

Why evaluate? What was achieved? How was it achieved? On-going evaluation. Keeping records. Formal evaluation.

WHY EVALUATE?

Whether we work in the youth service or in schools, most of us are operating on a tight schedule and feel over-burdened with paperwork. The word 'evaluation' tends to conjure up images of reports filled with statistics and columns headed 'aims', 'objectives' and 'results'. Evaluation can sound like a complex and time-consuming process to those of us who feel that we have neither the time nor the expertise for such scientific techniques. In fact, it is impossible to carry out any kind of work with young people without evaluating it in some way, and in our daily work we already spontaneously engage in the process on some level or another. The feeling of exhilaration at the end of a successful session, or the nagging awareness that something we thought would work well sank like a lead balloon are in fact rudimentary forms of evaluation.

It can be tempting to let 'evaluation' go no further than these personal judgements, to grumble over coffee with a colleague, or to lie awake in the small hours of the morning re-living what seemed like a particularly dismal failure. There are, however, some straightforward and effective ways of evaluating HIV and AIDS education, and many good reasons for doing so.

Even a session which seemed a total disaster will probably turn out to have had at least some positive moments, and evaluation can help highlight these and so enable us to build on what was good rather than convincing ourselves that we just do not have what it takes to do this kind of work. Perhaps more crucially, evaluating work with young people as it takes place enables us to develop our skills. It can help create a picture of how different approaches work with different groups, and can help build confidence and expertise. So, evaluation is of benefit to both ourselves and the young people we are working with.

In relation to HIV and AIDS education with young people, evaluation is useful in two particular ways. First, in a situation where other adults may be uncertain, or even hostile, towards what is being offered, it is essential to be able to show positive results: both to respond to possible criticisms and to enlist support for future work. A management committee, governing body or head of department may be happier to provide time, resources or funding for further work if your evaluation shows clearly what has been achieved. In addition, colleagues may be encouraged to follow your lead.

Second, there are some very specific aims in HIV and AIDS education, the central one being to reduce the spread of infection. By identifying what our aims and priorities are, and establishing whether or not these are being met in the group(s) we are working with, we can make changes to the way in which we work. We can also learn from experience and plan future activities in the light of what has happened so far.



When thinking about the effectiveness of HIV and AIDS education, we need to consider both what was learned and how it was learned. We also need to be aware that there may be some unintentional consequences: things may have happened that were simply unexpected or, more worrying, that appear to contradict what we were trying to do. Some group members may, for example, appear more confused, prejudiced or fearful than they appeared before the sessions. If this is the case, it is important to have some insights into how this happened.

WHAT WAS ACHIEVED?

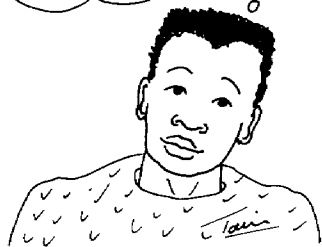
At first sight considering what was achieved seems quite straightforward. Perhaps a quiz, or even a simple questionnaire filled in by each participant, is enough to assess what has been learned? However, HIV and AIDS are subjects which touch on an enormous number of issues. To be successful as HIV and AIDS educators we not only have to help clarify the scientific and medical facts about transmission, we have to enable individuals to understand what they need to do with this information, and to help allay anxieties about sex, sexuality, death and the unknown. We also need to help people accurately assess the risks that confront them, understand more about safer sex, and negotiate what they need in relationships with others. This is quite a tall order, and calls for a range of different kinds of evaluation.

It is obviously important to find out what new information young people have acquired after a session or series of sessions. But we need to bear in mind that knowing something and behaving differently as a result of that knowledge are two very different things. If this were not the case, knowing that smoking contributes to lung cancer would simply stop everybody using cigarettes. For this reason, we need to find out whether attitudes and feelings have changed. It is also very important to listen to young people's own assessments of whether or not they are likely to act to protect themselves against HIV infection, and if not, then why not.

At the end of a series of sessions, a group quiz can be an effective and light-hearted way of evaluating general levels of knowledge. Other ways of checking out knowledge and attitudes might include getting group members to design a poster or leaflet to publicise an AIDS helpline or giving information about safer sex. A survey of their friends' attitudes to issues such as gay and lesbian rights, injecting drug use, condom use and so on can enable young people to examine their own attitudes and to challenge the prejudices of others. An exercise like this can also provide you with an indication of how effectively their own prejudices have been swayed. A list of suggested further work which may be useful for this can be found in Appendix I. Work like this will also enable you to judge what effect your HIV and AIDS sessions are having in your workplace. Is interest being expressed by other groups? Do colleagues want to find out what you are doing? Does word about safer sex appear to be spreading?

Keeping an ear to the ground will also make it clear if any work is having the opposite effect to that intended. Sometimes people who hate and fear Black people or gays for example, react

Well -- if none of these kids ends up HIV positive, then I'll know that these sessions really worked!



angrily to attempts to challenge these prejudices. Such a challenge may be seen by them as propaganda, or as an insensitive lack of respect for what they may feel are reasonable beliefs, and the end result may be indignation, which in fact increases hostility towards minority groups. If this appears to be happening, it is an indication that work is going too fast, that young people's needs are not being met realistically, and that wider issues around sexuality and racism need to be addressed in the group.

HOW WAS IT ACHIEVED?

When it comes to considering how learning took place, looking closely at the processes involved in work with young people is important. In order to do this, it may be helpful to collect information of two different kinds. First, you can keep a record of your own feelings about what happened when you used the exercises in this pack. Second, you can get some feedback from young people themselves.

The participatory approach to learning adopted in these exercises works extremely well in a variety of situations. It is vital, however, to establish trust among group members as well as an accepting environment in which each individual feels safe and supported without undue pressure to participate. In order to achieve this, we need to make careful use of the kind of on-going evaluation which we tend to do spontaneously in our daily work. This consists of careful observation of what is going on in the group. Observation of this kind, and an awareness of relationships and patterns of behaviour which affect how the group works, are essential if a safe and supportive atmosphere is to be maintained, and if each individual member is to get maximum benefit from working in the group.

This kind of informal on-going evaluation can enable any problem areas to be dealt with as they arise. However, it may be less useful when trying to reflect back on a series of sessions and how they worked. Here, a more structured approach may be useful, and it may be valuable to ask yourself (and any of the colleagues you have been working with) some of the following questions.

- Did everyone contribute in the session(s), or did some dominate while others kept quiet?
- Which group members seemed most at ease, and why?
- Did anyone find the exercise upsetting or offensive? What can be done to avoid this?
- What was the experience of the young women in a mixed group? Were they given a fair hearing by the young men?
- How did the young men behave? Were they relaxed, or anxious and disruptive?

- Was there any evidence of racist abuse, or white group members intimidating Black participants?
- Were there any homophobic comments, or victimisation of young gay men or lesbians, or group members supposed by others to be gay or lesbian?
- Was enough done to ensure that disabled members of the group could participate fully and equally?
- Did everyone seem to understand what was going on and the information that was made available?
- How did the group cope with individuals seeming upset? Were they treated with support and sympathy, or were their feelings met with ridicule?
- How did the group cope with disruptive or rowdy members?

After thinking about these issues, take some time to check with the young people themselves what they thought of the activities. You may find that the easiest way to do this is to use Exercise G7, and ask each member to identify an exercise they liked and one they did not like so much. You may also be able to obtain some feedback more informally through the discussions you have when clearing up at the end of the session. It can be a good idea to hand out pieces of paper and ask for anonymous comments to be written on them and handed in at the end of the session, so that people feel freer to express their views honestly. By collecting information from a variety of sources, it will become clear what has been understood, and which issues the group would like more opportunity to talk about.

It is important however to remember that some activities work well in some situations but not in others. Obviously something which goes well on a Friday night at the youth club may be less than successful when used on a Friday afternoon in the classroom. Just as important, personality may have much to do with whether a particular exercise works well or not. For example, an extrovert group leader or teacher may enjoy using a particular exercise which a more formal colleague would be more hesitant about.

ON-GOING EVALUATION

While it may be difficult to be sure how much an individual's attitudes and knowledge have changed as a result of one or more sessions, it is important to have as clear an idea as possible about which exercises 'worked' and why this was so, what changes seem to have taken place, and

what work still needs to be done. This kind of on-going evaluation, which enables us to get a general picture of the effectiveness of what we are doing, need not be time-consuming or very formal.

Many of the goals in work on HIV and AIDS with young people may only be attainable in the longer-term. Obviously we cannot hope to change behaviour instantly. Moreover, once people start to behave differently, there is no guarantee that they will behave like that for the rest of their lives. It is easy to watch a programme on heart disease and vow to stop eating butter and drinking beer, but the good intentions may last no longer than your next sandwich or visit to the pub. Similarly, young men and women may intend to try safer sex or always to use a condom immediately after a session on HIV and AIDS, but, likewise, this sense of urgency may not last. The same is true of attitudes and values. As adults, it is important to remember that our feelings about issues as diverse as relationships, sex, drugs, religion and politics have been formed over many years. They have not been created overnight. Neither are they permanently fixed.

This makes evaluating HIV and AIDS education all the more complicated, since we are, in fact, trying to convince people that they should act to protect themselves and others from HIV infection for the rest of their lives. We also hope that they will respond with care and respect to anyone they meet with HIV infection or AIDS. It is obviously impossible for us to know for certain that this will happen on all occasions, so in one sense, long-term evaluation of the effectiveness of HIV and AIDS education, if what we are looking for are consistent changes in behaviour, is not all that practical.

But, what is practical, is keeping the issues as alive as possible, for as long as you have contact with a group and its individual members. The issue of safer sex, for example, can be brought up during discussions on a whole range of topics including work on families, child care, gender, relationships and so on. It can also be discussed more informally when young people are talking about their current relationships. When an issue is re-visited in this way, perhaps several months after it was initially talked about, there is an opportunity to recognise what has been forgotten, what has 'stuck', and how any new information or ideas have been fitted into individuals' lives. A young woman or man may well be determined to practise safer sex, yet find themselves having to modify that determination in the course of building new relationships. Being able to talk about these kind of issues can be helpful both to the young people concerned, and from the point of view of clarifying how productive the original work has been.

Another sense in which long-term evaluation is both practical and useful is as an aid to developing skills and planning future work. The kind of evaluation needed for this involves simple record keeping from session to session, group to group and year to year, so that a picture gradually emerges of how different groups or individuals respond to different exercises, or of what changes have been made to exercises and how effective these were. By means of such long-term evaluation, the exercises themselves will become increasingly effective, as you make



modifications to some of them, decide never to use others, and work out ways of using the techniques described which best suit your individual style and the needs of different groups. This 'customising', together with the kind of long-term evaluation described here, should enable 'AIDS: Working with Young People' to be a long-lasting, flexible and practical resource.

KEEPING RECORDS

You will gain greater insight into the effectiveness of your work if you can find the time to keep a notebook. There is no need for anything complex, but a few notes jotted down at the end of each session will remind you of events or issues which you might otherwise forget. It is also very useful, if you are working in a team, to compare your own impressions with those of colleagues. Something which seemed like a total disaster to you may not seem so bad when seen through another person's eyes, and two people trying out the same exercise with different groups may have quite different experiences. You may, of course, wish to keep more detailed records, but anything which will enable you to recall the important details is useful.

FORMAL EVALUATION

Finally, if you are in the position of having to evaluate more formally (perhaps to write a report for a governing body or management committee) and you need some kind of proof of the results of your work, the simplest technique to use is a questionnaire. For this to reveal the changes that have taken place, it needs to be completed before and after a series of sessions. Keep it short and simple, and avoid ambiguous or overly complicated questions and remember to keep copies of the answers. At the end of the programme of HIV and AIDS education you are evaluating, simply hand out fresh copies of the same questionnaire, and compare the answers. Obviously, filling in forms is not an exciting occupation, and it is hardly a 'participatory' form of education, so it is not a good idea to do this too often unless you really need the information. If you want to involve the group more actively, you could ask them to design questionnaires to give to each other, perhaps providing answers on a separate sheet of paper. This alternative approach will give you information about the level of knowledge of both the designer of the questionnaire and the person giving answers.

SUMMARY

Evaluation, as we have seen, is not something to be added on as an extra to the end of a session of HIV and AIDS education. It is an extremely useful part of the process of developing a personal style which works for you and the group(s) you work with. It is also an essential ingredient in planning future work. Making sure that group members have a chance to say what they thought and felt about the exercises is not only useful as feedback, but enables them to realise that their opinions are respected and taken seriously. Respect for young people's opinions, feelings and life choices is too often absent in HIV and AIDS education. Posters, leaflets and adverts which insist that the best defence against a viral infection is to go for chastity, monogamy and

heterosexual marriage are not only medically misleading, but are also unrealistic. By offering young people the chance to talk about HIV and AIDS in an environment where they are respected and listened to, we as adults are far more likely to be taken seriously and listened to in our turn.

REFERENCES

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