Good)	5 (Excellent)
a. Suitability of the accommodation	0	2	6	8	2
b. Suitability of the facilities	0	1	0	15	2
c. Involvement and interaction with centre staff	0	0	1	4	13
d. Food and refreshments provided	2	4	2	9	1

Ten additional comments were added that all covered either how welcoming the staff at the venue were,

The staff are fantastic and actually mentioned to me that the children are a breath of fresh air, with so much life and they're already looking forward to having them back next year!!

or the quality of the food:

Food could be better nutrition-wise. Ditto for the evening snacks.

Activities

Table X: Camp activities

	1 (Poor)	2 (Adequate)	3 (O.K)	4 (Good)	5 (Excellent)
a. Outward bound activities provided by the centre	0	0	4	10	4
Activities provided by CHIVA:					
b. Drama	0	1	2	8	7
c. Dance	0	0	3	7	8
d. Singing	0	0	2	7	9
e. Rap	0	1	2	5	10
f. Film	0	1	6	6	5
g. Poetry	0	0	1	9	8

With regards to the outward-bound activities, 100% (n=18) of the respondents rated them either 'good' or 'excellent'. The creative day activities of Dance, Singing and Poetry were all rated either 'OK', 'Good' or 'Excellent', with 56% (n=10) rating the Rap workshop as excellent, followed closely by the Singing workshop (50%, n=9). This year, no activity was rated as 'Poor'. Comments from volunteers described some of the workshops as too rigid, which meant they lost a number of participants half way through. There was also a comment

about the disruption of having young people leaving their creative day choice to attend complementary therapy, the bake-off, or football (all these last just an hour).

Workshops

The data gathered in this section was problematic as no description of the workshops was provided in the survey and some respondents could not remember the names for each workshop. Also, some respondents could not see how to skip questions (although others could) without putting an answer, so respondents noted that they had to judge workshops they had not attended. It is therefore difficult to analyse this information, so only the quotes will be used.

I went to both the relaxation and the yoga sessions, and I was incredibly impressed with the ways that both [facilitators] managed some challenging behaviour at the outset.

More education needs to be given around transmission other than sexual transmission. Shocking the numbers who thought it could be passed through touching.

Less sessions in one day to help young people process info. Quite overwhelming for some of them.

My HIV, My Rights was far too high-brow in content for some of the young people. People living with HIV don't always need such cumbersome information; keep it bite size and intelligible.

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 XI below:

Table XI – Ratings of the support they received

	1 (Poor)	2 (Adequate)	3 (O.K)	4 (Good)	5 (Excellent)
a. Before camp	0	0	2	4	11
b. During camp	0	0	1	3	13

Comments all complimented the camp team and CHIVA for creating a truly supportive environment, and highlighted that camp ran incredibly smoothly.

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 8 (44%), as 'good' by 5 (28%) and only one respondent said they were 'not helpful'. 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 15 (83%) as 'good' or 'excellent,' by 2 (11%) as 'OK' and no one rated this approach as 'not helpful' or 'adequate'. The staff structure of key workers and team leaders was considered 'excellent' or 'good' by 100% of the respondents. The information provided about the camp programme and logistics was considered 'good' or 'excellent' by all respondents except one who rated it 'OK'.

In terms of the overall organisation and logistical arrangements of camp 2013, 65% (n=12) considered it to be 'excellent,' 29% (n=5) 'Good' and with one person rating it 'OK. Strangely, these ratings are lower than 2012 camp, although in all other categories, 2013 camp has been given higher ratings.

An additional question was added relating to the new policy of not allowing the young people to have their mobile phones on them at camp. 100% said they found the policy 'Good' or 'Excellent.'

Additional comments

Some respondents offered detailed additional comments that highlighted things that had arisen for them during camp. There are too many and lengthy additional comments to incorporate here, but in summary, comments were offering suggestions on the workshop format, programme, flagging up possible difficulties with medication and incorporating those young people with additional needs. All were sharing experiences and offering future solutions.

A couple of respondents specifically mentioned the success of the Camp Leaders role this year:

Really crucially, I think the Camp Leaders were CENTRAL to the success of the smoothest run CHIVA camp yet. They were an incredible bunch, and their internal team working and coherence and dedication really shone through.

Overall the feedback from volunteers showed a marked improvement this year on any of the other camps. This may be due to the number of years of experience CHIVA now has in running F2B, whereby systems have been changed and improved over time.

For me the most thrilling part is taking a small step back and allowing the more experienced young people to take the newbies under their wings. By nurturing and peer supporting one another the young people will become empowered and blossom into adults who own their HIV status. (Volunteer, Camp 2013)

Camp Leader feedback

Of the 15 camp leaders who attended camp, 11 completed the online confidential evaluation that consisted of 7 questions. Below is a brief summary of the feedback this group provided.

Table XII: The venue

	1 (Poor)	2 (Adequate)	3 (O.K)	4 (Good)	5 (Excellent)
a) Accommodation	0	1	5	3	2
b) Facilities	0	1	5	2	3
c) Centre staff	0	0	0	5	6
d) Food and refreshments provided	0	1	4	4	2

Four included comments that mainly referred to the successful running of the space in which camp was held. As with the volunteers, the area that scored the highest was the interaction with centre staff, which by all accounts was very successful.

Activities

As with the volunteers, the camp leaders were also asked to grade the success of the activities, their responses are shown in table XIII

Table XIII: Camp activities

	1 (Poor)	2 (Adequate)	3 (O.K)	4 (Good)	5 (Excellent)
a. Outward bound activities provided by the centre	1	1	2	5	2
Activities provided by CHIVA:					
b. Drama	0	0	1	5	5
c. Dance	0	1	1	4	5
d. Singing	0	0	4	3	4
e. Rap	0	0	4	2	5
f. Film	0	0	1	5	5
g. Poetry	0	0	1	4	6

In regards to the outward-bound activities, the respondents rated these lower than the volunteers. With the creative day activities, Poetry was seen as the most successful activity. Again, no activity was rated as 'Poor' and only one as 'adequate.' Only one respondent left a comment about the activities:

I think that this was the strongest point of camp bringing out talents of different campers that they may not have felt comfortable bringing out before (Camp Leader, Camp 2013)

Workshops

10 of the 11 respondents rated the workshops, with 91% (n=10) rating the rights workshop 'My HIV, My Rights' and the medicine/self-esteem workshop 'Me, My Health and I' as 'Good' or 'Excellent'. This is interesting as volunteers suggested the Rights workshop was possibly too complicated and yet the camp leaders – all of whom were ex-campers and perinatally infected with HIV, rated this the most successful workshop. A majority of the 2013 young

people attending camp also rated the clarity and accessibility of the right workshop highly, and indicated that they had learned one or more things about HIV and rights (see Chapter 1). The suggestions for improving the rights workshop centred on making it ‘more fun’, which cannot be strictly interpreted to mean the content was too complicated.

Support and information

All camp leaders completed a 5-day OCN accredited training course in youth work prior to camp and were involved in the volunteer training weekend. In the online evaluation, the camp leaders were asked to rate the level of support and information they received before and after camp. 10 of the 11 respondents replied to this question.

Table XIV – Ratings of the support they received

	1 (Poor)	2 (Adequate)	3 (O.K)	4 (Good)	5 (Excellent)
a. Before camp	0	0	5	1	4
b. During camp	0	0	2	1	7

Logistical and organisational arrangements

The camp leaders were then asked to rate their experience at camp and management and organisational aspects of camp. When asked about how they found undertaking the role of camp leader; how they felt they were managed by CHIVA staff and how they would rate the overall management, 100% (n=10) responded ‘Good’ or ‘Excellent’.

They were then asked about the team structure with key workers, to which 30% (n=3) replied ‘OK’ and the rest ‘Good’ or ‘Excellent’.

The response to the question relating to the new policy on not allowing the young people to have their mobile phones on them at camp received a similar response to that of the volunteers with 90% (n=9) responding that it was a ‘Good’ or ‘Excellent’ policy and only one responding ‘OK’.

There were three comments left, all supporting the mobile phone policy:

The mobile phone policy is a really good idea. It encourages people to interact and forget about the outside world. (Camp Leader, Camp 2013)

Additional comments

There was only one additional comment left, but it was an insightful comment about the challenges presented by progressing from a camper to a camp leader.

The camp leader role was quiet challenging to me because some other young people were my friends the previous year so telling them what to do was a bit challenging. I managed to do so in the end.

Chapter IV – Conclusion and recommendations

This evaluation demonstrates that camp 2013 has been successful in its core aims. The facilitation and development of peer friendships and networks of HIV-positive young people continues to lessen the social isolation experienced by this group. Furthermore, feedback from this year's camp suggests that a large percentage of positive young people continue to benefit from being part of a broader community of people living with HIV, as indicated through the importance they attach to being around adults with HIV, who were present at camp through the roles of key workers and camp leaders.

The workshops focusing on the topics of self-esteem/medicine, disclosure, rights and general HIV awareness achieved the goal of increasing the knowledge and understanding of participants on how to live well with HIV. These workshops also provided a safe, exploratory space for complex issues involving HIV. Whilst the knowledge and development gained from workshops remains essential to the well-being and self-esteem of participants, to expand the potential of these sessions even further, feedback has provided suggested improvements for future camp workshops, and camp in general.

Recommendation 1: undertake a more robust and uniformed evaluation system for the gender-specific sexual health sessions held in the evening, with a designated lead.

Also arising from evaluations was the issue of participants learning basic facts about HIV transmission, indicating that they lacked this information, or had forgotten it, prior to the workshops.

Recommendation 2: continue to provide basic HIV transmission facts in workshops, to address existing lack of awareness, or loss of HIV knowledge over time.

Returning campers were asked to compare camp 2013 to camp 2012. As the responses did not uncover any new issues, it is worth considering removing this question from evaluations in order to further streamline the camp assessment process.

Recommendation 3: remove evaluation question that compares current camp to last year's camp.

There are also suggestions arising from volunteer and camp leader feedback. One suggestion relates to the evaluation process itself, where volunteers would have

benefited from more information to jog their memory of camp and provide technical information to guide them through online systems, given the online evaluation takes place six weeks after camp.

Recommendation 4: ensure full information is provided when surveying people some time after an event. In the email asking volunteers to complete the online survey, clear guidance also to be provided on how to use online systems so that users are able to skip an answer, for example.

Volunteer feedback also indicates a concern over the level and amount of information provided to campers.

Recommendation 5: undertake a review of the way the programme and workshops are run, including scheduling and content.

In their feedback, camp leaders provided ideas for future camps, one of which supported the overall feeling that the new mobile phone policy was a success.

Finally, camp leaders who had recently been campers, expressed concern that this impeded their ability to be an authority figure to peers who were remained campers.

Recommendation 6: CHIVA to consider introducing a 'year off' policy between the end of being a camper at the age of 17 and becoming a camp leader.

Conclusion

Aside from these recommendations, the evaluations have shown camp 2013 to be an extremely positive experience for participants, enabling them to increase their knowledge and understanding of HIV and thus enhance their ability to live well with HIV. Camp 2013 has also contributed to the formation and continuation of significant peer relationships that for some positive young people are akin to family. These relationships, and the wider camp experience, have facilitated an acceptance of HIV status as one part of participants' lives, rather than a limitation to future aspirations.