



# Internet Outreach / A Guide for Health Promoters & Peer Educators

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# Table of Contents

<b>Acknowledgments</b>	<b>1</b>
<b>Section 1 / About</b>	<b>2</b>
<b>1.1 About this manual</b>	<b>2</b>
1.1.1 Who this manual is for	2
1.1.2 Aims of the manual	2
<b>1.2 Theoretical Framework</b>	<b>3</b>
1.2.1 Health Promotion	3
1.2.2 Peer Education	4
1.2.3 Outreach	4
<b>Section 2 / Introduction</b>	<b>6</b>
<b>2.1 Australian Internet Use</b>	<b>6</b>
<b>2.2 Health Promotion and the Internet</b>	<b>7</b>
<b>2.3 Outreaching Online Communities</b>	<b>7</b>
<b>2.4 Peer Education Online</b>	<b>8</b>
<b>Section 3 / CyberReach</b>	<b>9</b>
<b>3.1 CyberReach Project Summary</b>	<b>9</b>
3.1.1 CyberReach Project Aims:	9
3.1.2 CyberReach Project Objectives	9
3.1.3 Internet-based Target Groups	10
<b>3.2 Methodology</b>	<b>11</b>
3.2.1 Peer Volunteer Recruitment	11

3.2.2 Participatory Action Research Committee (PARC)	11
3.2.3 Protocol & Training Development	12
3.2.4 Chat Site Selection	13
3.2.5 Trial 1 (6 weeks)	13
3.2.6 Trial 2 (6 weeks)	14
3.2.7 Trial 3 (6 weeks)	15
<i>Figure 1 - Trial and Reflection Process</i>	16
<b>3.3 Discussion</b>	17
3.3.1 Respecting & Understanding Online Communities	17
3.3.2 Rapidly Changing Environment	17
3.3.3 Online Peer Support	18
3.3.4 Sustainability Challenges	18
3.3.5 Evaluation Challenges	19
3.3.6 Technological Challenges	19
<b>3.4 Epilogue</b>	20
<b>Section 4 / Getting Started</b>	21
4.1 Technological Capacity	21
4.2 Defining Target Groups	21
4.3 Choosing Sites	22
4.4 Accessing Peers	22
4.5 Online Ethics	22
4.6 Project Evaluation	23
<b>Section 5 / Procedures</b>	25
5.1 Internet Outreach Procedures	25
<i>Table 5.1 - Management Issues</i>	25
<i>Table 5.2 - Outreach Staffing</i>	26
<i>Table 5.3 - Profile Development</i>	27

<i>Table 5.4 - Entering Chat Rooms</i>	<b>29</b>
<i>Table 5.5 - Engaging in Chat</i>	<b>30</b>
<i>Table 5.6 - Evaluation</i>	<b>32</b>
<b>Section 6 / Training Development</b>	<b>34</b>
<b>6.1 CyberReach Training Overview</b>	<b>34</b>
<b>6.2 Content Based Material</b>	<b>35</b>
<i>Table 6.1 - Defining Community</i>	<b>35</b>
<i>Table 6.2 - Theory in Practice</i>	<b>36</b>
<b>6.3 Process Based Material</b>	<b>37</b>
<i>Table 6.3 - Boundaries &amp; Confidentiality in Cyberspace</i>	<b>37</b>
<i>Table 6.4 - Online Communication</i>	<b>38</b>
<i>Table 6.5 - Protocols</i>	<b>38</b>
<b>6.4 Computer Role Plays &amp; Skill Building</b>	<b>39</b>
<b>Section 7 / Recommendations</b>	<b>41</b>
<b>Appendices</b>	<b>42</b>
<b>Link 1 / Glossary</b>	<b>43</b>
<b>Link 2 / Internet Jargon</b>	<b>45</b>
<b>Link 3 / Example Profile</b>	<b>49</b>
<b>Link 4 / Example Messages</b>	<b>50</b>
<b>Link 5 / Example Data Sheets</b>	<b>51</b>
<b>Link 6 / References</b>	<b>54</b>
<b>Link 7 / Contacts</b>	<b>58</b>

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# Section 1 / About

## **1.1 About this manual**

This manual brings together the experiences of an Internet outreach project conducted by the Western Australian AIDS Council (WAAC) and the Western Australian Centre for Health Promotion Research (WACHPR) at Curtin University of Technology along with other selected research. It presents guidelines on the development and implementation of Internet outreach programs for health promotion practitioners and peer education workers.

It is divided into sections for ease of navigation, including an overview of Internet outreach as a health promotion strategy and the CyberReach project (through the implementation of which the contents were produced). There are additional components to support agencies interested in learning more about whether Internet outreach may be a useful strategy for them in expanding the range of their current services.

### ***1.1.1 Who this manual is for***

Anyone working in health service delivery with an interest in developing Internet-based health promotion outreach programs. Although based on a project targeting same sex attracted youth (SSAY) and men who have sex with men (MSM), we believe there are aspects applicable to health practitioners working with other groups in a range of health and human services areas.

### ***1.1.2 Aims of the manual***

- To provide an overview of the learnings gained from the implementation of CyberReach.
- To provide support materials for service providers considering developing Internet outreach strategies.

## 1.2 Theoretical Framework

The approach to Internet outreach that CyberReach took and this manual discusses is centred in the following:

### 1.2.1 Health Promotion

“Health promotion can be regarded as a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes”<sup>1</sup>.

At the core of health promotion are the use of a range of strategies to create behaviour change and foster healthy environments. The Ottawa Charter<sup>2</sup> outlines five key areas of health promotion action:

- build healthy public policy;
- reorient health services;
- develop personal skills;
- strengthen community action; and
- create supportive environments.

The latter three are the most relevant to the particular Internet outreach outlined here. Integral to this service provision was to increase access of marginalised groups to health services and education and encourage the empowerment of the communities involved.

#### Recommended Reading / Health Promotion

##### **Health Promotion Strategies and Methods**

Egger, G., Spark, R. & Donovan R. / Sydney: McGraw Hill Book Co. (2005)

##### **Health Program Planning: An Educational and Ecological Approach - 4th Ed.**

Green, L. W., & Kreuter, M. W. / New York: McGraw Hill (2005)

##### **Hands-on health promotion**

Edited by Moody, R. & Hulme, A. / Melbourne: IP Communications (2004)

##### **Ottawa Charter for Health Promotion**

WHO. (1986) / (No. WHO/HPR/HEP/95.1) / Geneva: World Health Organisation



## 1.2.2 Peer Education

Peer support and education are used within Health Promotion whereby a small number of people from a group or community actively attempt to support, inform and influence the majority. It is most commonly used in targeting and supporting marginalised youth, suicide prevention, substance use cessation, and chronic disease management<sup>3, 4</sup>. In most cases, the peer supporter had previously gone through the process of dealing with a similar problem themselves. Often in marginalised groups, friends may not be a positive source of support or there are no friends available<sup>5, 6</sup>. Furthermore, professional or institutional support services may not be trusted due to marginalisation issues<sup>6, 7</sup>.

Peer support and education strengthens the protective role that friends would usually provide in finding safe and satisfying solutions, empathy, understanding, skills development and practical support. Peer support can play a critical role in determining the need for referral to other health or welfare professionals and encouraging the access of such services. What distinguishes peer support and education programs from 'self help' is the training and supervision of peer volunteers by professionals<sup>5, 7, 8</sup>.

### Recommended Reading / Peer Education

#### **Peer Education Literature Review**

Bament, D. (2001) / Adelaide: South Australian Community Health Research Unit

#### **The rise and rise of peer education approaches**

Parkin, S., & McKeganey, N. (2000) / Drugs: education, prevention and policy, Vol. 7(3)

#### **A method in search of a theory: peer education and health promotion**

Turner, G. & Shepherd, J. (1999) / Health Education Research. Vol. 14(2)

## 1.2.3 Outreach

Outreach is a strategy in which a service is taken directly to where a community is situated rather than relying on them to access a service elsewhere. Outreach has been used as a successful strategy particularly when dealing with marginalised and otherwise hard to reach groups such as at-risk young people, people who inject drugs and men who have sex with men (MSM).

Outreach work can take many forms varying in levels of formality but tends to include the following components:

- it occurs in the community rather than at a static service;
- the service delivery is highly relevant to the environment in which the community is located (such as youth workers providing accommodation assistance to street-present young people);
- there are immediate benefits to the community member engaged in applying knowledge or skills gained where they are located;

- the interaction is generally of a short duration but may link in community members to other services or formal case management; and
- factual information and referral constitute the core service delivery given environmental factors that may be incompatible with therapeutic counselling.

Outreach may also take an 'active' or 'passive' form. Active outreach involves the outreach worker actively approaching community members in service delivery, whilst passive outreach involves the outreach worker being present within the community and easily accessible but allowing community members to approach them. Both forms have their advantages, though active outreach may be too intrusive in some environments.

The WA AIDS Council has a history of conducting successful outreach services (both active and passive) in a range of environments including pubs and nightclubs, school leavers' celebrations, public sex environments (PSE or 'beats'), and sex-on-premises-venues (SOPVs or 'male saunas'). It is from this experience of offline outreach programs that WAAC and WACHPR sought to adapt the offline procedures for passive outreach and trial them in an online/Internet environment.

# Section 2 / Introduction

## 2.1 Australian Internet Use

The Internet is a system of interconnected computers creating a matrix of information exchange, through web sites (static and interactive pages), e-mail (electronic mail) and Internet relay chat rooms (IRCs) creating a virtual environment or cyberspace. This cyberspace is used by people as a place of congregation, communication and the forming of community<sup>9</sup>. This opportunity did not exist in the early 1990s, however Internet access and use is currently increasing worldwide at a rapid rate<sup>10, 11</sup>.

The rapid growth of information and communications technology (ICT) provides new opportunities and challenges for health promoting organisations to access their target groups. ICT, such as the Internet, can play an important role in the enhancement of social capital, personal capacity and community connectivity with community members that may be difficult to access through traditional means<sup>12-15</sup>. The benefits of ICT such as the Internet are largely due to its potential to erase geographical barriers and social barriers caused by stigmatisation and marginalisation, and the relative anonymity in seeking information and support online<sup>13, 16</sup>.

While access to technical support, technological literacy and cost are barriers to the uptake of technology-reliant service delivery, there has been a rapid increase in Internet subscribers<sup>14, 17</sup>. In 1998, 31% of Australians used the Internet; by 2002 this had grown to 58%<sup>18</sup>. By March 2005 there were over 5.1 million household subscribers in Australia<sup>19</sup>, being approximately 65% of Australian households<sup>20</sup>. Indications are that groups with current lower rates of Internet access (people with lower income, regional and older age groups) are increasing their access and household account numbers are rising rapidly<sup>21</sup>. Although not all Western Australians have access to the Internet, the number without access is decreasing and the Internet has become a common method of communication and source of information.

An online facility widely used by Internet users are 'chat rooms', which allow individuals who are online simultaneously to communicate via real-time text messages. In other words, chat rooms facilitate real-time conversations. They are designed for people to socialise, discuss topics of interest, develop friendships, access support and advice, share their feelings, explore sexual fantasies, and arrange to meet. Other Internet facilities exist where people can place advertisements and profiles and communicate via an email or message service, which is not in real-time.

## 2.2 Health Promotion and the Internet

With such relatively widespread access, it has been proposed that cyberspace may act as a 'salve' where there is little opportunity or barriers to the development of communities in other contexts<sup>9</sup>. For people who are marginalised, the Internet has the capacity to remove barriers associated with geography, age, socioeconomic status, ethnicity and sexuality<sup>22</sup>. For people accessing chat rooms there is the opportunity to meet others in a safe and easy way from the comfort of their home.

As new interaction methods have developed, there is corresponding etiquette, norms and assumptions, which can vary across different chat rooms and websites. One of the unique advantages to interaction on the Internet compared to other face-to-face environments, is the simultaneous experience of distance and intimacy<sup>22</sup> which allows individuals safety in conveying their personal, emotional or sexual aspirations without having to risk face-to-face rejection<sup>23</sup>. Even though real-time interaction occurs in a similar way to telephone and face-to-face (FTF) interactions, the Internet lacks vocal, paralinguistic and non-verbal cues<sup>24</sup> that may affect the capacity for information to be optimally translated and understood.

The Internet is a setting in which people engage for specific social interactions<sup>10, 11</sup>; seek information, knowledge and perspective; and where risk assessments and risk behaviour is facilitated<sup>25-29</sup>. Isolated or marginalised people in particular, use this space as a source of reference groups allowing a range of safe or unsafe cultures and assumed meanings to transfer quickly.

The Internet provides an avenue for users to seek information on sensitive issues and health concerns with anonymity. Unfortunately this leads to the possibility of misinformation from unreliable sites, as well as from their trusted online peers. Because of these factors, the Internet has been identified as an important setting to target health promotion programs<sup>10, 11, 30</sup>.

With its rapid growth as a venue or space for communication, the Internet demonstrates new ways in which community links can occur or marginalised people can interact. This increase in the use of Internet technologies and computer-mediated communication (such as chat rooms and discussion boards) has correspondingly given rise to strong interest in the Internet and cyberspace as a medium for health promotion and outreach<sup>14, 17, 30</sup>. In particular, there is an opportunity to develop effective community driven peer based outreach initiatives to determine the appropriate and effective role for health promotion within these online interactive environments.

## 2.3 Outreaching Online Communities

Whilst a public chat room with open membership may appear to be a public space to the novice health promoter, members of these communities may see it as a very private space and resent outside interference. Definitions of private may also vary within the space itself. These cultural specificities along with the constant change, expansion and development of new and existing technologies mean that the Internet, as a venue for health promotion outreach, remains fluid and reactive in unique ways compared to geographic venues. There is potential for adversely affecting

online communities and individuals if they are not approached in an innovative and community grounded way.

Research into Internet based outreach, either by professional educators and clinicians or trained community peers, has recently gained visibility in the literature <sup>31-33</sup>. While early findings were promising and provided useful experiences to guide the development of the CyberReach project, there was a need for more rigorous evaluation techniques to develop both effective health promotion practice and sustainable impact.

Extensive planning and community consultation is needed when implementing online outreach. Just as in traditional community development, care is needed when approaching the particular nuances and cultural contexts that exist in cyberspace. Brown *et al* <sup>34</sup> have discussed ways in which the Internet can be viewed not as one venue, but a myriad of venues each with their own constructs and meanings. This is important to consider when adapting an existing health promotion outreach strategy to the online environment, as well as engaging with multiple online communities.

## 2.4 Peer Education Online

Health promotion initiatives need to approach the Internet in similar ways that have been utilised in targeting other marginalised or difficult to reach communities. An approach that respects and understands the range of meanings and purposes for the medium as well as the current culture is required. Peer and participatory approaches to action research that have been highly effective in areas of HIV prevention <sup>30</sup>, drug harm reduction <sup>35</sup> and youth engagement <sup>36</sup> may be very relevant in this context.

Within the online context, through chat rooms and instant messaging facilities, peer education strategies have the ability to expand their reach to target members of communities in which peer-based programs have already been effective.

Many people using chat rooms already receive informal peer support from their online peers. Indeed for SSAY, their online peers may be the only individuals with whom they discuss their sexuality. Whilst the support of these individuals is beneficial, accurate information on health issues and service providers may be absent. Up-skilling peers within a project such as CyberReach opens up many possibilities for health promotion and education.

# Section 3 / CyberReach

## 3.1 CyberReach Project Summary

The CyberReach project was established to develop an effective way to engage online communities around their health and well-being. The project was a collaboration between the WA AIDS Council (WAAC) and the WA Centre for Health Promotion Research (WACHPR), and funded by Healthway (WA Health Promotion Foundation).

CyberReach sought to adapt current peer based health promotion outreach, training and supervision frameworks to an online outreach setting in a way that was effective and supported by the online community. The project targeted same sex attracted young people and adult men who have sex with men in order to trial the provision of mental and sexual health promotion to marginalised groups and develop guidelines for conducting Internet-based outreach.

As of August 2006 the project had completed three trial periods of Internet outreach, progressed to become two ongoing programs at the WA AIDS Council and had begun participation in a national trial with other state AIDS Councils. More information is available from the CyberReach Final Report <sup>37</sup> (available from WAAC and WACHPR).

### 3.1.1 CyberReach Project Aims:

- To decrease the experiences of isolation, depression and health risk behaviour within the on-line target groups.
- To produce a generic model and manual for online peer based health promotion outreach.

### 3.1.2 CyberReach Project Objectives

The focus of the outreach was to achieve within the target group an increase in:

- experiences of connectedness to a peer community;
- knowledge about health protecting behaviour;
- knowledge of and how to access sources of accurate information;
- confidence to access information and support;

- predicted help and information seeking behaviour;
- relevant health protecting knowledge; and
- reported accurate application of health protecting knowledge to personal contexts / behaviour.

### **3.1.3 Internet-based Target Groups**

Two groups that use Internet-based communication opportunities are same sex attracted youth (SSAY) and men who have sex with men (MSM). Due to high rates of discrimination and stigma, both these groups experience health risk issues around mental health, alcohol and other drug use and sexual health. These have made them priorities for a number of health promotion programs, yet they are hard to reach.

People with same sex attractions have relatively few places in which they can meet without fear of negative social consequences <sup>22</sup>. The Internet provides a range of settings populated by same sex attracted people who may or may not identify as lesbian, gay or bisexual but are exploring or questioning their sexuality. Many of these people are socially isolated, from culturally and linguistically diverse communities, and/or living in rural areas <sup>38, 39</sup>. Due to its anonymity and capacity to reach large numbers of people and cross cultural and geographic barriers, the Internet has become a useful place to facilitate access to other same sex attracted people. It allows individuals to form friendship groups, access informal peer support, find sexual partners, be socialised into gay community culture, and/or access specific sexual and health information without fear of reprisal <sup>40</sup>. The Internet provides a setting where interventions can access previously hard-to-reach populations <sup>41</sup>.

Bull, McFarlane and King <sup>42</sup> argue that unlike other health promotion programs that attract the 'worried well' and do not effectively reach those at high risk, the Internet may be of high appeal and an ideal medium to promote effective help seeking and risk reduction. Chat rooms can be 'issues' specific ('coming out'), 'desire' specific (looking for relationship, looking for sex), 'geographic' specific (Perth, South of River) or a combination. Given the nature of chat rooms and other Internet-based environments, it is possible to engage and target very specific sub-groups with selectively tailored messages. This allows health promotion interventions to reach some groups more effectively than more traditional venues for mental health promotion or STI/HIV prevention messages targeting these high-risk groups.

## 3.2 Methodology

In order to remain reflexive and adapt the project to meet the needs of an evolving environment and communities, CyberReach incorporated a participatory action research<sup>43, 44</sup> model into its development. This placed an emphasis on community involvement and flexibility in project implementation.

### 3.2.1 Peer Volunteer Recruitment

Volunteers for the project were recruited based on criteria which included their ability to identify with the target groups being outreached. Essentially this meant that they would be same-sex attracted, older males outreaching the MSM, and young men and women outreaching SSAY.

In planning the project there was significant discussion around the level of Internet and chat room experience volunteers required. Some proficiency and familiarity with the online community was important and the volunteer's Internet use was a part of what defined them as peers. However, this needed to be balanced with concerns around boundaries and the ability of volunteers to effectively and professionally outreach people within their social space. It was also important to acknowledge the potential impact on the volunteer's personal use of the chat rooms as a social and informal support outlet.

### 3.2.2 Participatory Action Research Committee (PARC)

The PARC comprised representatives from a range of perspectives, including Internet chat room users, operational and managerial staff, academic researchers and ethicists, volunteers involved in implementation and agency stake-holders. The purpose of the PARC was to provide a space to openly discuss and debate the various experiences and perspectives within the rapidly evolving Internet environment. The PARC was chosen to reflect the need for a diverse range of people with different skills, knowledge, experience and perspectives. It was comprised of representatives from the following areas:

- Community and/or Consumer – provided the perspective of the project's target groups and peer-based outreach volunteers (it should be mentioned that, as part of CyberReach was assessing the future sustainability of the project, the volunteers involved were considered a core group along with their online peers that they were outreaching);
- Project Implementation & Management – operational perspectives on the intervention;
- Research & Evaluation – perspectives from traditional or academic researchers to ensure rigorous methodology;
- Project Workers – perspectives from the actual application of the project, both implementation and evaluation; and



- Agency Perspectives – representation of the key organisational stake-holders with interest in risk management and accordance to contractual obligations.

The PARC aimed to provide support, alternative perspectives and a space for thinking and discussion around the project's implementation and evaluation. In particular the PARC worked with an aim to:

- oversee the planning, implementation, evaluation and sustainability of the project whilst providing recommendations for solutions and alternative opportunities;
- provide a forum where ethical issues and dilemmas could be raised and discussed, exploring concepts and the opportunity for debriefing; and
- provide a resource and networking function.

The PARC did not provide direct instruction to project or research staff but made recommendations via their supervisor at WAAC / WACHPR.

### Recommended Reading / Action Research

#### **Handbook of Action Research**

Edited by Reason, P. & Bradbury, H. (2006) / Sage, London

#### **Participatory action research and action science compared: A commentary**

Argyris, C. & Schon, D. A. (1991) in *Participatory action research*

Edited by Whyte, W. F. / Sage, Newbury Park, CA

### **3.2.3 Protocol & Training Development**

Volunteers initially participated in the required two-day basic training delivered by the WA AIDS Council which covered: Agency Overview; HIV/AIDS Epidemiology; HIV/AIDS Transmission and Prevention; Boundaries and Confidentiality; Role of a Volunteer; Communication Skills; Hepatitis; Personal Perspective (of a person living with HIV); Working with Specific Groups; and Sexual Diversity.

After completing this training, volunteers are usually required to participate in program specific training. As CyberReach was a new project, a new training package had to be developed. The CyberReach specific training involved group workshops where ethical issues were raised and potential limitations of Internet outreach were addressed. Core information was provided on Internet-based service delivery, particularly the translation of outreach and communication skills to the Internet environment. Protocols were developed by the outreachers who were also part of the online community. They were then discussed in detail by the PARC, which included members of the outreach team. Role-play outreach was conducted as part of the protocol development and training, with the team of peer volunteer outreachers being presented with a range of scenarios and taking a peer outreach role within the trial protocols.

Within the workshops there were two main areas of debate. The first was around the extent of support that could be provided in an environment limited in the emotional and physical components of communication. The second was how closely the project should define a 'peer' to the target groups whilst retaining professional boundaries. The latter was particularly important in developing a respectful and community-centred approach in entering the environment whilst ensuring reliable and confidential service delivery.

Other areas of protocol included:

- guidelines on the number of participants who had to be present in the chat room before outreachers would enter so as not to dominate the space;
- language and terminology to be used within chat;
- that outreachers would not engage with chatters in the open or public chat room, they would only engage in private chat;
- to maintain anonymity, outreachers would not access chatter profiles; and
- that outreachers would not save interaction text (even though technically easy to do so - and some programs automatically do so).

For a more in-depth analysis of the developed guidelines see [Section 5 / Procedures](#).

### **3.2.4 Chat Site Selection**

The project identified chat room hosting Internet sites of particular interest and sought permission to conduct peer-based outreach in these environments. These will be referred to as *Gay Male Site #1* and *Gay Male Site #2*, *SSAY Site*, and *Lesbian Site*.

At the time of applying for funding the project had permission to use *Gay Male Site #1*. However by the time the project commenced, there was a growing shift in popularity from *Gay Male Site #1* to *Gay Male Site #2*. The project did not gain permission to enter chat rooms within *Gay Male Site #2*. In addition, prior to the commencement of Trial 1, the *SSAY Site* went offline for an extended period of time (over two months). It was in this context that the project quickly decided to approach the *Lesbian Site* to increase the potential to outreach SSA young women. The project received significant support from the selected *Lesbian Site*, which promoted the project directly to members by email.

These rapid changes to the environment and the need to adapt and respond became a recurring theme throughout the project. For an overview of the trials and reflection process see [Figure 1](#) (p16).

### **3.2.5 Trial 1 (6 weeks)**

The initial trial involved the development of a project profile (a web page developed within a chat room based website containing personal details of the user including photos, interests and personal attributes). These were produced within the selected websites explaining the nature of the project and

detailing contact information. Peer volunteer outreachers would then log into the site using this profile and enter the chat room. After entering an introduction message into the main chat space, the volunteers waited for chatters to interact with them using private chat. Once engaged, the volunteers provided information and referral around issues of sexuality and health. At the conclusion of an interaction the volunteer would refer the chatter to the CyberReach website to fill out an online feedback form for evaluation purposes. After an interaction, volunteers completed data sheets compiling limited demographic details gained from the interaction, the issues discussed and referrals made. They also completed a self-assessment and a broader qualitative analysis of the overall shift experience.

Due to the *SSAY Site* being offline for most of the first trial, the project was limited in its capacity to engage with SSAY who were not participating in the other sites. The number of interactions was much lower than had been expected (based on related outreach projects conducted elsewhere<sup>(12)</sup>) particularly in the *Lesbian Site*. Despite this, volunteers remained enthusiastic and of the relatively few chatters who completed the on-line feedback form, all but one were strongly positive about the project. One male chatter did not agree with the project being present in the chat rooms, primarily because he considered the space to be a 'play space' for like minded men and not for health promotion. Unexpected technical glitches such as agency based Internet use monitoring software, server challenges and other technical problems impacted a number of times during this first trial.

### **3.2.6 Trial 2 (6 weeks)**

After a period of reflection and PARC discussion, changes were made before initiating the second trial. Due to the low response rate for the online evaluation, questions were introduced at the end of the chat interaction to gauge chatter perceptions of friendliness, information quality and service delivery in addition to referral to the online feedback form. The responses were all positive, however only those chatters who engaged long enough to be asked questions were involved in this feedback. The opportunity for chatters to provide anonymous feedback about the project from the website was maintained. However with less referral to the online feedback form by outreachers, it was rarely used.

Whilst a consistent entry message was used in *Gay Male Site #1* during the first trial it was decided to trial alternate messages to gauge the effect on response rate. Utilising more specific health issues or examples (eg. "Syphilis is back! And you mightn't know you have it. Pvt to chat.") had the potential to not only provide a social marketing message to the entire chat room, but also to specify the range of support that CyberReach was able to provide.

During Trial 2 the cultural shift from *Gay Male Site #1* to *Gay Male Site #2* was more evident. Automated advertising pop-ups or 'bots' (derived from 'robots') who 'masquerade' as genuine chatters had become much more prevalent during the second trial. Up to twenty 'bots' were received by outreachers during a single shift. This was particularly frustrating for outreachers when 'real' chatters were in low numbers. There was a further cultural shift towards instant messaging, where in some environments, this was the major form of communication.

Due to the *SSAY Site* being offline early on in the project, CyberReach relied on the *Lesbian Site* to engage with young women. This was problematic for several reasons:

- most of the site's paid up members were women over 25 years who tended to be more established in their sexuality and had little interest in peer based outreach from younger women whose focus was on youth;
- the site was technically geared towards instant messaging rather than general chat room interaction (both of which were only available to paid members); and
- due to infrequent outreach shifts receipt of occasional messages resulted in an email style of interaction with delays between correspondence.

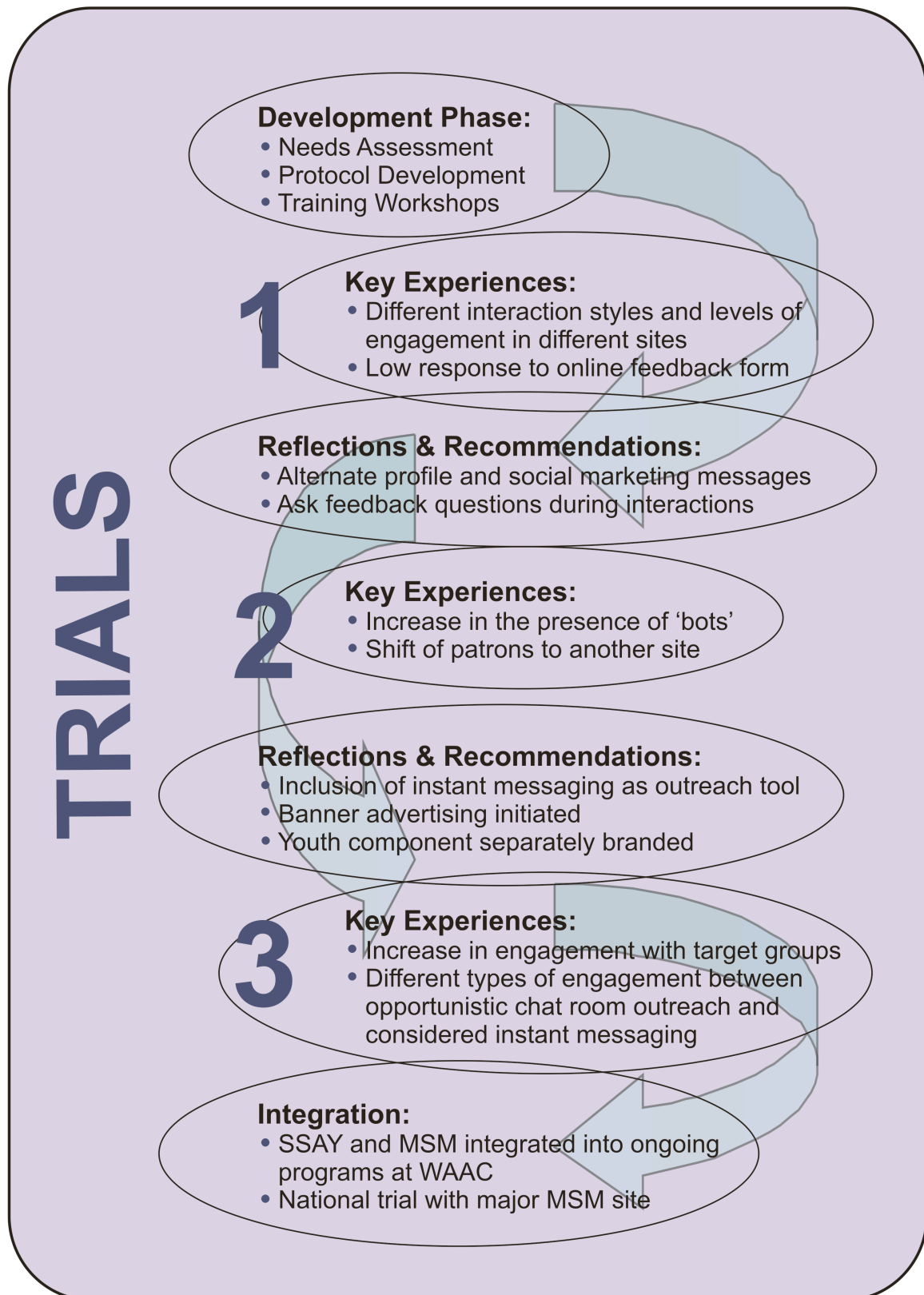
The *SSAY* site did eventually come online again. However incorporation into CyberReach was problematic due to the large technical changes in the re-launched site making direct chat room outreach more difficult, and a move towards instant messaging. It was decided to discontinue with this site, and instant messaging should be incorporated into Trial 3.

Overall, the lower than expected number of interactions began to impact on volunteer enthusiasm and morale.

### **3.2.7 Trial 3 (6 weeks)**

The third trial saw the most changes developed by the outreachers in collaboration with the PARC. These included the inclusion of an instant messaging system and banner advertising on a site that was currently unavailable to access via the traditional chat room based outreach. The banner included information about the service as well as an email that chatters could add to their instant messenger contacts, thereby seeing when an outreachers was online and available to be contacted. In this trial the youth component was separately branded from the adult MSM one and attached to a current youth service that accesses same sex attracted young people for face to face and telephone based peer support. Whilst management of the youth component remained with the overarching CyberReach project, affiliation with an existing youth service with an Internet presence allowed for increased exposure to a previously hard to access group. The affiliation process involved the addition of a 'chat' section to the youth site detailing CyberReach and profiling the young volunteers involved. Young people could then chat to the volunteers using an instant messenger program at specific advertised times (see - [www.freedom.org.au/chat](http://www.freedom.org.au/chat) for example).

This trial also saw an increase in engagement within *Gay Male Site #1*, particularly through instant messaging. A significant increase in *SSAY* participating in instant messaging was also recorded. The outreachers experienced a distinct difference in the general type of engagement between chat room private interactions and instant messaging interactions. Generally instant messaging interactions were more intense and presented more complex or challenging contexts and needs, including two interactions confiding in past and possible future self harm, recent HIV diagnoses, and a man currently undergoing HIV post exposure prophylaxis treatment.



**Figure 1 - Trial and Reflection Process**

## 3.3 Discussion

### 3.3.1 *Respecting & Understanding Online Communities*

Online communities, just like other communities have their own codes, conventions and ways of relating to each other. Whilst some of the group processes that occur online are similar to those offline there is particular uniqueness about an environment in which extensive personal networks are made, disclosure occurs and relationships are created, without any face-to-face contact or communication, and across potentially large geographic barriers.

The peer nature of the project was paramount to its anticipated success. For many of the users of the chat rooms it was deemed to be a relatively closed community as defined by the participant's sexuality. Ensuring that the project volunteers were affiliated by both their sexuality and their gender to the target group, as well as by age in the youth component were vital in gaining access and developing rapport. The use of common language and shared cultural understandings developed relationships rapidly. A relatively high typing ability of the outreach volunteers may seem an obvious necessity, but was particularly so when in engaging with a community that was adept at typed communication and expect a peer service to have similar proficiency.

The CyberReach project found that men were easier to access through sexuality related chat rooms than women. Due to the prevalence of these types of sites for men, it has also meant that online HIV education has been researched more than other forms. However little is known about how gender affects differential Internet use. Whilst the Internet is used as a source of information and support by young SSA women, overall their approach was more reluctant, and they were more cautious about giving details compared to SSA young men. SSA young women were difficult to engage initially because the Lesbian Site catered more for older women. However the introduction of a CyberReach instant messenger and advertising of CyberReach on a non-chat based SSAY site provided instant results in accessing this difficult target group. It may be that these differences are not as integral to conducting outreach with other target groups. However, heterogeneity within those affected by particular health issues may result in slightly different strategies when targeting them.

As described elsewhere <sup>16</sup>, different sites and environments have different meanings. Some sites may be used for building friendship networks and potential relationships and others more for sexual partners. Some sites may be accessed purely for online chat whilst others may be used for meeting people face to face. Outreach interventions and programs need to consider the contexts and agendas of these different environments.

### 3.3.2 *Rapidly Changing Environment*

Technology is constantly upgrading, expanding and developing. It is vital that health promoters and peer educators stay up to date with current technologies and the manner in which these environments frequently change.

As with other communities, membership may change. Chat room based communities regularly ebb and flow as site allegiances are formed or become defunct. An increase in flaming (the act of posting deliberately hostile or insulting messages), 'bots', changes in site layout, and advertising content can very quickly push members to access different sites. For example, instant messenger became the standard way of continuing to develop relationships after making first contact within the initial site for some members. Thus their 'usual' behaviour and/or site use changed.

### **3.3.3 Online Peer Support**

Resting on the limited interaction within chat room communication lies the necessity to draw a line between educational and therapeutic strategies. With the limitations imposed by text only communications, much vital emotional context is removed and therefore a therapeutic relationship is difficult to develop in its fullest sense. The danger lies in the perception of a therapeutic relationship on the part of the chat room user who may disclose potentially troubling information. To open a 'Pandora's box' of emotional distress for a client, with little control in providing the needed support and referral, can be problematic. The importance of structuring and promoting an intervention as educational from the outset, driven by information provision and limited peer-support, go some ways in addressing these issues.

There are several examples of organisations in Australia developing and implementing online counselling services (with promising results), however they require more complex strategies and policies than the CyberReach project used and may sit better with specialised counselling services (for examples see [www.centrecare.com.au](http://www.centrecare.com.au) and [www.kidshelp.com.au](http://www.kidshelp.com.au)). It is essential to maintain the boundaries between peer support and therapeutic counselling, and ensure appropriate responses and referrals, which are difficult to maintain in face to face or telephone outreach. The challenges are increased when the interaction is only text based.

### **3.3.4 Sustainability Challenges**

The issue of sustainability is a key factor when developing new initiatives, and there are considerable challenges when it comes to an Internet-based outreach service. Contingent on the aforementioned changes in technology is the necessity to continuously up-skill staff/volunteers in their use. The need to have both the chat room and instant messaging capacity and skills was an unexpected outcome for CyberReach. As the incidence of online visual and audio technologies (such as web cams and video conferencing) increase so too do the challenges of incorporating them into programs.

There is a certain vulnerability to projects that rely on utilising technology. Chat sites being offline, difficulties with servers, Internet connections and other issues create glitches that may affect the reliability and regularity of service provision.

As an intervention, Internet outreach can have considerable input of time and resources with the potential of a low rate of returns in actual engagement and impact. Whilst CyberReach utilised volunteers for its outreach, thereby keeping salary costs down, the commitment and dedication of

volunteers is important to appreciate. When frustration is high due to a lack of engagement or a high prevalence of 'bots', it could be questioned whether this volunteer energy could be used more effectively in other services.

Developing effective relationships with website owners is central to the capacity to deliver such an intervention. When dealing with sites that are community-based there is often synergy in forming a collaboration, along with the identity politics that may arise within many marginalised communities. However, programs need to be aware of assumptions, and recognise there can be a strong desire to protect a community from well meaning but overbearing health promotion interventions. More challenging, is building a relationship with commercial sites in which agendas differ significantly. Finding compromises on the type of service to be delivered and the extent to which it can be delivered may necessitate lengthy debate and a refining of programs within particular sites, similar to any initiative collaborating with private business or financial interests.

### **3.3.5 Evaluation Challenges**

The potential for damage to chatter communities, and damage to the development of agency / community relationships were considered very real. The ethical dilemmas in evaluating such a project were by no means clear cut or easy to surmount. Whilst chatters are considered as human subjects, the medium of the Internet doesn't allow for easy translation of informed consent to data collection in sufficient numbers to provide rigorous evaluation <sup>45</sup>.

The original evaluation plan included the recording of text generated during private interactions with informed consent from the participants for which ethics approval was granted by Curtin University. This would have been efficient and accurate, however after discussion with the volunteers and PARC it was decided not to proceed with this strategy due to concerns that it could damage the relationship with the online community at an early stage in the project. Although this effectively reduced the capacity to objectively evaluate some of the immediate / short term impacts of the outreach, procedures will be reviewed again once the project has built a stronger reputation and relationship in the environment.

### **3.3.6 Technological Challenges**

Cyberreach experienced problems related specifically to the technologies that were reliant on to deliver the service. Minor problems impacted on the ability of volunteer outreachers to be online at coordinated times. These included:

- the Internet server at WAAC being down thereby preventing Internet access;
- the *Gay Male Site #1* being down for repair which meant that not only could the online community not use the site, volunteer outreachers were also inconvenienced;
- the introduction of anti-spam software across the agency that effectively blocked access to websites containing chat rooms - requiring it to be reconfigured; and



- delays in uploading the CyberReach website due to time-consuming liaison with a hosting company also impacted on the ability of chat room members to provide feedback.

### 3.4 Epilogue

CyberReach began as a pilot project to develop a set of guidelines and in the process it expanded to become two separate services conducted by the WA AIDS Council. One of these has become an expansion of the existing SSAY service which consisted of face-to-face and telephone support. Now it provides instant messenger support to their clientele online and provides access for those in remote and rural communities and others who may have barriers to accessing the service in person.

The MSM outreach service has negotiated with Gay Site #2 in collaboration with other state AIDS Councils, for a trial access period to their chat rooms and related messaging systems to nationally evaluate the effectiveness and sustainability of chat room outreach. The interaction rate with men has increased since gaining access to this site, and discussions are underway with other sites targeting SSAY and lesbians. However even in this context, the challenging nature of the Internet may result in interactions continuing to ebb and flow.

For more information on the national 'Netreach' project contact the Australian Federation of AIDS Organisations (see [Link 7 / Contacts](#)).

# Section 4 / Getting Started

## 4.1 Technological Capacity

For many non-governmental organisations within the human services there is often a lack of funds and capacity to maintain pace with technological changes, which can become a low priority compared to essential service provision. Whilst many Internet technologies can place enormous pressure on budgets, an advantage of an online outreach service is that generally the reliance is on an external site containing all the technology required. The resource burden lies predominantly in time commitment, energy in planning the project and in conducting the actual outreach.

At the absolute minimum, Internet access (preferably broadband over dial-up for a faster and more stable connection) is essential for obvious reasons. Ensuring that the connection is not going to cut out in the middle of an interaction is useful - though not always avoidable. Depending on the hours in which online outreach is conducted, a computer station may be required specifically for the project, rather than juggling needs around existing staff stations. It is pertinent to ensure that any policing software (whether it be anti-spam or access denial to particular sites) is adjusted to prevent it from banning access to the required chat site.

## 4.2 Defining Target Groups

It is essential to the success of an Internet based intervention to thoroughly research the way in which members of the target group engage with each other online. The way outreach programs approach the target group is dependent on the reasons the target group has for accessing the sites and the cultures that have developed.

An existing offline community that also provides support to each other online (e.g. a chronic disease support group) will require a very different approach than a group that accesses the Internet for purely a social purpose. The former may mean that the outreach provides additional support and resources, helping the existing community to maintain a safe environment in which they can continue to provide each other support. The latter however may require a tailored health message that is relevant and accessible to a community not focussed on health based objectives. It is important to remain aware of the fact that just because it happens to be a space in which members of the target group congregate, may not mean that they will appreciate the intrusion.

### 4.3 Choosing Sites

It is likely that there will only be a few specific websites that are appropriate. However if the target group is broad based (e.g. young people) than there may be many more options. The purpose of the site, whether an outreach service will impact on this and how amenable to the service the community will be should be considered. Not least of all, a relationship will need to be developed with the site owners who will likely be a private business with interests that may well differ from the intervention intentions.

All of this should be done in consultation with community members who use the sites. These users are often able to assess cultural shifts between sites, those that are the most popular, and the different ways people engage with each other depending on the site. Also keep in mind that members of chat rooms are not limited by geographic boundaries and people outside the funding parameters may be included in the outreach.

### 4.4 Accessing Peers

When utilising a peer education strategy it is important to define explicitly what a 'peer' will mean for the outreach intervention. How closely will a peer to the target group be defined? Are there reasons why some peer connections would be more useful than others? [Section 6 / Training Development](#) may assist in further exploration of this.

The most obvious way to access peers if using volunteers is to go directly to the site in which the outreach is to be conducted and chat to its members. Not only does this provide direct access to members of the target group, it also allows the service concept to be raised with those that will be affected in its implementation. This may determine whether it is actually appropriate to proceed with planned intervention. Not only will these individuals need to be involved in delivering the outreach, their involvement in the project planning stages is essential.

If paid staff are used to engage in online outreach, then any traditional policies around hiring a new staff member or evaluating an existing staff member in regard to their peer appropriateness should be sufficient. Keep in mind, the additional peer connection of familiarity with the Internet and preferably with the specific site, is important.

### 4.5 Online Ethics

The ethical dilemmas and debates that occurred during the CyberReach project are discussed throughout this manual. The following are the core ethics that informed the approach used for implementing and evaluating the CyberReach project. The ethical and logistical limitations of research and evaluation in online environments, centering around privacy, intrusion and the fair gathering of data, have been canvassed in depth by Eyesbach and Till <sup>45</sup>. A thorough investigation of how these apply to proposed projects is recommended.

- **Respecting Culture/Space** - As with any community, the Internet contains its own cultures that need to be approached respectfully for interventions to be successful. CyberReach was developed with the aim of being as un-intrusive as possible, ensuring community involvement in its development and delivery. This included utilising peers who had a knowledge of the dynamics and culture of the space to deliver the service, remaining flexible to changing dynamics and a commitment to the principle of 'do no harm'. This also involved respecting the private businesses involved and making concessions in collaboration between population health and corporate enterprise.
- **Supporting Volunteers** - The need to support peers and increase awareness of the impact of peer education is vital. CyberReach ensured that support from a supervisor was present for shifts, including on-call supervision for outreachers off-site. There were constant feedback mechanisms for the volunteer outreachers on their shift experiences along with face to face meetings to establish future changes to improve sustainability.
- **Evaluation** - Ensuring informed consent to any evaluation tools used was important, along with being open and transparent and providing chat room members and volunteer outreachers the capacity to provide feedback. CyberReach ultimately decided not to save text from interactions due to the potential to affect our relationship with the online community.
- **Quality Control** - The need to ensure that accurate information was delivered by outreachers and acknowledging that whilst outreachers were peers, the target group assumes accurate and professional expertise.

## 4.6 Project Evaluation

As a growing area it is increasingly important to evaluate Internet-based health promotion initiatives in order to provide evidence-based tools to enhance services. However it is also important to be aware of the challenges of evaluating potentially rapid changes in online cultures and technology so that six months on, prior evaluation may be less reliable than expected.

When considering the types of evaluation tools to be used it is vital to balance the information needed to improve the program and gain indicators of success with what is achievable or culturally appropriate. Developing sustainable protocols around record-keeping of interactions and shifts along with reliable and easily accessible feedback mechanisms for the community are essential.

See [Link 5 / Example Data Sheets](#) for one suggested record-keeping process, however depending on the target group and health issue much will require adaptation.

While aspects of process evaluation will be relatively straight forward, impact evaluation is likely to be very difficult in this opportunistic setting as it is for other outreach settings. While the technology exists to record significant data, this needs to be weighed against the ethical issues discussed above.

## Recommended Reading / Evaluation

### **Evaluation in a Nutshell**

Nutbeam, D. & Bauman, A. (2006) / Australia: McGraw-Hill

### **Qualitative Research Methods: A Health Focus**

Rice, P. L. (1999) / Melbourne: Oxford University Press

### **Evaluating health promotion – progress, problems and solutions**

Nutbeam, D. (1998) / Health Promotion International. 13: 27-44

### **Evaluating Health Interventions**

Ovretveit, J. (1998) / Buckingham. Open University Press

### **Measurement issues in data collection**

Windsor, R., Baranowski, T., Clark, N. & Cutter, G. (1994)

in Evaluation of Health Promotion and Education Program / Mountain View, CA:

Mayfield Publishing. 197-239

### **Evaluating Health Promotion**

Hawe, P., Degeling, D. & Hall, J. (1990) / Sydney: MacLennan and Petty

# Section 5 / Procedures

## 5.1 Internet Outreach Procedures

Following is an overview of the procedures that CyberReach adopted for its outreach. Some of the protocols are generic and will be useful across different projects whilst some are specific to the communities engaged with. Consultation with the target group and agency management is required to decide which elements should be adopted or adapted to suit individual project needs. Some of these procedures relate to general good service delivery but are included to stimulate discussion on how they apply online.

**Table 5.1 - Management Issues**

Procedure for CyberReach	Why we did it	What may change
An advisory committee comprising key agency stakeholders and community members will be developed.	To ensure the incorporation of community needs within the project development.	Prior existence of committee may be adjusted to incorporate online community input.
There will be community involvement in the design of the project and the capacity to provide feedback throughout.	To ensure that community members had the capacity to provide feedback at all levels of the project planning, implementation and development instilling confidence in the appropriateness of the intervention.	Community instigation of project.
An online feedback facility along with agency contact details will be promoted.	To allow community members to provide both positive feedback and grievances regarding the project.	Agency capacity to develop this.

Procedure for CyberReach	Why we did it	What may change
In the instance of a copy cat profile being produced and used (i.e. an individual creates a similar profile and pretends to be working for you or another agency) the owners of the website will be alerted.	To ensure that misleading or inaccurate information is not provided to community members and protect the integrity of the project. Websites generally have their own protocols for policing the content of their member profiles and removing them. Keep in mind though that these individuals may be well meaning in their intention to support their peers.	n/a

**Table 5.2 - Outreach Staffing**

Procedure for CyberReach	Why we did it	What may change
Outreachers will be required to be peers by virtue of their same-sex attraction and Internet use. Age will play a part in age-specific sites such as youth oriented ones.	To provide inside knowledge of health behaviours, community dynamics and access a marginalised group way of outsiders.	Definitions of peer and appropriateness to target group and service context.
Outreachers are required to participate in basic level agency training and specific Internet outreach training.	To ensure an adequate knowledge and skill base of outreachers.	Training needs deemed appropriate.
Outreach shifts will run for two hours.	To ensure that outreachers maintain quality service delivery for the time period; reduce potential for volunteer burn-out; and reduce the adverse impact of an outreachers presence for long periods of time.	May be run concurrently to opening times but dependent on staff availability and community use of the chat rooms.

Procedure for CyberReach	Why we did it	What may change
Outreachers will take a break every 20 minutes.	To follow occupational health and safety guidelines on working at a computer station for extended periods.	Depending on local/ contemporary OHS procedures.
Outreach shifts will only run until 9 p.m. at the latest.	To reduce the impact on the space where it was perceived to become more focussed on 'picking up' and an outreach presence would become more invasive.	Community use of the chat room and availability of staff.
New outreachers to conduct outreach at the agency in the company of their supervisor.	To ensure that new outreachers were provided with adequate supervision and support.	Use of paid staff to engage in outreach.
Experienced outreachers to have the option of conducting outreach shifts from home with access to on-call supervisor.	To reduce frustration of outreachers when level of interactions were low or nil.	

**Table 5.3 - Profile Development**

Procedure for CyberReach	Why we did it	What may change
'CyberReach' was adopted as a generic profile name.	To provide a professional and coordinated appearance to the project.	Appropriateness of new 'identity' for the project, use of current service name or specifying individual outreachers (by name, number etc.)
Outreach staff adopt pseudonyms to be used consistently whilst conducting outreach during the project.	To allow outreachers to develop roles separate to their personal use of the chat rooms; to give continuity for chatters; and give outreachers anonymity.	Level of prior engagement with targeted site that outreachers have.
Profile includes limited information outlining the project, what services are provided and dates/times that staff are online.	To ensure that chatters were aware of the role of the service prior to engaging with an outreachers.	Level of prior knowledge of the service etc



Procedure for CyberReach	Why we did it	What may change
Profile includes a small number of referrals including Internet links where possible.	To improve access to services for chatters whilst no outreachers are online, or if they do not wish to engage with an outreachers but looking for further information. Internet links were prioritised so that the referrals were in the same medium.	Relevance to target group and service.
Profile includes a link to a specific project website.	To provide more comprehensive information on the project; more detailed referral lists; and improve perceived legitimacy of the project and its identity.	Identity creation for the project, amount of resources available. Linking to a generic service website may be sufficient.
An example 'bio-line'* is provided. eg. " <i>Name</i> here, private me for health info."  *see glossary	To ensure consistency of marketing.	Changes across chat sites may not include this parameter.
The outreachers's pseudonym is inserted at the beginning of the 'bio-line'.	To provide a personalised element to the profile; inform chatters that there are multiple outreachers involved with the project; and to ensure that chatters are aware of whether they have previously chatted to the outreachers or not.	Level of peer relevance desired compared to professional persona; number of outreachers involved.

**Table 5.4 - Entering Chat Rooms**

Procedure for CyberReach	Why we did it	What may change
If there are less than 10 people in the main chat room, outreachers will not enter.	To avoid the presence of an outreachers affecting the dynamics within a chat room; to avoid intruding on small groups or one on one interactions; to avoid deterring people unfamiliar with the service from entering the chat room.	Numbers differing across sites and levels of use.
A message or service announcement will be entered into the main chat room advertising the service. eg. "Eric here with CyberReach, available for private chat regarding sexuality or health info. It's confidential and your profile won't be viewed."	To blanket advertise the service's availability to all chatters present; and to be up front about the purpose of the outreachers presence.	Profile name being sufficient if known service. May be personalised to include health messages depending on acceptability by community.
Example 'service announcements' are provided. See above.	To ensure consistency with the focus of the project.	n/a
If there have been no interactions and new chatters have entered the main chat room, outreachers may log out and re-enter the chat room after a lapsed period of 20 minutes.	To ensure new chatters entering the chat room were aware of the service presence. Those entering after the outreachers will not see the service announcement made when the outreachers first entered.	Site set up may archive previous postings.
A maximum of 4 service announcements are permitted over the shift with a minimum of 20 minutes between posting.	To reduce the impact of repetitive message posting on the chatters already within the chat room.	If a chat room has either very static membership or highly dynamic, the number of times an outreachers can post a message without putting off chatters may change.

**Table 5.5 - Engaging in Chat**

Procedure for CyberReach	Why we did it	What may change
<p>Outreachers will not engage in chat within the main or public chat room.</p> <p>NB. There were two exceptions to this:</p> <ol style="list-style-type: none"> <li>1. If someone initially engaged within the main room, CyberReach would post a short reply suggesting that they initiate a private chat.</li> <li>2. If someone asked what the project was about a short post was made.</li> </ol>	<p>To reduce impact on chatters, ensure confidentiality of service access and to ensure information provision is specific to the individual and not misconstrued by observers.</p>	<p>If service is particularly well received by community may be appropriate. This decision needs to be driven by the culture and expectations of the site, keeping in mind that the site is not owned/created by the project.</p>
<p>Chatters must initiate an interaction / outreachers will not engage in active outreach.</p>	<p>To reduce adverse impacts on the space; and gain implicit consent to an interaction by the chatter needing to contact the outreachers.</p>	<p>Level of acceptance of intervention by the community.</p>
<p>Outreachers will engage with no more than two chats at a time.</p>	<p>To ensure focus on appropriate information provision and service quality.</p>	<p>Depending on outreachers typing ability, one interaction may be sufficient, or more may be achievable if interactions are not complex and outreachers are highly competent.</p>
<p>Information is provided at the chatter's request only.</p>	<p>To ensure that outreachers do not make assumptions about chatter needs based on their own biases and perceptions.</p>	<p>Ensure linking back to good outreach practice.</p>
<p>Outreachers are not to ask for private details of chatters that are not relevant to information provision.</p>	<p>To increase anonymity of service delivery and maintain boundaries between outreachers and chatters.</p>	<p>Ensure linking back to good outreach practice.</p>
<p>Outreachers will not view chatter profiles.</p>	<p>To ensure anonymity.</p>	<p>Level of evaluation data collected - ethical complications apply.</p>

Procedure for CyberReach	Why we did it	What may change
Outreachers will terminate an interaction if the chatter is personally known to them.	To ensure inappropriate disclosure does not occur and maintain effective boundaries between personal use and outreach work.	If only one staff member at an agency conducts outreach they will likely be known by the chatters.
Outreachers will warn that an interaction will terminate if it is abusive/inappropriate/sexualised. If behaviour continues then the chatter may be blocked for a defined time period.	To ensure that service is professional and that gratuitous sexual chat is discouraged. To protect the outreachers from abusive or inappropriate interactions.	Website functions and agency protocols.
Outreachers are not to inform chatters when they are next on shift.	To reduce the likelihood of chatter dependency on individual outreachers. If continuous in depth interactions are sought, appropriate referrals should be made as this is not the purpose of the service.	Number of staff - if only one regular staff (or for example: one female and one male only; different professional expertise amongst outreach staff) then may be appropriate.
An example FAQ is included to provide outreachers with prompts.	To ensure consistency and accuracy of information provision.	Level of consistent information knowledge and potential to be personally biased.
If information is appropriate to be cut and pasted, outreachers will inform the chatter.	To enable outreachers to easily provide technical or lengthy information whilst managing chatter expectations of information provision and changes in language structure - ensuring that the chatter does not feel like they are being replied to by a computer generated message.	n/a
If the needs of a chatter go beyond the scope of the outreach service they will be referred to a more appropriate one.	To ensure that outreachers do not overstep their capacity in an online setting to deliver therapeutic interventions.	The type of service and experience of staff.
A referral database is provided on the computer system.	To allow easy copy and pasting of contact details.	n/a

Procedure for CyberReach	Why we did it	What may change
Referrals are only to be provided from the approved referral database.	To ensure consistency in service delivery and screening of appropriate and approved services.	n/a
Outreachers are not to continue an interaction over the phone.	To ensure consistency in service delivery and maintain boundaries on the service. More in depth engagement requires referral.	The role of the outreachers may be more comprehensive and include help-line services.
Outreachers are only to engage in outreach work during allocated shift times.	To ensure boundary development, accountability, and ensure the service did not encroach on the community excessively.	n/a
Recreational/personal use of the chat rooms is not allowed on the same day as outreach is conducted.	To ensure good boundary development and change in roles.	Amount of recreational use occurring.
Outreachers are to adopt effective barriers between their outreach and their personal use of chat rooms.	To ensure that outreachers maintain their professionalism in outreach and their social time was not impacted on by their involvement in the service.	n/a

**Table 5.6 - Evaluation**

Procedure for CyberReach	Why we did it	What may change
Outreachers are to complete log sheets documenting the number of interactions and their experience of the outreach.	To provide process evaluation data on outreachers experiences to assess levels of supervision/ debriefing required and on the potential sustainability of the project.	Evaluation data required.

Procedure for CyberReach	Why we did it	What may change
Outreachers are to complete data sheets on each interaction documenting basic demographic data and issues/ referrals discussed.	To provide some other kind of evaluation data. more	Evaluation data required.
Outreachers are to encourage chatters to visit the project website and complete the online feedback form.	To improve chatter knowledge of the service and increase rates of feedback.	Availability of website and evaluation data required.
Transcripts of outreach interactions will not be saved for evaluation purposes.	To suggest to chatters that we wanted to save the online text had the potential to damage the newly-developing relationship between the project and online community and ensuring informed consent was too cumbersome to the online culture.	Capacity to develop ethical and community supported processes for saving text depending on the relationship between the project and the target group.

Whilst the majority of these procedures were developed in consultation with peer volunteers at the beginning of the project, some were adapted during the process of implementing outreach as new factors emerged. The importance of flexibility is of utmost importance and it may well take the process of trialling an outreach strategy to clarify the appropriateness of certain protocols in each context.

# Section 6 / Training Development

## 6.1 CyberReach Training Overview

As discussed earlier, the training for CyberReach was developed via participatory action workshops with recruited volunteers. The following breakdown provides an overview of what was discussed and developed.

Rather than present an actual training package which would be out of date by the time it was printed, it was considered to be more useful to present the modus operandi of the training which can be adapted for use and applied to the relevant sites. This method also caters for the individuality of online communities and their evolving environments.

Therefore, what follows consists of a series of questions, areas for discussion and hopefully a usable guide in the type of issues that need to be considered when developing a training package for staff and indeed in clarifying the purpose and approach of each project. Answers to these questions should form a framework of the information needed to provide for staff/volunteers undergoing the training. Again it will be up to project teams to decide how this information is delivered and it may be appropriate to discuss these questions as a group to formulate the answers in consultation with community members. This is the process CyberReach undertook and it was found to be a useful way of ensuring community consultation at all levels of the project design.

## 6.2 Content Based Material

This is material which should be covered by existing training or policies on working with the client group of each service. What may change are the details and dynamics of how that target group engages with the Internet generally, with each other within a chat environment and how they may react to being interacted with by an online service. It will also include the theoretical framework of peer education and outreach and how this may be unique to the online environment to be targeted.

**Table 6.1 - Defining Community**

Topic	Discussion Elements
Online Community	<ul style="list-style-type: none"> <li>• What is your target group/s (TG)?</li> <li>• How does the TG access the Internet?</li> <li>• For what purpose/s does the TG access the Internet?</li> <li>• Does the TG access the Internet in different ways?</li> <li>• Are there sub-categories within the TG (eg. age, gender) that impact on the way they engage with the Internet?</li> </ul>
Community Needs	<ul style="list-style-type: none"> <li>• What barriers exist for the TG in accessing reliable health information on the Internet?</li> <li>• How can outreach reduce these barriers?</li> <li>• What needs are being fulfilled by their Internet use?</li> <li>• How can outreach support the fulfillment of these needs?</li> </ul>
Providing Support	<ul style="list-style-type: none"> <li>• What are the specific issues relevant to the TG?</li> <li>• What information and support is relevant to the online TG?</li> <li>• To what extent can this be delivered through text-based communication alone?</li> <li>• Is there the potential for the provision of online support to do harm? Will it negatively affect community dynamics / develop dependency / open dialogue on sensitive issues that cannot be addressed fully with text-only interventions?</li> <li>• Are there existing online services accessible to the TG?</li> </ul>



**Table 6.2 - Theory in Practice**

Topic	Discussion Elements
Defining 'Peer'	<ul style="list-style-type: none"> <li>• What does the term 'peer' mean?</li> <li>• How will the project define a 'peer' to the TG?</li> </ul>
Peer Education	<ul style="list-style-type: none"> <li>• What is Peer Education?</li> <li>• What is Peer Education NOT?</li> <li>• How will you maintain boundaries around the provision of peer education compared to therapeutic support?</li> <li>• What are the benefits of peer education for your TG?</li> <li>• What are the limitations?</li> <li>• How will you overcome these limitations?</li> </ul>
Outreach	<ul style="list-style-type: none"> <li>• What is Outreach?</li> <li>• Do you already have existing offline outreach services for your target group/s?</li> <li>• How would online outreach compare to the offline services?</li> <li>• How do the following components of outreach relate to providing support to your online TG? (Occurs in the community, Relevance, Immediacy, Short Duration, Factual Information)</li> <li>• What are the benefits of outreach for your TG?</li> <li>• What are the limitations?</li> <li>• How will you overcome these limitations?</li> </ul>

## 6.3 Process Based Material

This is the material that applies specifically to the process of doing outreach online, the mechanics of how the sites work, the procedures that will be followed, and perhaps most importantly applying notions of boundaries, confidentiality and respect to the online environment.

**Table 6.3 - Boundaries & Confidentiality in Cyberspace**

Topic	Discussion Elements
Online Boundaries	<ul style="list-style-type: none"> <li>• What are Boundaries?</li> <li>• Integrity + Self Care + Policy Guidelines = Strong Boundaries</li> <li>• How will boundaries be maintained between professional role and personal role in using chat rooms?</li> <li>• How will effective boundaries be assessed?</li> </ul>
Online Confidentiality	<ul style="list-style-type: none"> <li>• What is Confidentiality?</li> <li>• Is identifying information available from TG chat room profiles?</li> <li>• Will identifying information be kept from interactions?</li> <li>• If so, does it need to be?</li> <li>• How will this information be stored securely?</li> <li>• How will the confidential nature of the service be advertised?</li> <li>• How will you ensure that the TG are aware of the limits to confidentiality?</li> </ul>
Respect	<ul style="list-style-type: none"> <li>• What is Respect?</li> <li>• Why is respect so important?</li> <li>• What does respect for the TG look like in terms of the service?</li> <li>• What does respect for the online culture/space look like?</li> <li>• What does respect for staff/volunteers look like when it comes to supporting them in balancing their roles?</li> </ul>

**Table 6.4 - Online Communication**

Topic	Discussion Elements
Active Listening	<ul style="list-style-type: none"> <li>• What is effective communication?</li> <li>• What are the barriers to effective communication in chat rooms?</li> <li>• Given that the actual words used are only a small proportion of the way a message is conveyed, how will you reduce the potential for misunderstanding?</li> <li>• What is Active Listening?</li> <li>• How do we translate attending skills, paraphrasing, summarising, and clarifying to a chat room environment?</li> <li>• What questions are appropriate for outreachers to ask to enhance tailored information provision?</li> </ul>
Referrals	<ul style="list-style-type: none"> <li>• What services are the most useful for you to refer to?</li> <li>• Is there online access or information about these services to increase likelihood of referral taking place within the same medium (i.e. online)?</li> </ul>

**Table 6.5 - Protocols**

Topic	Discussion Elements
Management Issues	<ul style="list-style-type: none"> <li>• What agencies are involved in the project?</li> <li>• How will community consultation occur?</li> <li>• What sites will you be outreaching?</li> <li>• How will you engage with the site owners?</li> <li>• Will the service be advertised? If so, how?</li> </ul>
Outreach Staffing	<ul style="list-style-type: none"> <li>• Who will be conducting the outreach?</li> <li>• How will you recruit the outreachers?</li> <li>• Who will be providing direct support to the outreachers?</li> <li>• When will outreach occur?</li> </ul>
Profile Development	<ul style="list-style-type: none"> <li>• What information is essential to include in the project profile?</li> <li>• How will the profile blend its professional and peer influences?</li> </ul>

Topic	Discussion Elements
Entering Chat	<ul style="list-style-type: none"> <li>• How will you enter the chat room?</li> <li>• Will a message be posted in the main room?</li> <li>• What will be the purpose of the message?</li> <li>• How will you ensure that the message does not impact negatively on the space?</li> </ul>
Engagement in Chat	<ul style="list-style-type: none"> <li>• How will explicit consent to an interaction be gained/assessed?</li> <li>• How will you ensure consistent information and referral provision?</li> <li>• How will you deal with difficult interactions?</li> <li>• What are the basic principles of information provision?</li> </ul>
Evaluation Expectations	<ul style="list-style-type: none"> <li>• What information do you need to assess the success of your project?</li> <li>• What information do you require to improve your project?</li> <li>• How will you obtain this data?</li> <li>• Does the data collection impact on the community in any way?</li> <li>• How will you reduce this impact?</li> <li>• What impact will the evaluation process have on the outreachers?</li> <li>• How will you reduce this impact?</li> </ul>
Supervision Processes	<ul style="list-style-type: none"> <li>• How will individual debriefing processes be structured?</li> <li>• If more than one outreachers is there capacity to provide group supervision in addition to individual?</li> </ul>

## 6.4 Computer Role Plays & Skill Building

Whilst it is important to equip outreachers with a comprehensive knowledge of the theory and process of doing outreach, some of the skills will only be developed with hands-on application and practice.

CyberReach conducted the second day of training development within a university computer laboratory so that the outreachers were able to connect to the Internet and engage in mock chats with each other to increase online active listening skills. These chats were conducted within established chat rooms from international websites that were empty at the time of the workshops.

Along with general chat interaction with each other to warm-up, the outreachers were given scenarios in which each took on a role of either an outreachers or chat room member seeking information and/or support.

When planning this section of training it is important to ascertain the following:

- How many staff/volunteers will be trained?
- Are there enough computers for each participant to simultaneously to be connected to the Internet? If not the training session could be conducted in a computer laboratory at a school or university nearby. If smaller numbers of participants are involved then having pairs or triads logged onto computers throughout a few offices may also be workable.
- Ensure that all computers are logged onto the Internet and able to access the selected chat room. Ideally choose a chat room with no other members present that could be affected by staff presence.
- Each participant is allocated a role of either outreachers, community member or observer. Only the 'community member' requires a scenario (describing their demographics and reason for initiating an interaction with the outreachers). All that the outreachers will see is the member's profile name and what is typed into the chat window. Hence, the spontaneity and lack of some context becomes a learning experience for the outreachers.
- Provide a referral file for the outreachers which may be the same as those already used within the agency or may be adapted to include more Internet based referrals.
- Participants should take turns alternating between roles of outreachers, community member and observer. All should take turns providing feedback after an interaction on each others' 'chatting' styles and the experience of being in each role.
- Repeat the process multiple times with chat scenarios of varying complexity and variety. Bring back to the whole group to share experiences and learnings. Compare the different ways that outreachers have worked with scenarios. Printing out the chat text and going through each one may be useful to develop alternate ways of handling an interaction. Ensure that effective interactions are highlighted and useful ways of engaging are shared.
- No matter how many times this is done it will not be the same as actually doing outreach - therefore the initial period of beginning online outreach needs to involve high levels of supervision to allow further development of skills.

## Section 7 / Recommendations

Based upon the experiences of CyberReach we offer the following to keep in mind in the planning of similar Internet outreach strategies.

- Funding and planning groups need to be aware that the Internet environment is constantly changing. Within six months there can be significant changes that may require rethinking of aspects of programs. Online communities are also constantly evolving and there continues to be new developments in ICT, such as the likelihood of more video-based technology in the future. Planning and funding arrangements need to reflect this.
- To stay abreast with current Internet trends, available technologies and the target group, programs need to be firmly connected to the communities they are outreaching and take an ongoing reflexive approach to their methods and assumptions. Having participants from the online community actually involved in the project was critical to the projects capacity to reflect and adapt. A peer-based education component to these types of programs is strongly encouraged.
- The success of outreach forms of intervention lie in accessing pre-existing communities where they are situated rather than relying on them accessing a service positioned elsewhere. However programs also need to be aware of the impact of health promoters entering an online environment – this applies not just to interactions but also the way that a simple presence of a perceived outsider can impinge on a community's dynamic. This includes considering carefully the type of data to be collected that respects the environment and the services engaging with that environment.
- Further research needs to be conducted to understand the styles and approaches of different online interaction, and the relative influence of technical platforms of ICT, gender and age.

# Appendices

<b>Link 1 / Glossary</b>	<b>43</b>
<b>Link 2 / Internet Jargon</b>	<b>45</b>
<b>Link 3 / Example Profile</b>	<b>49</b>
<b>Link 4 / Example Messages</b>	<b>50</b>
<b>Link 5 / Example Data Sheets</b>	<b>51</b>
<b>Link 6 / References</b>	<b>54</b>
<b>Link 7 / Contacts</b>	<b>58</b>

# Link 1 / Glossary

## **Bio-Line**

Also called 'profile heading' or other terms depending on the site, but is simply a short phrase used as a heading for a users profile.

## **Bots**

Derived from the term 'robots', these are automated messages received within some chat rooms that 'masquerade' as real chatters with pre-generated conversation prompts but are actually advertising programs.

## **Chat-Room**

Virtual 'rooms' that allow individuals who are simultaneously online to communicate via real-time text messages. Generally involve a main chat room in which many users can participate as well as the capacity to 'private chat' with one or multiple other users.

## **CyberReach**

A pilot project of the WA AIDS Council and the WA Centre for Health Promotion Research developing and trialling guidelines for conducting chat room based Internet outreach.

## **FAQ**

Frequently Asked Questions

## **Health Promotion**

"Health promotion can be regarded as a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes." <sup>1</sup>

## **ICT**

Information and Communications Technology

## **Instant Messenger System**

Similar to chat rooms but are not connected to a specific website. They allow the user to compile a list of 'contacts' via entering their emails and if simultaneously online are able to engage in a private chat.



## **Internet**

A system of interconnected computers creating a matrix of information exchange, through websites, e-mail and computer-based communication networks creating a virtual environment.

## **MSM**

Men who have Sex with Men

## **Outreach**

A health promotion strategy involving taking a service to where a community is situated rather than relying on clients to access a service situated elsewhere.

## **PARC**

Participatory Action Research Committee

## **Participatory Action Research**

Participatory action research (PAR) has emerged in recent years as a significant methodology for intervention, development and change within communities and groups. Essentially PAR is research which involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. PAR grew out of social and educational research and exists today as one of the few research methods which embraces principles of participation and reflection, and empowerment and emancipation of groups seeking to improve their social situation.

## **Peer Education**

Peer-based outreach is a health promotion strategy that has been effective in reaching and supporting marginalised communities on a range of issues including substance use cessation, sexual health, and mental health promotion. Peer-based programs are where a small number of people from a group or community actively attempt to support, inform and influence the majority through various forms of outreach. The approach generally aims to improve knowledge, decision making, coping skills, resiliency, risk reduction, help seeking behaviour, support networks and sense of belonging.

## **Posting**

The process of entering a message into a chat room window for other/s to view. Also refers to placing messages on discussion boards, forums or blogs.

## **Profile**

A web page developed within a chat room based website containing personal details of the user including photos, interests and personal attributes. These are generally visible to other users of the site.

## **SSAY**

Same-Sex Attracted Youth

# Link 2 / Internet Jargon

## Some Common Chat Abbreviations

Following are some common abbreviations used within chat rooms and other Internet-based communications. Far from exhaustive, the list may provide a starting block for projects to develop their own jargon dictionary that is peculiar to the community with which outreach is proposed. The best way to gain an understanding of the language used by the target group is having them directly involved in the development of the project.

Abbreviation	Common Translation
1-2-1	One To One
2u	To You
2u2	To You Too
24/7	24 hours a day, 7 days a week
AAMOF	As A Matter Of Fact
ADN	Any Day Now
AFK	Away From the Keyboard
AOL	America On Line (Internet Content Provider)
A/S?	Age/Sex?
A/S/L?	Age/Sex/Location?
ASAP	As Soon As Possible
ATB	All The Best
ATK	At The Keyboard
ATM	At The Moment
ATTN	Attention
AU	Australia
AYT	Are You There

Abbreviation	Common Translation
B4	Before
B4N	Bye For Now
BAK	Back At Keyboard
BF	Boyfriend
BRB	Be Right Back
BS	Bullshit
BTW	By The Way
C&P	Cut/Copy & Paste
CU	See You
CUL	See You Later
CUL8R	See You Later
CWYL	Chat With You Later
CYA	See Ya
CYL	See You Later
D/L	Download
DIY	Do It Yourself
DK	Don't Know
DL	Download
DOB	Date Of Birth
F2F	Face to Face
FYA	For Your Amusement
FYI	For Your Information
G2G	Got to Go
GA	Go Ahead
GF	Girlfriend
GL	Good Luck
GR8	Great
GSH or GSOH	Good Sense of Humour
GTG	Got To Go

Abbreviation	Common Translation
HTML	Hypertext Markup Language
HTTP	Hypertext Transfer Protocol
IAP	Internet Access Provider
IB	I'm Back
IC	I See
ICP	Internet Content Provider
ICQ	I Seek You (Internet messaging system)
ID	Identification
IRC	Internet Relay Chat
ISP	Internet Service Provider
IT	Information Technology
K	Okay
L8R	Later
LOL	Laughing Out Loud
M8	Mate
MSN	Microsoft Network (Internet messaging system)
NE1	Anyone
OMG	Oh My God
PC	Personal Computer / Politically Correct
PLS	Please
PPL	People
RL	Real Life
ROFL	Rolling On Floor Laughing
RT	Real Time
SPAM	SPiced hAM (unsolicited bulk email or postings)
SYL	See You Later
TAF	That's All Folks
TBC	To Be Continued
TMI	Too Much Information

Abbreviation	Common Translation
TNX	Thanks
TY	Thank You
TYT	Take Your Time
W8	Wait
W8ING	Waiting
WB	Welcome Back
WBS	Write Back Soon
WTF	What The Fuck

# Link 3 / Example Profile

## Profile > CyberReach

**Location**

Western Australia

**Sex**

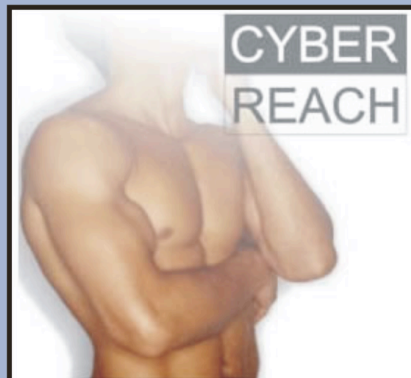
Male

**I'm looking for**

Men

**Interested in**

Conversation



CyberReach - Private for health info

### More about me

CyberReach is an outreach service for the online community delivered by trained volunteer gay men. We provide reliable information on sexuality, safer sex and other health issues and as a referral point to other services.

Please private us if you would like to know more. Everything you discuss with CyberReach staff is confidential and your profiles will not be viewed.

For more info on CyberReach or to give us feedback on the service please go to our website. CyberReach staff will be available to chat in the Perth Citywide chat room at the following times: (Perth Time) Mondays 6-8pm Thursdays 6-8pm and occasionally at other times. Feel free to send a message or strike up a private chat!

**My web site**

[www.cyberreach.com.au](http://www.cyberreach.com.au)

**My other contact info**

08 9482 0000 / [chat@cyberreach.com.au](mailto:chat@cyberreach.com.au)

# Link 4 / Example Messages

## **Bio Line/Profile Heading (attached to profile):**

- \_\_\_\_\_ here. Private for health info.

## **Entry Messages (posted in main chat room):**

- Hi, I'm \_\_\_\_\_ with CyberReach. Private me if you want info on safe sex, sexuality or health stuff.
- Hi, I'm \_\_\_\_\_ with CyberReach. Private me if you want to chat about safe sex, sexuality or health issues.
- \_\_\_\_\_ here with CyberReach. Online for confidential chat about safe sex and HIV. Pvt me.
- \_\_\_\_\_ here with CyberReach. Having a rough time and need to chat? Pvt me.
- \_\_\_\_\_ here with CyberReach. Pvt to find out how to get connected with the gay community.
- \_\_\_\_\_ here with CyberReach. Syphilis is back! And you mightn't know you have it. Pvt to chat.
- \_\_\_\_\_ here, available for chats on safe sex and sexuality. Private me.
- Private for safe sex info or to chat about sexuality and health.
- Got a health concern regarding sex or sexuality? Drop me a line.

# Link 5 / Example Data Sheets

## Data Sheet

**Part 1. Overview** **Interaction No. for this Shift : \_\_\_\_\_**

Date _____	Day _____	Time _____am/pm	Outreacher _____
Website Gaydar.com <input type="checkbox"/> 1 Gay.com <input type="checkbox"/> 2 Pink Sofa <input type="checkbox"/> 3 Instant Message <input type="checkbox"/> 4 Other _____ <input type="checkbox"/> 5		Chat Room _____ Length of chat _____ min	Prank / Sex interaction <input type="checkbox"/> Disconnected abruptly <input type="checkbox"/>
Initial reason that chatter contacted program _____		Type of Chat 1 <input type="checkbox"/> Assuming first time chatter has engaged with outreach 2 <input type="checkbox"/> Chatter mentioned that they had engaged with online outreach previously	

**Part 2. Chatter Demographics / Characteristics Disclosed** (multiple options can be ticked)

Gender	Feelings / Attracted to	Behaviour / has sex with	Identity
Male <input type="checkbox"/> 1	Male <input type="checkbox"/> 1	Male <input type="checkbox"/> 1	Gay <input type="checkbox"/> 1
Female <input type="checkbox"/> 2	Female <input type="checkbox"/> 2	Female <input type="checkbox"/> 2	Bisexual <input type="checkbox"/> 2
Transgender <input type="checkbox"/> 4	Transgender <input type="checkbox"/> 4	Transgender <input type="checkbox"/> 4	Queer <input type="checkbox"/> 4
Other <input type="checkbox"/> 8	Not stated <input type="checkbox"/> 0	Not having sex <input type="checkbox"/> 8	Lesbian <input type="checkbox"/> 8
Not stated <input type="checkbox"/> 0		Not stated <input type="checkbox"/> 0	Straight / heterosexual <input type="checkbox"/> 16
			Other <input type="checkbox"/> 32
Only complete where chatter has provided this information or implied it – do not refer to chatter’s profile			Chatter not sure <input type="checkbox"/> 64 Not stated <input type="checkbox"/> 0
Primary Partner (in relationship with)	Age	Cultural Background	Location
Male <input type="checkbox"/> 1	Under 18 <input type="checkbox"/> 1	Anglo-Celtic <input type="checkbox"/> 1	State capital city – metro <input type="checkbox"/> 1
Female <input type="checkbox"/> 2	18 – 25 <input type="checkbox"/> 2	ATSI <input type="checkbox"/> 2	State regional / rural <input type="checkbox"/> 2
Transgender <input type="checkbox"/> 4	Over 25 <input type="checkbox"/> 3	Asian <input type="checkbox"/> 3	Interstate _____ <input type="checkbox"/> 3
More than one <input type="checkbox"/> 8	Not stated <input type="checkbox"/> 0	Other / specific <input type="checkbox"/> 8	Post code stated _____ <input type="checkbox"/> No.
Single <input type="checkbox"/> 16	Known age: _____ <input type="checkbox"/> No.	_____ <input type="checkbox"/> 0	Nothing stated <input type="checkbox"/> 0
Not stated <input type="checkbox"/> 0		Not stated <input type="checkbox"/> 0	

**Part 3. Issues / Topics Discussed** (multiple options can be ticked)

<b>Sexuality (1-9)</b> Sexuality generally <input type="checkbox"/> 1 Safe sex practices <input type="checkbox"/> 2 Sexual technique / mechanics <input type="checkbox"/> 4 Other _____ <input type="checkbox"/> 9	<b>HIV (10-19)</b> HIV generally <input type="checkbox"/> 10 Reducing risk of transmission - anal <input type="checkbox"/> 12 Reducing risk of transmission - oral <input type="checkbox"/> 13 HIV testing <input type="checkbox"/> 15 Other _____ <input type="checkbox"/> 19	<b>STI (20-39)</b> STI generally <input type="checkbox"/> 20 Reducing risk of transmission - anal <input type="checkbox"/> 22 Reducing risk of transmission - oral <input type="checkbox"/> 23 STI testing <input type="checkbox"/> 25 Other _____ <input type="checkbox"/> 39	<b>Social / Mental Health</b> Social isolation <input type="checkbox"/> 70 Geographic isolation <input type="checkbox"/> 71 Depression <input type="checkbox"/> 72 Homophobia / discrimination <input type="checkbox"/> 74 GLBTIQ community <input type="checkbox"/> 75 Meeting peers <input type="checkbox"/> 76
<b>Sexual Spaces (50-59)</b> Name _____ <input type="checkbox"/> 59	<b>PEP (60-69)</b> General <input type="checkbox"/> 60 Referral <input type="checkbox"/> 61 Other _____ <input type="checkbox"/> 62	<b>Specific STI (40-49)</b> Discuss specific STI(s)? <input type="checkbox"/> 49 Name them if you can: _____ _____ _____ Other _____ <input type="checkbox"/> 99	Relationships generally <input type="checkbox"/> 80 Finding partner <input type="checkbox"/> 81 Domestic abuse <input type="checkbox"/> 82 Legal issues <input type="checkbox"/> 90 Sexual assault <input type="checkbox"/> 91

Session ID - WACHPR use only



**Part 4. Referrals Made**

(multiple options can be ticked)

<b>Sexual Health Services</b> eg Sexual health clinic #1 <input type="checkbox"/> 1 eg Sexual health clinic #2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Other _____ <input type="checkbox"/> 9	<b>AIDS Council Services</b> eg Workshops <input type="checkbox"/> 30 eg Counselling <input type="checkbox"/> 31 eg HIV support <input type="checkbox"/> 32 <input type="checkbox"/> 33 Other _____ <input type="checkbox"/> 39	<b>GLBT Community Support</b> <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 Other _____ <input type="checkbox"/> 69
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<b>Other Health Services – Clinical</b> eg Hospital <input type="checkbox"/> 10 eg Counselling <input type="checkbox"/> 11 eg Drug / alcohol clinic <input type="checkbox"/> 12 <input type="checkbox"/> 13 Other _____ <input type="checkbox"/> 19	<b>Medical Practitioner</b> Sexuality sensitive GP <input type="checkbox"/> 40 Youth friendly GP <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 Other _____ <input type="checkbox"/> 49	<b>GLBT Social / Recreational Groups</b> <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 Other _____ <input type="checkbox"/> 79
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<b>Other Health Services – Non Clinical / Education</b> eg Hep C Council <input type="checkbox"/> 20 eg Sex worker org <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 Other _____ <input type="checkbox"/> 29	<b>Welfare / Legal</b> eg Legal aid <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 Other _____ <input type="checkbox"/> 59	<b>GLBT Social / Recreational Venues</b> eg Sauna <input type="checkbox"/> 80 eg Gay hotel <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 Other _____ <input type="checkbox"/> 89
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**Part 5. Websites**

(multiple options can be ticked)

<b>Sexuality and Sexual Health</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Other _____ <input type="checkbox"/> 9	<b>Campaign Specific</b> <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 Other _____ <input type="checkbox"/> 19	<input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 Other _____ <input type="checkbox"/> 29
--	---	---

**Other Referrals**

<input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94	<input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99
---	---

Priority / Major Issues Discussed	Other Comments	Interaction Rating*

\***Interaction Rating:** How much benefit do you think the chatter got out of the chat? (score of 1 to 5)

1- Nothing, did not seem to help at all

5 –A lot of benefit - I think the chatter felt the information / chat / suggestions / referral really helped.

Session ID - WACHPR use only

## Shift Record

Bio Line used during Shift:					
DAY	DATE	SHIFT TIMES [From - To]	OUTREACHER	VOLUNTEER / STAFF	HOURS WORKED

TOTAL NUMBER OF INTERACTIONS	
------------------------------	--

WEBSITE	CHAT ROOM	NUMBER IN ROOM AT START OF SHIFT	NUMBER IN ROOM AT END OF SHIFT

**Overall feelings about the shift:**

**Things that went well:**

**Things you may have liked to have done differently:**

## Link 6 / References

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