



The voice of all people living with HIV

REPORT

Positive Impact Prevention Weekend

13-15 September 2024

Q Station Manly

A workshop for people living with HIV who
identify as heterosexual and bisexual

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**The voice of all people
living with HIV**

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Positive Impact Workshop 2024



Positive Life NSW staff, volunteer and Board members. Q Station. September 15, 2024.

Executive Summary

Between Friday 13 and Sunday 15 September 2024, 23 people living with HIV (PLHIV) attended Positive Life NSW's (PLNSW) *Positive Impact* Prevention Weekend Workshop. To the best of our knowledge, this is groundbreaking work. No HIV prevention consultation which engaged heterosexual and bisexual PLHIV has ever occurred in Australia before.

Positive Impact was an opportunity for all attendees, both community members and PLNSW staff, to engage as peers. *Positive Impact* enabled discussions related to preventing HIV transmission in the broader community and gave all attendees an opportunity to share life experiences and personal strategies.

Delivered as a weekend event, *Positive Impact* included an introductory evening; an epidemiology presentation delivered by Kirby Institute HIV epidemiologist Dr Skye McGregor; and several mixed-mode and solutions-focussed workshop activities. Attendees provided deep insights on prevention and testing, generating initiatives and discussions that we have analysed to produce this report.

The workshop was structured to build and develop a range of HIV prevention strategies for heterosexual and bisexual people. Attendees came from diverse cultural and ethnic backgrounds, with the majority born overseas and residing currently in the Greater Western Sydney (GWS) area).

Prevention, testing and treatment ideas generated by the attendees focus on tackling HIV stigma and discrimination; innovating existing prevention-based paradigms of health service delivery; training and education modalities across the health system that support authentic voices and story-telling, culturally and linguistically diverse support; new and thoughtfully applied ways of supporting current and new testing and treatment paradigms; and peer-enabled cultural and community resources and information exchanges.

Positive Life NSW hopes that this report will be used to inform future HIV testing and prevention campaigns that will be designed to reach populations who have not been served by past NSW HIV strategies.

Positive Life NSW gratefully acknowledges the funding support from the NSW Ministry of Health and wishes to thank NSW Health for enabling this inaugural program, which will not just benefit peers at Positive Life NSW and the HIV community in NSW but assist decision makers to strengthen and enhance the already excellent HIV response in NSW, to ensure that no community in NSW is left behind.

Recommendations

Recommendation 1

To incorporate lived and living experiences in all consultations regarding the prevention of HIV and to ensure that the voices of culturally and linguistically diverse communities, heterosexual and bisexual people are included and amplified.

Recommendation 2

To utilise the outcomes from the workshop to develop culturally appropriate resources and campaigns to create awareness of HIV and sexual health, and reduce HIV stigma and fear in heterosexual, bisexual and culturally and linguistically diverse communities.

Recommendation 3

To create innovative arts-based programs to address stigma and discrimination surrounding HIV/AIDS within heterosexual and bisexual communities through storytelling, 'human books' or 'living libraries' events, active listening, arts-based programs and cultural performances. This collaboration with creatives will raise awareness of the potential of using lived experience to develop innovative far-reaching prevention messaging and health promotion resources.

Recommendation 4

Build on the innovative HIV self-testing vending machine programs designed to reduce barriers to accessing HIV testing technologies by incorporating new locations and spaces, that are less about targeting particular communities and populations (e.g. community centres), and potentially make their reach broader to 'normalise' HIV testing in public spaces such as petrol stations, hotel rooms, cruise ships, airports, and general high turnover stores such as Bunnings.

Recommendation 5

To utilise the outcomes from the workshop to develop culturally appropriate HIV and sexual health educational materials and health promotion resources tailored to the needs and preferences of diverse heterosexual and bisexual populations.

Recommendation 6

To generate new and/or increased funding opportunities to develop HIV testing and prevention strategies for these communities.

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Introduction

Positive Life NSW (PLNSW) is a not-for-profit, peer-based, and community-controlled organisation. We work to promote a positive image of all people living with and affected by HIV in NSW with the aim of eliminating prejudice, isolation, stigma, and discrimination. We provide information, peer support, and targeted referrals, and advocate to change systems and practices that discriminate against all PLHIV, our friends, family, and carers in NSW. We were incorporated on 21 July 1989 as People Living With HIV/AIDS (PLWHA) NSW and changed our name to Positive Life NSW on 15 February 2008.

As the largest peer-led and run representative body of all people living with HIV in Australia, and the voice of all people living with HIV in NSW since 1988, PLNSW is uniquely placed in our capacity as a membership organisation to engage our members and communities in developing HIV prevention strategies and promote good sexual health amongst heterosexual and bisexual populations in NSW. Over the past five years we have engaged extensively with and undertaken a wide body of work with the heterosexual and bisexual community of PLHIV and are seeing increasing numbers of people from culturally and linguistically diverse backgrounds, particularly from the Greater Western Sydney (GWS) area. Currently we support approximately 250+ heterosexually and bisexually identifying PLHIV who are full members of the organisation or registered on our Client Relationship Management database. Our long-term engagement and reach into these communities have established trust and linkages that leveraged the development of this workshop, particularly with people from the GWS area.

This report is produced from the collected data and information provided by *Positive Impact* attendees who have rated the workshop, it's aims, delivery and program exceptionally well. The structure of the workshop has allowed us to gather important and cutting-edge consultative information from our diverse communities and given *Positive Impact* attendees a voice and sense of agency in the NSW HIV prevention response.

The report has been structured with a Table of Contents. A comprehensive overview is provided, as well as a discussion on rationale, objectives, and demographics. Following this introduction, the methodology of the workshop is discussed, including information about format, location, facilitation and activities. Themes arising from participants' thoughts, experiences and insights are shared together with recommendations, as well as noting what PLNSW could operationalise in the future, with the Ministry of Health's guidance and support. Participant evaluations of the workshop are also discussed. This report contains appendices which provide additional context, raw data, or information relevant to the running of the weekend.

On behalf of our community and Positive Life NSW, we wish to commend this report to the Ministry of Health and look forward to discussing the details of this workshop and the ideas generated from our community.

Overview

New South Wales (NSW) is regarded as a world leader in its response to the HIV epidemic and NSW Health has achieved dramatic reductions in HIV transmission rates overall. This has been achieved through bio-medical HIV prevention options such as pre-exposure prophylaxis (PrEP) and the use of HIV treatment as prevention (TasP), expanded and accessible testing options, supported by extraordinary levels of early and immediate antiretroviral treatment (ART) for people living with HIV in NSW. However, new diagnoses in populations other than Australian-born men, including people who acquired HIV from heterosexual sex and people who were born overseas from culturally and linguistically diverse backgrounds have not seen the same declines.

Of the 231 HIV notifications in NSW in 2023, 73% were men who reported having sex with men (MSM) exposure, and 20% (47) reported heterosexual exposure. While there has been a 24% drop in diagnoses of MSM compared to the pre-pandemic period (2017-2019), there has only been a slight change in heterosexual diagnoses when compared to the same period.¹

The majority of heterosexual HIV diagnoses were in people born overseas (76%) and compared to the pre-pandemic average; this represents a slight increase. Of these overseas born heterosexually identifying people, 49% lived in Greater Western Sydney (GWS) representing a 21% increase compared to the pre-pandemic average, which may reflect generalised changes in area of residence and migration trends for many NSW residents² potentially attributed to cost-of-living pressures.

More than half of all notifications attributed to heterosexual sex in 2023 were diagnosed late, indicating the importance of initiatives to raise awareness about HIV more broadly in the wider community as well as testing and prevention strategies. This reinforces the need for improved access to testing for other populations to reduce the time between HIV acquisition and diagnosis. Over two thirds of overseas born heterosexually

¹ NSW HIV Surveillance Fourth Quarter and Annual Data Report 2023, Notifiable Conditions Information Management System (NCIMS), Health Protection NSW, 27 February 2024 <https://www.health.nsw.gov.au/endinghiv/Pages/tools-and-data.aspx>

² Ibid

identifying people were diagnosed late, representing a 68% increase compared to the pre-pandemic average, particularly for those residing in GWS³.

The NSW HIV Strategy 2021–2025 states “the estimated proportion of HIV-positive people who have not been diagnosed is higher among heterosexual people than among gay and bisexual men, although the actual number of people is smaller. Special consideration should be taken for men who have sex with men who do not identify as gay or bisexual, such as using discrete testing campaigns or accessible health services”⁴. The Strategy applies a renewed focus on connecting heterosexuals at risk, including culturally and linguistically diverse (CALD) people, MSM and women early with testing and care.

Rationale

Positive Impact aimed to address the disparities and unique barriers to testing and prevention strategies faced by heterosexual and bisexual people in NSW, particularly those from CALD backgrounds. The Positive Impact weekend workshop sought to address prevention gaps by utilising the knowledge and lived experience of heterosexually and bisexually identifying PLHIV to develop suggestions for targeted, innovative interventions, and new initiatives. The project was co-designed by a working group comprising heterosexually and bisexually identifying members of PLNSW who are from diverse cultural backgrounds and balanced gender representations.

Objectives

The Key Aims and Objectives of *Positive Impact* are:

- Utilise the knowledge and lived experience of heterosexually and bisexually identifying PLHIV to inform and guide the development of HIV prevention strategies and interventions to -

Reduce the incidence of new HIV notifications among heterosexual and bisexual populations in NSW.

Increase awareness and knowledge of HIV transmission, HIV testing uptake, prevention strategies, and sexual health among heterosexual and bisexual populations.

³ Ibid

⁴ NSW HIV Strategy 2021-2025, NSW Government.
<https://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2021-2025.pdf>

Empower individuals to make informed decisions about their sexual health and sexual behaviour strategies including condom use, pre-exposure prophylaxis (PrEP) and the use of HIV treatment as prevention (TasP), and expanded and accessible STI testing options including HIV.

Reduce stigma and discrimination surrounding HIV within heterosexual and bisexual communities.

1. Community Engagement and Consultation:

- Conducted a two-day residential weekend workshop of consultations, focus testing and specific group discussions with heterosexual and bisexual PLHIV to gather insights, perspectives and recommendations for HIV prevention initiatives tailored to heterosexual and bisexual communities.
- Created a co-designed collaboration process with heterosexual and bisexual PLHIV and stakeholders to ensure the meaningful participation of heterosexual and bisexual PLHIV in workshop planning and implementation.

2. Knowledge Sharing and Resource Development:

- Utilise the outcomes from the workshop to develop culturally appropriate educational materials and health promotion resources tailored to the needs and preferences of diverse heterosexual and bisexual populations.
- Utilise the outcomes from the workshop to develop culturally appropriate resources and campaigns to create awareness of HIV and sexual health in heterosexual, bisexual and culturally and linguistically diverse communities.

3. Stigma Reduction and Advocacy:

- Address stigma and discrimination surrounding HIV/AIDS within heterosexual and bisexual communities through storytelling, active listening, and raise awareness of the potential of using lived experience to develop innovative prevention messaging and health promotion resources through advocacy.

Representation

Positive Life NSW's Community Development

The *Positive Impact* Weekend workshop capitalised on recent synergies existent through PLNSW's Peer Navigation Program (PNP) including its in-clinic peer navigation work in Western Sydney, and successful heterosexual workshops held in June 2021, July 2022, and April 2023.

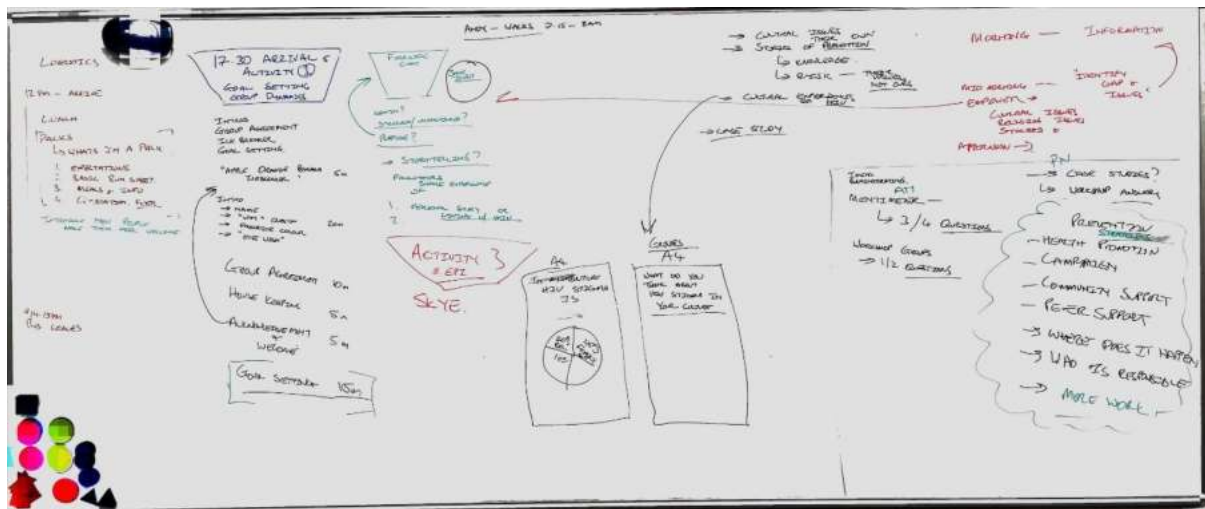
Positive Life NSW already runs a number of heterosexual and bisexual peer navigation groups – the Social Club; two women's groups for women aged under 45 years and over 45 years; and a men's group for heterosexual men. Feedback from these groups has emphasised the importance of nuanced, target HIV prevention and testing strategies to address late diagnoses, and how this is urgently needed to combat social isolation, poor health seeking behaviours, and improve mental health outcomes.

In utilising the community's expertise and lived experience around testing and prevention strategies that they feel they would have personally benefitted from, the workshop aimed to bridge the gap around the lack of HIV awareness, testing, and prevention knowledge particularly among heterosexual and bisexual people from CALD backgrounds. It also allowed for capacity building in the community of people living with HIV who identify as heterosexual and bisexual, as well as provide a framework for future upskilling and training.

Consumer Advisory Group

A *Positive Impact* Consumer Advisory Group was facilitated by Jane Costello and Priscilla Njeri of PLNSW who collaborated with five Advisory Group members. The members helped develop the program, provided insights into how the workshop should run, and ensured the *Positive Impact* program was relevant. All Consumer Advisory Group members were PLHIV from culturally and linguistically diverse backgrounds residing in Greater Western Sydney and identified as heterosexual or bisexual. The group met over the course of three months and held three meetings lasting up to two hours each and were remunerated for their time.

In this way, *Positive Impact* was co-designed directly with affected community members with lived experience, who provided impactful insights into the development of the program, content delivery, and outcomes.



Expressions of Interest

As places were limited for the *Positive Impact* workshop, Expressions of Interest were sought by invitation to a diverse group of heterosexual and bisexual community members living with HIV. A set of questions were included including demographic details to inform the selection criteria and ascertain suitability to participate. In addition to the demographic questions, there was an explanatory section highlighting that the residential weekend will be in a different format to those run previously, to manage community expectations. It noted that the weekend would consist of a series of workshops which would require input and feedback from all participants possibly drawing on their own lived experience. It also stated that the purpose of the weekend was to develop a range of innovative HIV prevention strategies for heterosexually and bisexually identifying people, including those from culturally and linguistically diverse backgrounds and Greater Western Sydney (GWS). It explicitly outlined that the outcomes from the workshop would be developed into a report for the NSW Ministry of Health to be used to inform future HIV testing and prevention campaigns and strategies designed to reach populations who have not been served by current HIV prevention messaging.

Potential attendees were also asked a series of qualitative questions around their reasons for wanting to attend the workshop, how they thought they would be able to contribute to a discussion around HIV prevention for heterosexually and bisexually identifying people, including those from culturally and linguistically diverse backgrounds and Greater Western Sydney; how they saw themselves participating in the workshop, and what they hoped to achieve as outcome/s. It was critical that participants represented a range of diverse experiences and perspectives to contribute to the workshop ideas generation.

Attendees:

23 PLHIV attended *Positive Impact*. One attendee left on Saturday morning due to illness. Of the 23 attendees, two were not closely connected to Positive Life NSW, and three had not engaged with Positive Life NSW for over 12 months.

Positive Life NSW Staff and invited guests.

Four staff members provided community and peer support, context, established participant safety, ensured the smooth running of the program, and facilitated the consultative workshop activities.

Jane Costello - CEO

Jane had overall oversight of the workshop, provided logistics and administrative support, was a key contact for attendees in providing peer support and provided liaison to Q Station staff.

Priscilla Njeri - Peer Navigator- Heterosexual Community and Ageing Support Coordinator

Priscilla oversaw the recruitment and enrolment of attendees and evaluated the Expressions of Interest. She also provided most of the peer support during the workshop, as well as administrative and logistical support.

Andrew Heslop – Senior Health Promotion and Peer Navigation Manager

Andrew has over ten years' community facilitation experience, including BBV, AoD, LGBTQA+ modalities as well as delivering workshops in custodial settings. Andrew was also able to speak to, and facilitate discussions relating to treatments, biomedical and barrier prevention methods, sexual health, and provide detailed information regarding health systems.

Roberto Fabbiano – Peer Navigator

Roberto recently joined Positive Life NSW in August 2024. This workshop was a valuable opportunity to build Roberto's organisational and peer-support capacity.

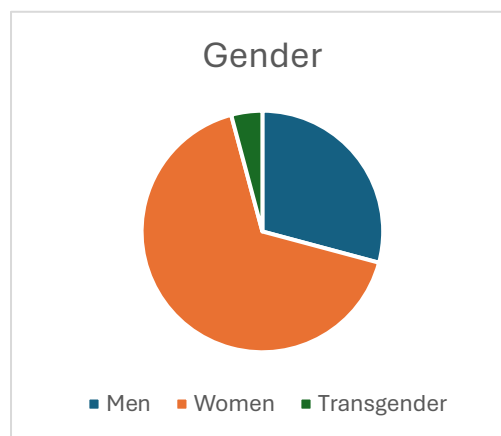
An accredited psychotherapist attended on Saturday and Sunday morning to alleviate any potential triggers around trauma and HIV diagnosis experienced by the participants, in the course of the workshop.

Dr Skye McGregor from The Kirby Institute attended on Saturday morning, before workshop activities and consultations commenced.

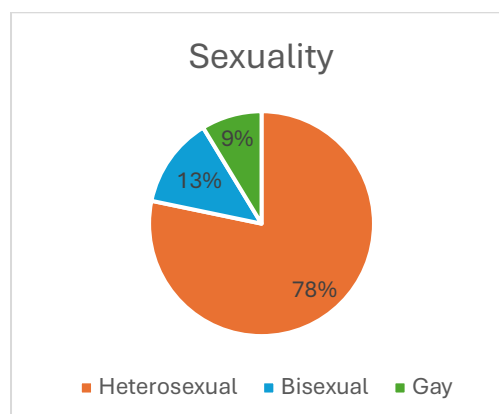
Demographics

The following demographic information highlights the breadth of community development work performed at PLNSW and is representative of the agency's work over 5 years to increase equitable access for under-served groups. Through focusing on creating safe, trauma-informed and person-centred spaces and programs we have been able to develop and support marginalised groups of communities living with HIV from diverse genders (focusing on females), sexuality (focusing on heterosexuals and bisexuals) and cultural and ethnic backgrounds, including migrants arriving to Australia to work and study.

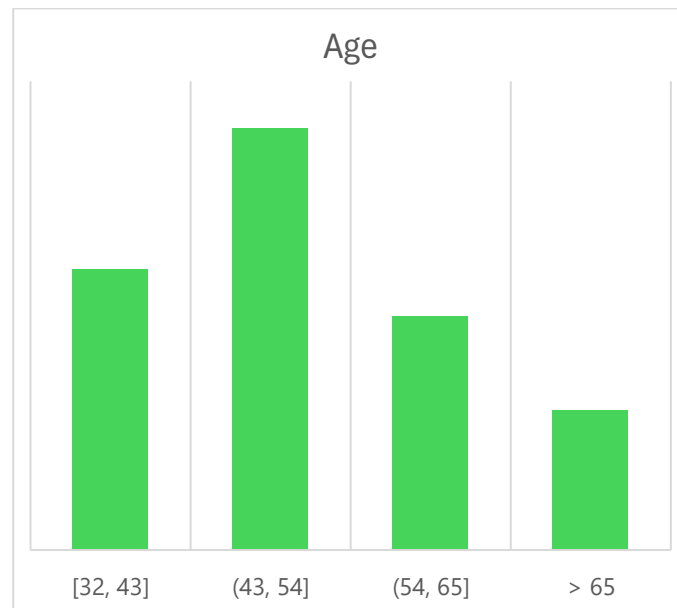
Of 23 PLHIV attendees, 16 were female, one was transgender, and seven were male.



78% of attendees were heterosexual, and 13% were bisexual.

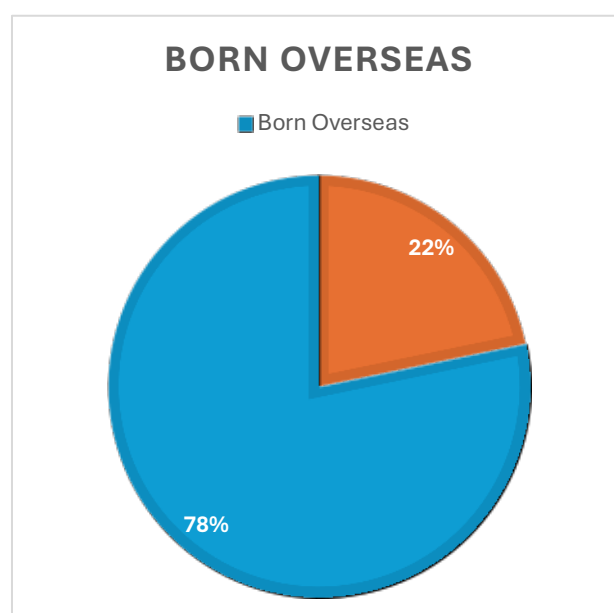


Ages ranged from 32 to 70 years old, with the highest percentage of people aged between 43 and 54 years old.

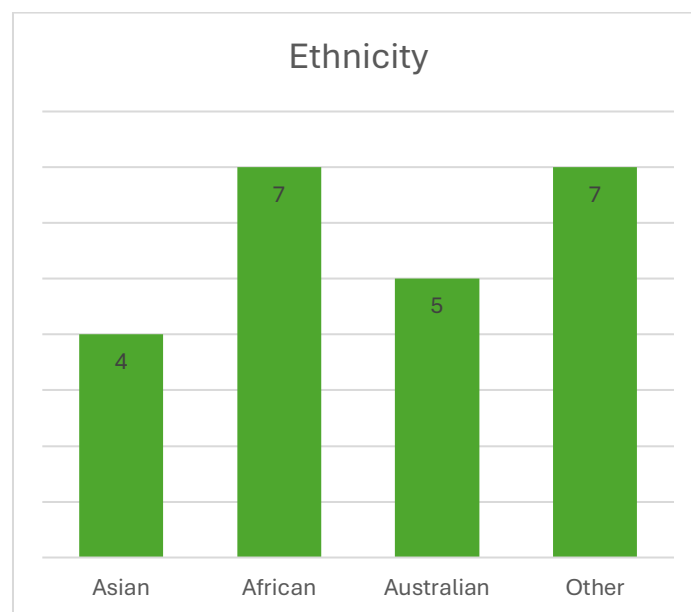


Overseas Born

78% of *Positive Impact* attendees were born overseas, representing a diverse organisational reach providing comprehensive participatory information that is culturally expansive and holistic.



- 7 attendees were from Africa
- 4 attendees were from Asia
- 3 attendees were from the Pacific region
- 3 attendees were from Europe (1 from Eastern Europe)
- 1 attendee was from South America
- 5 attendees were born in Australia.

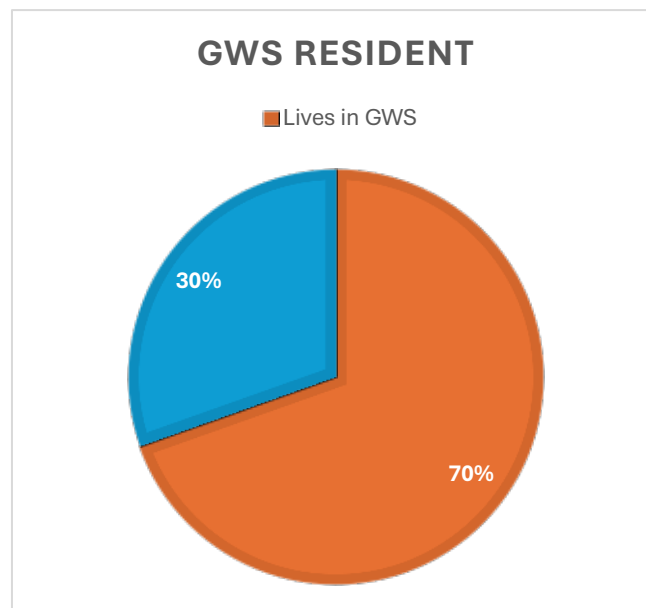


HIV Diagnosis

All participants in the workshop were people living with HIV and most had been living with HIV for longer than 10 years. Two attendees had been living with HIV since 1984. The most recent year of HIV diagnosis in the group was 2021. The average length of time that attendees had been living with HIV was 18 years.

Greater Western Sydney

Positive Life NSW has developed services and delivered core organisational work in Greater Western Sydney for over a decade. As a result of this community engagement, as well as sustaining the ongoing In-clinic Peer Navigation Program in sexual health services at Paramatta and Liverpool, we were able to ensure that the voices of PLHIV residing in Greater Western Sydney were well represented. 70% of *Positive Impact* attendees currently reside in Greater Western Sydney.



Methodology

Priscilla, Jane, and Andrew developed the *Positive Impact* workshop in consultation with community members through the *Positive Impact* Consumer Advisory Group.

Q Station Manly

Historic Q Station, previously the North Head Quarantine Station was established in 1832 to quarantine early immigrants on new boat arrivals to Sydney, and protect the city from multiple pandemics. Q-station was also a refuge for WW1 soldiers returning from the battlefields of France, and by the end of the war, it was the city's major defence against the Spanish Flu pandemic. During the 1970s, the property was used to accommodate Vietnamese orphans and was a temporary home for women and children evacuated from Darwin after Cyclone Tracy. The property is located north of Sydney city, in the midst of 36 hectares of the panoramic Sydney Harbour National Park.

Today, Q-Station is set up as a unique Sydney hotel, with a range of accommodation options, visitor centre, museum on site, tour desk, multiple guest services such as a laundry, entertainment, restaurant and shuttle bus service to navigate the sprawling grounds.

It is a cost-effective venue that provides bespoke meeting facilities, and allows participants to immerse themselves in nature between sessions. One of the inclusions in the weekend workshop was a daily early morning guided bush walk that included mindfulness practices as well as experiences of flora and fauna in the area.

Logistics

Shortly after midday on Friday 13 September, 13 participants met at PLNSW's office on Level 4, 414 Elizabeth Street, where they began networking with each other and PLNSW staff over a light lunch. Participants were provided with a welcome pack containing information about the venue, the retreat program, emergency numbers for the staff facilitators, venue safety messages, photographs and details about the accommodation, meeting rooms, mealtimes and locations, and check-out times.

Following this orientation, the group congregated outside the front of the building at 414 Elizabeth Street to board the bus and load their luggage and PLNSW materials and equipment for the 50-minute journey to the historic Q-Station on North Head Scenic Drive, Manly, NSW. Six made their way separately to the venue due to work commitments.

After arriving at Q-station, attendees disembarked and engaged with room assignments, a brief site orientation and overview, and review of the participant information pack. Others who were working or needed to make their own travel arrangements arrived separately over the course of the afternoon. Facilitators remained available to participants as support personnel to ensure that all felt comfortable, safe and secure before the first session began at 5.30pm.

Format

The workshop program was spaced over three days with Friday afternoon/evening dedicated to introductions and laying the groundwork for the weekend's activities. The full-day workshop on the Saturday was necessarily intensive in that it commenced with an overview of HIV surveillance data and the Australian and NSW HIV Strategies together with an overview of the HIV partnership landscape to provide context to inform the balance of the day. The activities following this were based around ideas generation, and included open-ended questions around the notion of community for heterosexual and bisexual communities including HIV awareness and stigma; the identification of gaps and issues in the promotion of HIV prevention in their respective communities; a series of case studies and discussions; and a brainstorming session around what the successful implementation of HIV prevention strategies and health promotion might look like. The Sunday offered an opportunity to bring all of the work together and develop innovative, feasible and scalable testing and prevention strategies co-designed for and by heterosexual and bisexual communities to support the NSW HIV response. Free time was built in on the Sunday to allow participants to debrief and reflect on an incredibly powerful and empowering workshop experience.

Counselling

An accredited psychotherapist and counsellor directly affected by HIV was available for on-call psychological support on both Saturday and Sunday. Given that the workshop was drawing on individuals' lived experience around their HIV diagnosis, missed opportunities for testing and prevention and experiences of stigma and discrimination, there was the potential that discussions could trigger feelings of trauma, loss or grief.

Workshops

Breaking down the delivery of the program of workshops as suggested and communicated from the *Positive Impact* Consumer Advisory Group, the following was developed:

1. That some time be spent defining terms and collaborating information exchanges to ensure all community members had the same information.
2. That time was spent in introductions and coming together.
3. That the community attendees work together both in large and small groups.
4. Allow adequate time within workshops for community members the opportunity of talking through their lived experience.
5. That clear and concise questions were posed to the participants.
6. That there be anonymous ways of expressing information.
7. Incorporate digital methods of facilitation.
8. That there was enough free time for community members to engage with each other in their own ways.

The design of the weekend was easily set by approaching the workshop as an opportunity for learning, as well as connection, collaboration and consultation.

To that end, the workshops were primarily designed as opportunities for small group discussions, with the use of Dotmocracy, and digital data sharing through Mentimeter providing anonymity.

Priscilla and Andrew designed the workshop and agreed to use the following method of workshop facilitation:

- Presentation and knowledge sharing.
- Ice-breakers and introductory games, including check-in and check-out time
- Facilitated large group discussions.
- Facilitated small group discussions.
- Mentimeter – a digital cloud presentation platform that collects information digitally and displays results in real time.
- Dotmocracy prompts placed around the walls.
- Mindfulness and physical exercises where appropriate.

Introductory night

The initial one-hour session on the Friday evening set the scene and expectations for the remainder of the weekend.

The program peer co-facilitator detailed housekeeping and basic property safety procedures as the beginning. This session was devoted to creating a group agreement and managing expectations of participants. This was followed by a series of icebreaker sessions, and a description of the overall aims and importance of the workshop to develop strategies around HIV prevention to address the disparities and unique barriers to testing and prevention strategies faced by individuals who identify as heterosexual or bisexual in NSW, particularly those from CALD backgrounds.

Epidemiology Data and HIV Strategies

To set the scene and provide context for the discussions to come, it was important to provide an epidemiological overview of the current Australian and NSW HIV surveillance data and the national and NSW HIV Strategies that guide the HIV response.

Dr Skye McGregor from the Kirby Institute, UNSW Sydney very kindly agreed to present an hour's session on -

- HIV surveillance in Australia including processes around data collection
- The impact of COVID on reductions in testing and sexual activity, and restrictions on the movement of people into, out of and around Australia during this time
- Eighth National HIV Strategy, its aims, targets and goals
- NSW HIV Strategy, its aim, headline target and goals around the four pillars of prevention, testing, treatments and stigma and discrimination
- What do we need to know to inform the policy response and what the data tells us
- Where the successes have been
- And what and where to next questions designed to stimulate discussion around rapid engagement in care for newly arriving people born overseas; the implementation of PrEP access for Medicare ineligible people and marginalised communities; strategies to support accessible testing options; with the conclusion that a range of nuanced approaches are likely going to be needed and these need to be designed in partnership with communities.

Overview of the HIV Response Landscape

Following the presentation by Dr Skye McGregor, the facilitator provided participants with an overview of the NSW HIV sector partners and the work of the NSW Ministry of Health. They were asked to describe what might be missing for heterosexual and bisexual communities, and start to identify some of the gaps, facilitators and barriers to access for testing and prevention modalities for more marginalised populations. This wrapped up the educational ‘setting the scene’ and providing context part of the workshop.

Dotmocracy prompts

Dotmocracy is an established facilitation method for collecting and recognising levels of agreement on written statements among a large number of people.

73 thought provoking ideas, themes, and prevention and testing models or resources were stuck to the walls around the workshop space and participants were invited to place post it notes next to any item that they agreed with, or which resonated strongly with them. Some attendees further noted items by writing a short statement on their post it notes. Examples are shown below:



examples of the dotmocracy approach at Positive Impact

Activity 1 Setting the Scene

Facilitated Small Groups (described by gender)

Saturday AM

Groups Question “Thinking about your collective understanding of risk of HIV, please tell us your experiences of HIV risk”

Group 1 – People who identify as female

Group 2 – People who identify as female (2)

Group 3 – People who identify as male

All *Positive Impact* attendees participated in this activity and groups were kept highly separated.

Each group was asked to collect their experiences onto a prepared A3 sheet which also provided information about the question, as well as a reminder for activity participants to only share experiences that they felt comfortable disclosing. Facilitators reminded participants of the availability of the counsellor.

Groups were split by gender to ensure cultural safety and allow participants the opportunity to speak confidentially and privately about their experiences of risk. Due to the risk of unwanted group disclosure, this highly personal information that participants shared was not brought back into the workshop for wider discussion, and PLNSW staff privately collected each group's responses and kept these and all other activity documents secure.

Activity 2 Setting the Scene

Activity 2 involved the use of the online presentation platform Mentimeter. Mentimeter participation is anonymous and secure. Attendees used their digital devices to provide input that was reproduced and projected to the entire workshop group in real time on a 100" TV screen which was utilised as a computer projector.

Attendees with low literacy levels or difficulty understanding written English were assisted by PLNSW staff. Attendees with low vision were assisted by the counsellor.

1. Mentimeter "Word Cloud"

▪ "My Community is"

A Word Cloud is a collection of words and short phrases represented visually. We asked attendees to define their community and who they were representing during the *Positive Impact* workshop. Participants could submit multiple responses.

All community members participated and generated 138 responses.

2. Mentimeter "Scales"

▪ What do you think your community needs to know about HIV and sexual health?

A series of statements about HIV and sexual health were displayed together and participants were able to rank how important or relevant they considered each statement to be, similar to a Likert scale. 1 was the lowest rank, 10 was the highest.

The statements were displayed as follows:

What do you think your community needs to know about HIV and sexual health?

1. More Information and understanding about HIV
2. Treat PLHIV with empathy
3. That HIV is a chronic health condition
4. Doesn't know much about sexual health and STIs
5. Needs to know how to negotiate safe sex
6. Doesn't talk about sex
7. Sexual health education.

All attendees participated in this question.

3. Mentimeter “Open Ended”

▪ “What does my community think about HIV Stigma”

Participants were invited to answer this question by inputting a short statement which could then be voted on by all attendees. All attendees participated in this question and provided 30 statements. In total 20 statements received votes and there were 6 statements that received 4 or more votes.

Activity 3 “Identifying Gaps and Issues”

Identifying gaps and ongoing issues in the HIV response formed a crucial and final step in developing the overall understanding of the workshop for attendees and collectivised their understanding so that insightful problem solving, and innovative ideas could be generated later. All *Positive Impact* attendees participated in this activity.

Attendees with low vision were assisted by the counsellor.

1. Facilitated Whole Group Discussion

▪ 15 minutes

The answers to Activity 2 were discussed in the group, with prompting questions centred on collectivising understanding of the Mentimeter results, as well as sense checking for collective understanding and participation, as well as setting the scene for the following small group discussions. Participants generally agreed that they:

- Had been heard and listened to and that their contributions were valued.
- Could now visualise “the problem” we were seeking to solve, with a greater comprehension.

Participants also shared collectively their experience of participating by noting that

- The workshop was progressing smoothly
- The workshop was engaging and thought-provoking.

2. **Small Group Discussions and note-taking**

- **20 minutes small groups discussion**
- **20 minutes presenting back to workshop (7 min per group)**

The room was split into three small groups, with some groups electing to work in other spaces or outside in a private area. Each group was provided with A3 paper on which to write; a scribe and presenter were nominated for each group. Each small group had separate but related questions to answer and presented back to the whole workshop.

Group 1

Question 1: What are the gaps and issues in promoting HIV prevention amongst your communities?

Question 2: What do you see are the barriers to people accessing HIV prevention methods in your communities?

Group 2

Question 1: What are the gaps and issues in promoting HIV prevention amongst heterosexual and bisexual people?

Question 2: What do you see are the barriers to people accessing HIV prevention methods?

Group 3

Question 1: What are the gaps and issues in collaboration with other stakeholders and community groups? Who should we be working with?

Question 2: What do you see are the barriers to collaborating with other stakeholders and community groups?

3. **Case Studies**

- **5 minutes read-aloud**
- **10 minutes whole group discussion**

Positive Impact attendees were given 6 case studies, each contained in a simple paragraph that identified the lives and experiences of heterosexual and bisexual people at risk of acquiring HIV. Each case study was fictional but gathered from a diverse range of consumer experiences aggregated from Priscilla's peer navigation support. Names, genders, sexualities and other identifying information were changed. Attendees were invited to listen as each case study was read out and reflect on the experiences engendered by each case study so as to help inform the upcoming afternoon activities. Participants were also invited to think over these case studies and discuss privately with other *Positive Impact* attendees over lunch.

1. *Madeline is a 35-year-old woman who has recently migrated from her home country to Australia with her husband. They have arrived in Australia feeling desperately unwell and have been admitted to ER, where doctors are unsure of why they are both so unwell.*
2. *Imar is a 20-year-old woman who was born in Australia to parents who migrated to Australia in the 1990's. Imar's family come from a very conservative, religious community and are active in that community in their home suburb in Greater Western Sydney. Imar is attending university and has met a fellow student who is an Australian, with whom she is keen to have a relationship with.*
3. *Kiaan is a 25-year-old man who migrated to Australia with his parents when he was still a child. He is soon to be married in a traditional, arranged ceremony; however, he is unsure of his sexuality and is not sure how he will be able to settle down into family life, but knows that he cannot disclose his sexuality to his family or community.*
4. *Christos is a 50-year-old man who has recently divorced from his wife of 25 years. They have several children together. He has started dating again later in life and has met a woman who he likes very much, although they have not had sex yet.*
5. *Felicity is a 32-year-old woman who has arrived in Australia to work on a visa and is enjoying her new experiences of freedom from the persecution she might face in her home country for her free views about sex and sexuality. She is keen to explore her sexuality with other women, and men, while in Australia, but is scared of getting a STI or HIV, which is preventing her from exploring her identity.*
6. *John is a 24-year-old man who identifies as heterosexual. He comes from a religious and community driven background, and his family is highly active in the community. Although he is heterosexual, he has had some limited experience with men sexually and enjoyed himself. He has been invited to have sex through an online dating app, and thinks that there may be drugs involved, which he is interested in exploring.*

Activity 4 “Ideas”

Following on from lunch, *Positive Impact* attendees were invited back to spend the remainder of the Saturday workshop formulating ideas through facilitated discussions. Drawing on living experience and having comprehensively set the scene, identified gaps and issues and worked collectively and in small groups to ensure that knowledge and understanding was well supported, the following final part of the afternoon sought to generate a range of innovations, ideas and responses to a framework of HIV prevention centred on community action for heterosexual and bisexual people living with HIV.

All *Positive Impact* attendees participated in this activity.

Prior to re-commencing, participants engaged in light physical activity (stretching).

1. Facilitated Group Discussion

▪ 10 minutes

Participant feedback was sought regarding:

- How the workshop was progressing.
- How people felt about moving into the next session.
- If they felt connected to the information being shared.
- If ideas and thoughts were being stimulated by the workshop process.

Workshop participants responded positively to this sense-checking and were keen to move into the next part of the workshop program.

2. Small Group Discussions

- 25 minutes small group discussion**
- 20 minutes present back**

Group 1

Question 1: What can we do to promote prevention strategies across our communities

Question 2: How will we do this?

Group 2

Question 1: What prevention strategies and education can we initiate for individuals who identify as heterosexual or bisexual?

Question 2: How will we do this?

Group 3

Question 1: What prevention initiatives will work for our communities?

Question 2: how will we implement them?

Group 4

Question 1: What prevention initiatives will work for our communities?

Question 2: how will we implement them?

3. Dotmocracy (individual participation)

▪ 10 minutes

Positive Impact attendees were given post it notes and asked to spend time wandering the room alone or in small groups in order to respond to the prompts that were placed on the wall sticking post it notes to those prompts that resonated with them. Each participant could use as many post it notes as they liked, however most used no more than 6 post it notes. Positive Life NSW Staff provided additional context or answers to questions relating to the dotmocracy prompts.

4. Facilitated Group Discussion

▪ 30 minutes

A whole group discussion was used to discuss the Saturday workshop, discuss broad themes relating to prevention, testing, stigma and discrimination. This facilitated discussion drew consensus from *Positive Impact* attendees on the ideas and brainstorming that was generated through the previous activities. The facilitator acknowledged the work and labour undertaken through their contributions. The group thanked the counsellor for attending.

Following the conclusion of the discussion, the facilitator led a mindfulness exercise to close out the day's activities.

Activity 5 “Bringing it all together”

1. Facilitated Group Discussion

▪ 30 minutes

This session on the Sunday morning was a check in with all *Positive Impact* attendees to ascertain how they were feeling after an intensive day of activities and workshops on the Saturday. Its purpose was to bring together all of the information and lived experience expertise shared, and knowledge gained, and participants were asked to reflect on

- Consolidating ideas and re-telling the stories of these ideas so that the group could add or discuss further
- Check if there were any further discussions that anyone might want to bring to the table.

2. Small Group Discussions

- **20 minutes small group discussion**
- **10 minutes present back**

The participants broke into smaller groups, to discuss their views on risk now that they had participated in the prevention discussions, and the intersections of family, religion, community, or other factors that might have influence on how PLNSW promotes and discusses prevention in heterosexual and bisexual communities as a PLHIV organisation.

Group 1

Question 1: Think about how we might address HIV stigma and fear through prevention. Are there particular parts of our discussion that make you think we will be able to address HIV stigma through prevention initiatives?

Question 2: What are the prevention initiatives which will help to reduce HIV stigma and fear, and how will they reduce HIV stigma and fear?

Group 2

Question 1: Think about how we might address HIV stigma and fear through testing. Are there particular parts of our discussions that make you think we will be able to address HIV stigma through testing initiatives?

Question 2: What are the testing initiatives which will help to reduce HIV stigma and fear and how will they reduce HIV stigma and fear?

Group 3

Question 1: Think about how we might address HIV stigma and fear through testing. Are there particular parts of our discussions that make you think we will be able to address HIV stigma through testing initiatives?

Question 2: What are the testing initiatives which will help to reduce HIV stigma and fear and how will they reduce HIV stigma and fear?

Group 4

Question 1: Think about how we might address HIV stigma and fear in the community. Are there particular parts of our discussions that make you think we will be able to

address HIV stigma in our community?

Question 2: What initiatives have we discussed this weekend that might address HIV fear and stigma. How will these initiatives address fear and stigma?

3. Facilitated Group Discussion

- **20 minutes small group discussion**

This provided an opportunity for time to reflect, think and take the work that had been done collectively as a group and let it sit outside of ourselves. There was an abiding sense that the workshop and participants had accomplished great things over the course of this weekend.

4. Workshop evaluations

- **30 minutes**

Following morning tea, participants returned to the meeting room for the final workshop activity. The facilitators thanked everyone for their time, passion and commitment to the process. It was noted by facilitators, the counsellor and the participants themselves that everyone had been very engaged throughout and participated enthusiastically, motivated by a workshop premise in which they had a very personal interest around prevention for their communities and were invested in the outcomes and public health benefits.

There was a general discussion with the group about what they felt worked well, and where there were areas for improvement using the “I LIKE, I WONDER, I WISH” approach.

Participants were invited to complete an evaluation form which was completed by all attendees.

Free Time

Previous workshop evaluations from successful heterosexual workshops held in June 2021, July 2022, and April 2023 indicated that participants valued free time built into the program to connect and network, but also to experience relaxation and reported positive mental health outcomes through walking, exploring and taking in the spectacular views of Sydney National Park and the harbour vistas. Additionally, the games night scheduled on the Saturday evening had proven popular at previous workshops as a way of participants engaging with and challenging each other over a range of board games involving varying degrees of skill.

Free time was factored into Sunday's program both before lunch, and into the afternoon prior to the return bus departure at 3pm back to the city.

Community Connectivity

Positive Impact engendered a sense of belonging and identification for many of the participants who found it empowering to be valued for their lived experience, and many spoke of a feeling of validation and being listened to.

The location of the workshop venue and the intentional creation of a safe, confidential, supportive space where participants felt welcomed, creating a notion of community through shared lived experience and provided the emotional safety to share knowledge by creating and defining boundaries.

The participants supported one another and many developed trusting and meaningful relationships through their attendance and participation. This created opportunities for capacity building and personal growth, as well as reducing social isolation and bolstering a sense of connection.

There were positive improvements in physical health and mental wellbeing as well as self-esteem.

Results and Analysis

Through a workshop framed at improving uptake of HIV testing, treatment, and support services for heterosexual and bisexual PLHIV, the results of the consultative process show several major themes which can be drawn out as being exceptionally important to the community.

Themes

The themes brought together from the shared collective experiences gathered from the insights of *Positive Impact* attendees can be distilled into the following:

- Stigma and discrimination present the most significant barriers overall and must be considered the primary issue relative to the implementation of any prevention-based activity, strategy, or project, especially in relation to the lives and experiences of people from diverse cultural backgrounds.
- Existing service delivery models and health promotion can be modified to reach a broader reach into communities who may be at risk of acquiring HIV.
- Education and training are important factors in ensuring that people connecting to sexual health and other prevention services in NSW feel safe, supported and are heard and believed. Education, information exchanges and health promotion targeted towards underserved population of communities at risk of HIV acquisition are important and the community is not aware of, or able to accord with, the current messages and information that is available; or it is not easily accessible or visible.
- Authentic storytelling that elevates the lives and experiences of PLHIV is crucial to enhancing the narrative of promoting understanding HIV in the community and reducing community-wide fear and stigma that is associated with HIV and acquiring HIV. Narratives need to change hearts and minds within the community and modernise the experience of HIV in the minds of the broad community.
- Primary care has strong roles to play in relationship building with communities at risk of acquiring HIV, training and education. Compassion and empathy are required in order to be reinforce and support trust-building.
- Peers (whether living with HIV, or representative of affected communities) have an extensive role to play in amplifying prevention and testing strategies; as educators, living-experience ambassadors, prevention peer support workers, and must be consulted in health promotion, advertising, campaigns and in the media.
- The community of PLHIV are passionate about being involved in the prevention response and are able to develop innovative ways of approaching and resourcing prevention strategies, health promotion and services/programs.

Activity 1: “Setting the Scene”

Participants responded well to the start of the workshop and the overview provided by Dr McGregor. Attendees were curious to know more about PrEP and access to PrEP, as well as discussing “community mobilisation” as represented by particular action points noted within the NSW HIV Strategy 2021-2025.

By providing the additional context of Dr McGregor’s presentation, the participants were well equipped to begin the day.

In order to strengthen group dynamics, as well as get participants thinking wholistically about HIV prevention, the facilitator broke participants into small groups based on their gender identity. Questions in each group related to individual experiences of risk and exposure to HIV.

The two women’s groups described risk in both broad, and personal terms, providing contexts relative to whole-of-community associations of risk, as well as deeply personal statements.

- *The messaging says that “only gay men get HIV”; No messages about HIV that relate to women; Disclosure; Always be suspicious; No women think they are at risk of HIV; Even though [they] knew about HIV from the news, and awful Grim Reaper campaign, women still didn’t think they were at risk; I made my [partner] have HIV.*

In particular, one group provided a comprehensive list of associated themes relating to risk, as well as defining who was at risk.

- *Cultural denial and stigma; lack of education; access to resources; perceived safety; unable to communicate regarding pre-sex questions.*
- *Young women; new relationships; casual sex; [people] exposed to drugs and alcohol; DV relationship[s]; remote communities; women in suppressed cultural conditions; international students; vertical transmission; gay men who identify as heterosexual.*

The men’s group struggled with this question and the facilitator spent some time with this group talking about themes associated with risk, and ways of preventing HIV transmission. The defined risk is simple statements.

- *Disclosure; stigma; cultural; education; drug use*

This strongly suggest that there is more work to be done in describing, communicating and acknowledging risk, and specifically the risk of sexual HIV transmission, to heterosexual and bisexual men.

A large group of attendees defined community based on their gender or sexuality. Some also defined their community by their place of birth or their relationship to Australia (*migrant, local*).

Other identities of community related to emotional responses (*sad, fearful, friendly, grateful, safe*); lack of, or support of, education, stigma and rights (*shame, lack HIV information, fear to be brave, lost to direction, empathic*); religion (*blessed; fundamentalist*), and pleasingly some felt that PLNSW and peer-based community engagement was a form of community (*PLNSW, peer-led, engaged, treated*).

Highlighted and ranked responses (where there were multiple same responses) are as follows:

Judgemental; supportive; heterosexual; lonely; stigmatised; discrimination; isolated; straight; helpful; women; empathic; shame; plnsw; searching; peer-led; engaged; migrant; bullied; caring; lack of trust; gay; lack of education; Guinea; grateful.

What do you think your community needs to know about HIV and Sexual Health?



These statements are recognised as being imperfect, however they provided another opportunity for *Positive Impact* attendees to think beyond their own individual experiences, and to reflect on what resources and needs exist within their defined communities.

Responses to these statements ran mostly as we expected, however the facilitators were surprised to note that “Doesn’t talk about sex” was higher than anticipated, as well as “Doesn’t know much about sexual health and STIs” was also higher than expected. The split overall in responses to “Treat PLHIV with empathy” and “Doesn’t talk about sex” (responses broadly ranged), were interesting to note. This suggests that attendees are comfortable discussing these statements but perceive their communities as having difficulty broaching these subjects.

More information and understanding about HIV?

All respondents listed this above 5 on the scale, with most rating at the highest (10) with a score of 9.0 out of 10

Treat PLHIV with empathy

All respondents listed this above 4, with most rating at the highest (10) with a score of 8.4 out of 10

That HIV is a chronic health condition

1 respondent rated this low at 1; a spread around 5-9, with most rating at the highest (10) with a score of 8.0 out of 10

Doesn't know much about sexual health and STIs

Fairly even spectrum, some rated this at 1, most rated between 6-10, with majority spread between 6 and 8, with a score of 7.2 out of 10

Needs to know how to negotiate safe sex

Some responses at 3-8 with most rating at the highest (10) with a score of 8.2

Doesn't talk about sex

Fairly even spectrum, some rated between 1 and 3, most between 5 and 8, with a score of 6.5 out of 10

Sexual Health Education

Some responses low at 2-3 and a spread between 5 and 9, with most rating at the highest (10) with a score of 7.7 out of 10

What does my community think about HIV Stigma?

In the final digital engagement, participants were asked to write a short statement about what their communities think about HIV Stigma. All digital participation was designed to be informative, relaxing, and to build and develop curiosity so that future (and more traditional) workshop activities would be fully appreciated within the context provided by these early group-building and “forming, storming, norming” activities. To that end, again, these responses were expected, but interesting to qualify, and gave our community a chance to bring their voices together.

After *Positive Impact* attendees were given time to formulate their response, the whole group voted on which responses resonated most strongly with them. Each participant was given three votes.

Participants provided statements that were mostly negative and framed their responses through personal anecdotes, community and social norms, and describing the emotional responses that can be triggered by the mention of HIV in their community

Only one response was wholly positive “Unnecessary. I think they think it is stronger than it actually is” (3 votes) which we interpret as being positive in as much the question was “unnecessary” because PLHIV think that stigma is worse than it actually is. On further discussion with the group, this interpretation was re-enforced.

We strongly note the negativity of all other responses and determine from these results that there is still much that we can do to measure, tackle, and eliminate HIV related stigma. There must also be some measure of healing from stigma as well, which PLNSW is already undertaking in various ways. We also think that this highlights the relationship of understanding of HIV in the broader community. Stigma is carried with the communities identified, in profoundly disabling ways that limit the ability of PLHIV to live fulfilling lives of quality and connectedness. These responses also give definitive evidence of the lack of understanding of HIV in the broader community, which has not kept up-to-date, or embraced the “modern experience of HIV”. This means that messages such as Treatment as Prevention (TasP), U=U, undetectability, PrEP, PEP, and other more ‘educated’ understandings of HIV have not been communicated to the general public (or to relevant communities), which helps to explain why HIV fear and stigma are so hurtful to our community, and so continually pervasive. These discussions have implications for heterosexual prevention, as a lack of information leads to potentially unknown risky behaviours.

Responses that had two or more votes were:

- Discrimination and lack of education about HIV stigma (10 votes)
- Fear due to ignorance and lack of education and understanding (5 votes)
- Stigma so strong you’re called dirty and unworthy (5 votes)
- It's very strong and riddled in fear (4 votes)
- HIV is huge stigma (4 votes)
- Very ignorance about HIV (4 votes)
- They believe the stigma over the new information (3 votes)
- Stigma so strong it's frowned upon to even say HIV. Nicknames have been invented (3 votes)
- That HIV doesn't affect us (3 votes)
- HIV is no longer a thing (3 votes)
- I hope that HIV Stigma either no longer exists or that it is now much reduced (2 votes)
- Unnecessary. I think they think it is stronger than it actually is (2 votes)
- Stigma existing, and many people thinks HIV isn't close to their community, so they are not serious about to take out these stigmas (2 votes)
- HIV is still referred to the "shamed" disease and stigmatised (2 votes)
- They avoid talking about it arguably because they don't understand the problem and are not open in discussing sex (2 votes)

- They don't talk about HIV or stigma. My community has a lot of stigma against people living with HIV. Don't make you feel comfortable, connected, make you feel terrible about your life. (2 votes)

Activity 3: Identify Gaps and Issues

We encouraged further small group work to assist with an understanding of community feelings toward stakeholders. Understanding sector relationships and organisations or groups that may be missing from the equation was an important ‘last step’ toward bringing ideas to the table that foster new thinking about HIV prevention for heterosexual and bisexual people. We sought to gauge *Positive Impact* attendees’ ability to identify gaps and issues through their existing knowledge, and draw on their lived experience to develop answers to questions that related to HIV prevention in their nominated communities; HIV prevention amongst heterosexual and bisexual people; recognise and corroborate gaps related to sector and organisational collaboration and; start thinking of prevention paradigms for their represented communities in a strategic way.

Group 1 was asked to consider the gaps and issues of HIV prevention, and barriers to accessing HIV prevention methods in their communities. They responded well to this topic, and provided insightful information:

[broader community] education and ignorance; head in the sand; [they still think] that [HIV] is still a thing/seriously chronic, CALD communities are severely affected, lack of understanding or lack of availability of testing, and that testing is a right or “preference” in some communities; Barriers that are geographic such as GWS being more difficult to access stigma-free care and support; Cost – what happens to those who can’t afford extended health care?; The availability of information for heterosexuals and women; information for women and young girls

Group 2 was asked to consider the same gaps and issues, and barriers accessing HIV prevention methods, but were instead asked to represent heterosexual and bisexual people only. Of note was a discussion relating to the recent overseas trip of a participant. They had seen HIV medication advertisements on network television in America and marvelled that their friends present did not make any poor or misguided statements about HIV. To the participant, this advertisement normalised HIV and made it “mainstream”. Advertising of pharmaceutical products is banned in Australia; however, it is worth noting that the mainstreaming of HIV through such a campaign could be beneficial, according to these community members participating in this consultation.

What are the consequences of testing?; [We should] advertise HIV meds on TV like in America. GP + Health care workers lack knowledge and education about HIV; Schools do not teach about HIV; GPs do not have compassionate, judgement-free understanding of PrEP and PEP; Moral issues with religions, churches and religious schools; The government has done little to publicise the fact that people are afraid of HIV. HIV is not seen as an issue for young people, because everyone thinks it's from the past; We need to normalise HIV; Mental health.

Group 3 were given the task of defining the gaps, issues and barriers to collaboration with other stakeholders and community groups. This group was specifically asked to think of other agencies that we could work with in order to build a solid foundation for heterosexual prevention in NSW. Whilst this group did provide these contexts, they also spoke about trust, trustworthiness, and how they feel that clinical services and primary care are often not treating them with honesty and respect.

Religious people and people from ethnic backgrounds can't disclose their HIV status; Long historical thing; colonialism and conservatism; There is a risk of having sex with anyone; Need to undo the damage and history of religion that prevents conversations about HIV prevention; Bisexual and heterosexual men are sometimes sexually fluid, especially younger generations; Transmission, trust, and issues of honesty and respect; Educate religious bodies and organisations; Professional healthcare providers have broken our confidentiality and aren't trustworthy; Schools and International Colleges; Migrant Support Organisations; Refugee organisations; International students and those on working holiday visas – how do they get information about HIV, testing, and access to services; preventative models; Being proactive about your health; Governments.

Activity 4: Ideas

We asked the *Positive Impact* attendees to look around the room and to reflect on the 'Dotmocracy' prompts around the walls of the workshop space and see what the general workshop response was.

We then asked attendees to break into 4 small groups and answer specific group-related questions that brought out the ideas generated by the Dotmocracy prompts, encouraged participants' analysis of the previous parts of the *Positive Impact* workshop, and provide their insights into specific ideas of heterosexual prevention.

Dotmocracy

The attendees responded passionately to the Dotmocracy prompts placed around the walls of the workshop's space. Additional time was allocated to this activity so that participants had enough time to look around and place their post it notes on the ideas and themes which resonated most strongly with them.

The following list was generated from their assessment of the Dotmocracy prompts:

- Peer-based group workshops (5)
- Cultural customs (5)
- Women's Centres (8)
- Opt-out testing (4)
- One-on-one brief interventions (2)
- Refugee organisations (4)
- Health promotion posters (4)
- Family Planning (5)
- University Student Councils and Unions (3)
- Structural barriers to HIV prevention in heterosexual communities (5)
- Treatment as Prevention (TasP), U=U, Undetectable Viral Load (UVL) (5)
- Cultural vulnerability and opportunity (4)
- Negotiating safe sex (8)
- Peer education session (4)
- Peer distribution of PrEP (4)
- How to ask for a HIV test (1)
- Sexual consent, consent awareness and education (2)
- Community leaders (4)
- Community (3)
- Peer distribution of at-home test kits (3)
- Family and intimate partner violence (4)
- Condoms (6)
- Religious Considerations (2)
- PrEP (3)
 - Comment "peer to peer sharing now!"
 - Comment "PrEP + PEP vending machines"
 - Comment "Education about PrEP"
- Familial considerations (0)
- Access to GP's who are safe and knowledgeable about HIV prevention (3)
- Health promotion campaigns in language and in-community (4)
- Encourage changes in sexual behaviour (1)
- Antenatal care (1)
- Risk and acknowledgement of risk in different communities (4)
 - Comment "Need a talk re this more"
- Ensuring prevention methods get to the people who need them (2)
- Research questions and answers needed to guide further prevention efforts (2)
- Ensuring women and girls have control over their health (7)

- Comment "Link stigma issue/context (+ solution) to every single prevention program)
- Schools and sports clubs (4)
- Crisis centres (4)
- HIV Awareness training (4)
 - Comment "MoH important"
- Sexually transmissible infection education (5)
- Sexually transmissible infection screening and testing (2)
- General practitioner training (13+)
 - Highly rated
 - Comment "This is our anger!"
- Children (3)
 - Comment "Schools/Uni"
- Partnerships (3)
 - Comment "Make SA's health minister pay for the treatment gap for all people with HIV in SA re the 7.70 copayment
- Self-esteem (2)
 - Comment "What's that?"
- Cultural norms and relationships (1)
- Promoting sex positive behaviours (3)
- Peer-based prevention education (4)
- Online testing kits (4)
- Myths and misconceptions about HIV (5)
 - Comment "Debunk stigma"
 - Comment "Girls and young women"
- Access to PEP (5)
 - Comment "Peer to peer sharing"
 - Comment "PrEP / PEP Vending machines now!"
- Marriage (4)
- Infidelity (4)
- HIV testing during pregnancy (1)
- Religion (3)
 - Comment "Being religious doesn't save you"
- Integrating HIV prevention for heterosexual people into existing systems (5)
- Community-led responses (6)
- Sex before marriage (2)
- At work education and discrimination (4)
- Unions (3)
- Dried Blood Spot Testing (2)
- Regular testing (3)
- Migration and visas (5)
- Take-home test kits (3)
- Vending machine test kits (2)
- Testing (5)
- Late/Advanced diagnoses (longer than 2-4 years) (0)
- Diagnosed while very sick in hospital (1)
 - Comment "late!"
- Family communication (3) + 1
- Partner communication (3) + 1
- Being believed (2)
- How to talk about sex in communities that treat sex as taboo (4)
- Understanding risk (6)
 - Comment "Countering communities where risk is fetishised/part of the appeal"
 - Comment "Education needed"
- Health promotion posters (3)
 - Comment "HIV is not a death sentence"
- Gender based violence (8)
 - Comment "Domestic violence :-/"
 - Comment "protection for women"
- Knowledge campaigns (4)
 - Comment "Need this for hetero ppl"
 - Comment "Public HIV update needed to counter The Grim Reaper"
- Sexual taboos (3)
 - Comment "My ex :- / behaviour"

Group 1 were asked about promoting prevention strategies within communities and to provide examples of how we can achieve this work. This group divided their responses between prevention-based strategies:

Education of dating apps; Signs in toilets; Sex Ed [in schools]– explained from a HIV+ person – talking – integrating – high school ed[ucation]; Advertise from the Government; Airport [advertisements] slogan “HIV” or “STIs” “Don’t take a holiday”; safe and confidential HIV testing for people who migrate to Australia [not Government mandated or controlled]; Peer support services for refugees transitioning from migration to citizenship [HIV- and HIV+]; GPs – helper packs [written by community] to help disclosure; Heterosexual peer support; Need to explain what HIV is, and what it is not; Educate parents;

And practical advertising on HIV prevention:

We need to explain the different definitions of family – like chosen family, etc.; HIV stories being given to medical people; being able to practice disclosure with supportive friends; more information on contact tracing and disclosing to past partners [what is available] online?; Younger generation – social; Access to condoms; education – meeting professionals; U=U push the message, and explain what it means; Multi-media stories

Group 2 were asked to come up with strategies and education that can be initiated for heterosexual and bisexual people, and how we can achieve this work.

Media; There isn’t anyone who looks like me. Pamphlets in clinics [and other settings] always look like gay/bisexuals but not for women/CALD; Sexual clinics can be hard as a woman to get tested; Change the attitude around heterosexual women [and include them as the] same risk as everyone else; Groups learning – connection – what knowledge is available? Not enough for our community; Education for GPs’ Education at schools; [Normalising] annual checks; Advertisements [that are] new (not old) – positive normalising. Has to come from community; Discrimination; Terminology – discuss [things like] Viral Load [more broadly]; Get tested more often [heterosexual community]; empathy; make clear that you can test for free; prevention peer navigators within community.

Group 3 were asked to think of prevention initiatives that will work for our communities, and how will they be implemented?

Improving guidelines around training, skills and knowledge for all healthcare professionals – empathic training; using PSB speakers more; Speaking with communities about what is going to work for them/language resources/cultural acceptance/messaging/access to health services; PrEP guidelines changed to

include women and not just what is termed high risk groups; Festival/event testing to decrease cost of event ticket or value-added benefits; Travel messages for people travelling overseas; African/Nepalese/More than 10 years in Australia/[sex worker information]; PERX “Gamification” of health initiatives – meds, checkups, testing, proactive health, exercising; [like] Pokémon Go!; Specific research questions on HIV in heterosexual community;

Group 3 were prolific in their answers and analysis of this question. Some other implementations included:

Ensuring prevention methods actually get to the people who need them; ensuring women and girls have control over their health; integrating prevention for heterosexual people into existing systems; community led responses; GP access; access to GPs who are safe and knowledgeable and non-judgemental; health promotion in-language and by community; IPV and FDV awareness raising and education for community; Build trust through men’s violence training; Peer distribution of at-home testing kits and PrEP; Condoms more readily (or freely!) available in hospitality venues and community spaces; Addressing myths and misconceptions; HIV awareness training knowledge campaigns; bundling sexual health screens and HIV testing in other primary care and health system settings; [education on] negotiating safe sex; [address] structural barriers to HIV prevention in heterosexual communities; how to talk about HIV prevention when sex is taboo [in my community]

Group 4 answered “are there existing programs that we can modify and innovate so that they meet the needs of heterosexual and bisexual people? How will we implement this?

PrEP -> more mainstream, [more readily available]; [campaigns] about protecting your own health by knowing your status (TV and mainstream media); Opt-out testing in more settings; Rapid test availability and marketing; Condoms available at more places, and for free – hotels, GPs, bars, clubs and universities; We need to make testing more attractive [to marginalised communities] - \$20 Coles voucher; DBS testing at [community] chemists; Health Promotion Posters “Find out early so you don’t damage your body”; How to reach migrant non-English speaking peoples; Promoting healthcare to young girls;

Activity 5: Bringing it all together

On the final session, we brought attendees together on Sunday morning and spent some time with them coalescing the ideas and thoughts generated by the previous day into further action and information. Attendees were wholistic in their approach and were comfortable tackling ‘big picture’ problems that we posed to them.

Group 1 questions related to addressing HIV stigma and fear through prevention initiatives, and to reflect on particular parts of the total workshop that would help address HIV stigma and fear; What are these prevention initiatives, and how will they help drive down stigma and discrimination?

Media, Ads, flyers, but with info that is short and sweet. Target the groups that need to be targeted. Positive advertising only!; We have the right to be open with our doctors. Doctors needs to ask our consent and think about how and why we may not want to open up to them.; Education programs for doctors and nurses

Group 2 was asked to think about addressing HIV stigma and fear through testing initiatives; to reflect on parts of the previous discussions and come up with testing initiatives that could help reduce HIV stigma and fear.

This group spoke about normalising HIV and HIV testing, and the experience of being tested (i.e. actually fronting up for a test), and the location in which HIV testing was conducted, highlighting stigma and discrimination caused by frontline primary and public health sexual-health care and services. These are their thoughts:

Normalise HIV testing like with COVID; Bundle HIV testing with other blood tests; GPs [should] be available and have knowledge to ask “could it be HIV?”; HIV Awareness; peer based support in-clinic for testing; peer distribution of at-home test kits; GPs need longer appointment times; Providing a toolkit that breaks down jargon, definitions; [in-language]; CD4/[viral] load information; empowering people with detailed knowledge; investing in good health; storytelling; heterosexual versions of a[test]; Learn from communities; Toolkits [such as] “how to talk about your HIV status with friends”; HIV testing vending machines in town halls, petrol stations, airports, cruise ships, Bunnings [and other big-box stores]; hotels/motels/ next to NSP’s; courthouses.; Use the Deadly Liver Mob initiative and reframe [for CALD people]; People don’t know where to get free tests; Positive information about being diagnosed; testing is self-love/self-care

Group 3 were asked to think about HIV stigma and fear in individuals, and to reflect on particular parts of the workshop discussions that might address HIV stigma and fear in individuals. Group 3 were also asked to discuss initiatives that address HIV stigma.

Better education and school programs; Multi-media; information pathways; health professional education; Religious groups and Police education; [Acknowledging] migrants away from community; [deliver] personal stories; communicate U=U; promote safe places to test.

Group 4 were asked to think about addressing HIV stigma and fear in their communities, and reflect on particular parts of the workshop that might address HIV fear and stigma in their communities

Personal perspectives; differences between gay and straight communities – gay community has more acceptance and is more educated on HIV; fear of abuse if I disclose my status; gay community is OK with HIV, high density, low socio-economic areas are not ok with HIV; regional areas also; Mainstream advertising to eliminate fear and stigma; Train GPs and reduce stigma; School education; community leaders and church leaders education;

Evaluation

All participants completed and returned the evaluation sheets handed out in the Activity Six session prior to concluding the workshop.

All questions were responded to fully with a range of thoughtful responses. Overall, the majority of the participants' satisfaction with the workshop was rated highly, and the results from the evaluation questions are detailed as follows:

1. Tell us about how we did, and do you feel we accomplished the aims of the weekend?

Participants enjoyed the weekend and have rated the whole event highly, as referenced by this question. Out of 21 respondents, 17 specifically mentioned that we had achieved the aims of the weekend around utilising the lived experience of people living with HIV to brainstorm testing and treatment ideas.

Good. Yes you accomplished the aims. The best accommodation ever. Very grateful.

We brainstormed many topics, like stigma disclosure, systems we should change.

I definitely feel a good way for some ideas to a good start. It was a response to what is needed from the community.

Positive life has really done wonderfully well and have accomplished the aims of the weekend

[joke] Terrible, we will have to redo the whole event :-D giggle

This weekend was a fun information filled time that was beautifully led by Andy, Jane and Priscilla. Y'all did an amazing job making us all feel SEEN!

Very accomplished.

Yes, we achieved what we needed to.

Very good, great opportunity to spend time with a great group of people.

Well Organised. Group work discussion, brainstorming, teamwork. Self-motivation from Positive Life.

Did very well. We all had the same thoughts.

I think the facilitators approach was excellent. They managed to make a heavy topic interesting and collaborative.

Positive Life facilitators were warm and listened, and were informative.

Well organised. TQ for PL Teamwork. Great participated (great gathering to talk about everything living with HIV). Great community and folks. Embrace and happy.

You did fantastic, I think we made positive steps forward.

I think it was great and everyone worked together.

I wonder if each MP knows how many people within their constituency live with HIV and how many there are in GWS/NSW,

Very good + yes.

Yes we did very well and enjoyed everything and learnt a lot.

It was great. I believe we accomplished.

Yes. Love the 1.2.3. steps program explained well before doing. Took us through the process.



2. What have you most enjoyed about the weekend?

12 participants responded positively to the workshop format and valued the discussions which allowed them the opportunity to understand the perspectives of others and feel valued, useful and heard.

For almost all (19), the opportunity to make connections with other heterosexual and bisexual people living with HIV and feeling part of a community was an important benefit. Many spoke about being able to be their authentic selves and acknowledged the importance of social connection highlighting the degree of secrecy, isolation and stigma that impacts their everyday lives.

The location and features of the venue and its surroundings also rated well with 8 participants.

To talk to everyone. To be myself, relaxed and the facilitators were the best.

Divide each group and brainstormed many topics.

My beautiful room and the surroundings. Getting the positive warmth from everyone. Feeling part of something which I don't often feel.

The food!

Great venue but could be also done at similar locations such as Burren Grounds, Barrington Tops, or Andy's Farm <3 Lovely PL and QS staff, helpful, kind, caring.

Feeling my authentic self. Being a part of the community. Included learning and making friends.

Being with family. It was successful. I am happy.

Feeling valued. Skye coming to speak to us. PLNSW doing an amazing job!

Splendid time with you all.

Group discussions and free advice. Walking activities. Connecting network new people from different community.

The people are great.

Catching up with people I already knew and meeting new people. Also the food! and the room!

Making new friends. Feeling useful! Swimming.

The talk about HIV. All the topic is great, what all inside. I was afraid and speak out not only in my but everyone I love.

The camaraderie in this group.

Being part of it. Location, facilitator and content.

Mixing and meeting more peers and friends. Able to speak openly without judgement and being received and accepted warmly.

Meeting + game programme.

I participated a lot and enjoyed the group discussions.

Connect with people like me and learn about other people experiences.

The input from the weekend from the group the many different views and finding the similarities.



3. What could we do better next time?

While a number of participants (5) either answered “nothing” or “I can’t think of anything” or left the question blank, 12 indicated in an ideal world they would like to hold these workshops more frequently and for longer periods, extend the invitation to larger group of peers or include more activities. Notably 2 participants would have liked politicians or government policy and decision-makers to attend so they could hear the perspectives of the group, and the feeling that their voices are not being heard or listened to, was a common theme for participants throughout the workshop.

Invite more participants. More time next time.

I think it's nice have more physical activity.

I really can't think of anything.

Extend the days of the event.

Send out full itinerary ahead of time. Send out invites to people for the event earlier/ahead of time as some people couldn't come due to late notice.

More social time together and group activities.

[blank]

[blank]

Maybe include a tai-chi class to get our bodies moving.

Could be longer.

Nothing.

I feel some of the topic/scenarios were repetitious. Perhaps more breaks, etc. to refresh the brain!

Games night!! Activities. I think there needs to be an acknowledgement that there was no way some people could have prevented their HIV status.

More audience, more professional involve and join us and listen to us. it will be great from government to pathway and delivery our ideas and make solution.

A venue where we are not sharing it with the public, so we can be open and have discussions without being in a space where we have to mind our language in open spaces.

I wish it was longer and more often.

More activities. More people. I wish the minister could have dropped in, or the local MP?

Better to have a game programme every evening.

Depends on the subject, but surely looking forward to learn from my fellow PL family <3.

Maybe do a woman only version of it.

Nothing well done.



4. What is something that you learnt that you didn't know before?

The majority (14) of the participants commented that they had a better understanding of the epidemiological data and the HIV landscape than they had before the workshop. A number felt that the workshop had empowered them particularly around rights-based issues and choice, while others felt they had through experiential learning developed a better understanding of cultural nuance particularly when applied to stigma and different lived experiences to their own.

To be proud of where I am.

Other people's experience. Statistics of HIV by Skye.

That I don't need to rely on old information or hold onto things that I learnt in the past.

Have learnt that you can be whoever you want to be in life despite your HIV status.

[blank]

Australia doesn't let people with HIV move here. HIV Testing vending machines.

Educated more. Met new people who made me feel full of joy.

So many things like abbreviations, about stats and data.

Lots more about stigma and prevention in the communities.

Free talk and group discussion. Bring up the issues community facing.

[blank]

That only 2% of women access PREP. That opt-out is available at Liverpool Hospital.

That some GPs don't know what PREP/PEP is, WTF!!

Living with HIV doesn't scare anymore.

That to just do, because the world is changed by 'do-ers'

Peer supports available for all backgrounds.

We are all on the same page about GPs.

Learned to talk boldly to people with HIV.

I have the rights to open up about my status e.g. hospital, relationships.

About the cultures and everything that comes from HIV and stigma.

Yes, learnt more about the multicultural processes and the barriers that are there.

That some of the programs are already in a very infant stage,



5. Any further comments?

Per Question 1, participants very much enjoyed the weekend, praised the professionalism of the workshop facilitators and staff and found the workshop experience to be comprehensive, inclusive and empowering. Participants appreciated the flexibility of the ideas generation and the opportunity to provide input from a lived experience perspective, but a number questioned if their solution-focussed suggestions would be implemented by the government or Ministry of Health.

I wish it wasn't windy! I wonder if the ministry will take our advice?

It was amazing thank you.

That I really appreciate the opportunity to join in.

Thank you all.

Maybe next time we could bring a mobile/portable fireplace. I have a collapsible/portable fireplace. If we could compile any and all venue issues and have them fixed before we return; phone reception; room phones; tv; room lights; etc.

Thank you all.

Thank you to PLNSW for the great weekend.

Great job team. You did a great job.

[blank]

[blank]

[blank]

Andy was great! Jane fabulous as always! Priscilla - a gem!

Please continue to make us feel useful and part of the solutions!

I wish the Prime and Government take our ideas and solution.

To have a workshop to discuss the making of a short educational film on living positively with HIV.

[blank]

Rooms absolutely lovely. Lunch was a bit lack lustre. Thank you so much to Jane, Andy, Priscilla and Roberto for this awesome weekend away and what we achieved.

A very good party.

I wonder if we have another event soon on different topic <3.

Positive Life is amazing, thank you all!

Liked that it was voiced that we would try something new if it worked out great if not "we will change it next time".



Conclusions

Positive Impact was a robust prevention-based discussion workshop for heterosexual and bisexual people living with HIV. We are honoured to have been given the opportunity of consulting with the community on this important issue and commend the NSW Ministry of Health on allowing us to undertake this exceptional consultation with our community members.

They have responded to the workshop with passion, commitment and confidence, and we have some exceptional takeaways which we think will enhance the prevention response for heterosexual people in NSW as follows:

1. Innovate and trial different locations where self-test HIV kits can be purchased or vended. This includes the use of big-box stores (such as Bunnings), outdoors at locations close by to CALD-community frequented areas, as well as at festivals, commercial spaces such as petrol stations and in community health spaces.
2. Invest in the design of culturally appropriate and in-language positive health promotion that the community sees themselves reflected in, noting the strong desire of PLHIV to ‘modernise’ the understanding of HIV within the general community.
3. Co-design in-language prevention campaigns, information and health promotion with affected communities.
4. Acknowledge sexual and gender fluidity in younger people when designing prevention initiatives.
5. Innovate the location of health promotion messaging to include community spaces, commercial spaces, hotels, motels, pubs, clubs and petrol stations.
6. Increase the availability of Dried Blood Spot testing or other non-clinical testing models, or point-of-care testing that is conducted in community spaces or in pharmacies (similar to community HCV testing).
7. Empower peer-based volunteers, community leaders, and community influencers to promote positively reinforced HIV prevention campaign messages or health promotion messages that are short, informative, and stigma-free.
8. Promote an awareness and understanding of biomedical prevention methods for CALD and GWS communities and make biomedical prevention easily available for these communities.
9. Expand age-appropriate CALD focussed in-language HIV prevention education at learning institutions such as schools, libraries, colleges and universities.
10. Focus on reducing perceived and received stigma and discrimination in primary care and GP clinics to promote trust in those services. This can be done by enhancing professional education.
11. Engage closely with CALD and GWS communities in the delivery of future prevention initiatives in NSW.

12. Expand and enhance prevention education for CALD, heterosexual, bisexual and GWS communities through workshops, brief interventions, and community development.
13. Utilise art, storytelling, human books/living libraries, cultural performances, music and other creative endeavours in developing community-driven prevention initiatives, campaigns and health promotion.

What will Positive Life NSW do?

This workshop was an opportunity for Positive Life NSW to engage strategically with our community and align our organisational strategic direction to the values and insights of our community.

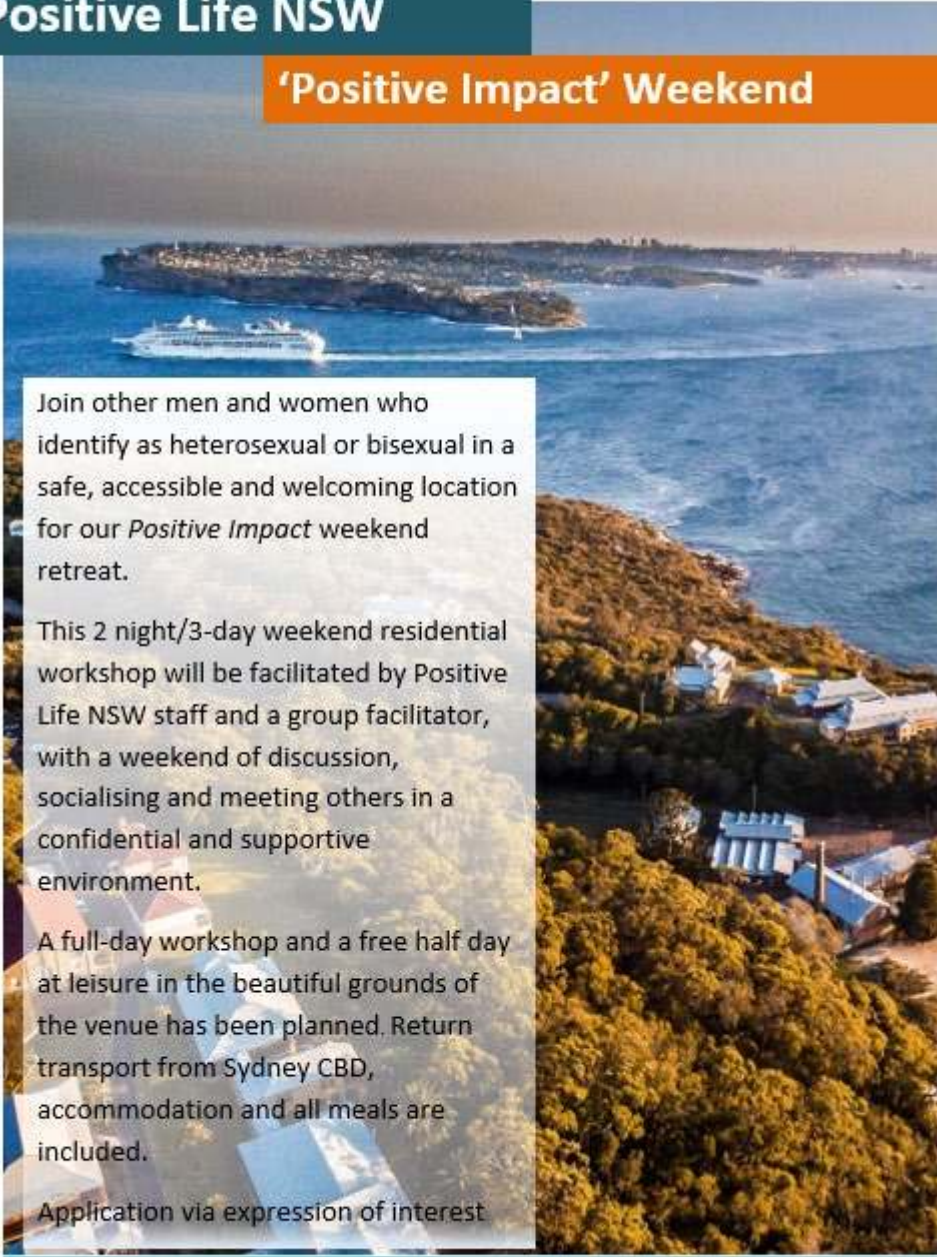
Positive Life NSW is also able to assist with the future development of the NSW Health HIV Strategy 2026- and utilise the outcomes of *Positive Impact* to help formulate and strengthen prevention, testing, treatment and stigma pillar items and key indicators of upcoming HIV strategy. This workshop consultation will also be of great importance as Positive Life NSW develops its own new Strategic Plan in 2026 which aligns with the upcoming NSW Health HIV Strategy 2026-

Furthermore, Positive Life NSW is committed to:

- Develop ideas for culturally appropriate health promotion resources and campaigns around HIV testing and prevention strategies and information for heterosexual and bisexual communities at risk of HIV, particularly those from culturally and linguistically diverse backgrounds.
- Work with sector partners such as SHIL and the HIV Support Program to create better referral pathways between healthcare professionals and Peer Navigators for those newly diagnosed.
- Utilise the increased community lived experience and knowledge around the intersections between sexuality, identification, sexual relationships and culture to better develop nuanced and targeted HIV prevention information and projects to reach heterosexual and bisexual populations who have been underserved in the Australian HIV response to date.

Appendices

Appendix 1: Invitation



Friday to Sunday, 13-15 September 2023

Positive Life NSW

'Positive Impact' Weekend

Join other men and women who identify as heterosexual or bisexual in a safe, accessible and welcoming location for our *Positive Impact* weekend retreat.

This 2 night/3-day weekend residential workshop will be facilitated by Positive Life NSW staff and a group facilitator, with a weekend of discussion, socialising and meeting others in a confidential and supportive environment.

A full-day workshop and a free half day at leisure in the beautiful grounds of the venue has been planned. Return transport from Sydney CBD, accommodation and all meals are included.

Application via expression of interest

SEND EOI FORM TO POSITIVE LIFE NSW BY FRIDAY 16 AUGUST

Phone 02 8357 8386 or email contact@positivelife.org.au

Appendix 2: Expression of Interest Form



Expression of Interest: Positive Life NSW 'Positive Impact' Heterosexually and Bisexual Identifying People: Weekend Workshop, Sydney – Friday 13–Sunday 15 September 2024

Deadline for submission: 5pm Friday 16 August 2024

Successful applications will be advised by Monday 26 August 2024

Positive Life NSW is pleased to offer our heterosexually and bisexual identifying community members living with HIV a two night/three-day weekend residential workshop facilitated by Positive Life NSW staff, and a group facilitator.

This weekend is a planned program of introductions, full day workshop, walking and a mix of free time. The event will be held in Sydney on the Northern Beaches and participants will be on-site from 12pm Friday 13 September until 4.30pm on Sunday 15 September. The weekend residential workshop will begin and end at Positive Life NSW offices in Surry Hills. **All catering and accommodation will be provided for free.**

Places are strictly limited. By filling out this expression of interest form you agree that we will use this information as selection criteria to ascertain your suitability to participate. Incomplete forms, and forms received after the deadline will not be considered for inclusion.

PLEASE NOTE: This residential weekend will be a **different** format to that of the previous year. It will consist of a full one-day workshop on the Saturday which will require input and feedback from all participants possibly drawing on your own lived experience. Its purpose is to develop a range of innovative HIV prevention strategies for heterosexually and bisexual identifying people, including those from culturally and linguistically diverse backgrounds and Greater Western Sydney (GWS). The outcomes will be developed into a report for the NSW Ministry of Health to be used to inform future HIV testing and prevention campaigns and strategies designed to reach populations who have not been served by current HIV prevention messaging. This will require a range of diverse experiences and perspectives to contribute to the workshop ideas generation. The rest of the time will be at leisure to enjoy the magnificent grounds and vistas of the venue.

You will need to be available for the whole weekend program (including the Friday afternoon when a complimentary lunch will be served). You will need to organise your own travel arrangements to and from Positive Life NSW's offices before and after the event. Following selection, weekend workshop participants will be provided more comprehensive information about the workshop and scheduled times.

If you'd like any more information, please speak with Priscilla, Jane or Andrew at Positive Life NSW on (02) 8357 8386 or freecall 1800 245 677.

**The voice of all people
living with HIV**

PO Box 831 Darlinghurst NSW 1300
02 8357 8386 or 1800 245 677 (free call) | ABN 42 907 908 942
www.positivelife.org.au

Spaces are limited, so please respond to all the following questions below and return to contact@positivelife.org.au or P.O. Box 831 Darlinghurst 1300 **no later than 5pm Friday 16 August 2024.**

Please fill out this form

Name:		
Email:		
Mobile:	Phone	Your best contact? (please circle or mark) Email Mobile SMS Phone
Home Address:		
Suburb:		Postcode:
Gender:		
Emergency Contact		
Name:		Phone Number:
Do you have any specific needs?		
Do you have any specific dietary requirements?		
Do you have any specific medical requirements?		

The residential workshop will run between **12pm on Friday 13 September and 4.30pm on Sunday 15 September 2024**. Please confirm your complete availability

☐ Yes | ☐ No

Are you able to arrange your own transportation to and from Positive Life NSW's office at Surry Hills?

☐ Yes | ☐ No

Do you agree to respect and maintain the **privacy and confidentiality** of all residential workshop participants?

☐ Yes | ☐ No

Your answers to the following questions will help us to determine your placement into the residential workshop: (if you complete this form on a computer, the boxes will expand to fit your words. If you print the form off, please free to add extra paper if you need it.)

Please write about your experiences.

What events and programs have you attended previously with Positive Life NSW?

Have you previously attended any retreats or residential weekend workshops for people living with HIV? If YES, can you describe them, what worked and/or didn't work and what you gained from them?

Appendix 3: Participant Information Sheet

Residential Workshop 2024



Participant Information

Positive Impact Residential Workshop 2024

Welcome!

We hope you have a wonderful experience with us during our 2024 residential workshop. Positive Life NSW is proud to present this weekend to our community and we hope you have a wonderful time contributing and make lasting connections with your fellow participants.

This workshops' aims are incredibly important for the future direction of the strategic aims of Positive Life NSW and the Ministry of Health. We very much appreciate your time, energy and passion in agreeing to participate in our weekend.

The following short guide gives you some very important information about our location and a timetable that provides details on when and where events are being held.

If you have any questions, require specific assistance, or in the event of an unforeseen situation, please be sure to use the contact information below to communicate with Positive Life NSW staff:

Contact information

Name	Role	Mobile	Room
Jane Costello	CEO		
Priscilla Njeri	Facilitator		
Andrew Heslop	Facilitator		

If there is an emergency, please dial 000 first and seek or send for help immediately.

Facilitators

Jane, Priscilla and Andrew from Positive Life NSW will facilitate this weekend workshop and be your point-of-contact. All three have extensive facilitation and workshop experience and are here to help foster and guide discussions that will be of immense benefit to the community.

Dr Skye McGregor is an epidemiologist with extensive experience and will join us on Saturday morning to provide overviews of current strategies and research data. Our aim is to ensure you feel supported to engage in the workshop discussions and aims.

Debriefing counsellor [redacted] will be available on Saturday throughout the day if you would like to talk to someone about your experiences or if participating in the workshop has brought up issues that you would like to discuss in a safe, confidential and supportive way.

Location Information

Q station

Sprawled across the hillside on the very edge of Sydney Harbour, the historic Quarantine Station has not only an impressive Sydney Harbour National Park location but also an incredible history behind its more recent transformation into Q Station. This transformation from the often-harsh reality of a quarantine station to today's peaceful accommodation and conference centre is a compelling tale of survival, adaptation and sustainability. Today our site is listed on both State and Commonwealth heritage registers as an integral element of North Head and its Aboriginal, natural and cultural significance.

A place of supreme natural beauty, North Head is home to varied flora and fauna. Endangered populations of eastern long-nosed bandicoots, little penguins, sunshine wattle and eastern suburbs banksia scrub all make their home amidst the built environment of the Quarantine Station.

Rooms and Conference Area

Your rooms will be allocated when we arrive to Q-Station, and we ask you to respect the privacy of other participants by not entering their rooms.

On the same elevation as our rooms, Q-Station's conference room area is known as *The Ladies' Sewing Room* and has a beautiful outlook on the harbour and is filled with natural light. The conference room will be set up for our use, and it is a private space for us to use throughout the 3 days of the workshop. When we check out of our rooms, we will be able to store our baggage in this room before we make our way back to the Sydney CBD at the end of the workshop.

Getting to and from some locations will require transport, which is provided by Q-station. Facilitators will book transport for the group for movement between the reception area; the rooms, sewing room, café, kitchen; and the restaurant: Boilerhouse Restaurant, which is located on the harbour.

Meals

Meals will be held in the following locations:

<u>Breakfast and Lunch:</u>	Q-Station Views Restaurant (short walking distance from rooms)
<u>Morning and Afternoon Tea:</u>	Q-Station Historic Kitchen (short walking distance from sewing room)
<u>Dinner:</u>	Boilerhouse Restaurant

Mealtimes

Meals are held at the same time each day.

Breakfast is at	8am, 1 hour. Please arrive on time
Morning tea is at	10:30am, 30 min.
Lunch is at	1pm, 1 hour
Afternoon tea is at	3.30pm, 30 min.
Dinner is at	6pm, 1 hour +

Workshop Information

This is an incredibly important opportunity for both Positive Life NSW and you. Being able to provide living experience insight into future NSW Health strategies is a new pathway to ensuring that the needs of our community is met now and into the future.

Our time in workshops is divided into three main sections: **introductions and overviews**, **gaps identification**, and **brainstorming ideas**.

Interspersed throughout the weekend are 8 hours of free time for you to enjoy by yourself, or in the company of your new friends and workshop colleagues.

The workshops begin from 5pm on Friday with time set aside to welcome you to the weekend and provide you with information about the workshop, the venue, and to set some boundaries about how we will work together. On Saturday, three workshops will be held throughout the day. On Sunday, we will come together for a short time so that we can bring our ideas together, and wrap up, with evaluations and next steps.

Itinerary



Day	Time	Event
Friday	12pm	Arrive at Positive Life NSW offices: <i>Positive Life NSW Staff will be on hand to assist you in the building</i>
		Rooms 3.07-3.09 414 Elizabeth Street Surry Hills NSW
	12:30pm	Lunch
	2pm	Depart by coach for Q-Station Manly
	3pm	Arrive Q-Station Manly <i>Room allocations</i> <i>Transport to rooms</i> Free time
	5pm	Activity 1: Welcome, Icebreakers and Workshop Aims
	6pm	Transport to Dinner
	6.30pm	Dinner
	7.30pm	Fireside activity
	9pm	Return to room <i>Free time</i>
	10pm	Close
Saturday	7.15	<i>Optional walk with Andy</i>
	8am	Breakfast
	9am	Activity 2: Overview and Data
	10:30am	Morning tea
	11am	Activity 3: Identifying Gaps
	1pm	Lunch
	2pm	Activity 4: Ideas
	3:30pm	Afternoon tea
	4pm	Activity 4: Ideas (cont)
	4:45pm	Free time
	6pm	Transport for dinner
	6:30pm	Dinner
	7.30pm	Return to rooms/conference centre
Sunday	8pm	Games night Free time
	10pm	Close
	7:15am	<i>Optional walk with Andy</i>
	8am	Breakfast
	9am	Check out of rooms
	9:30am	Activity 5: Bringing it all together

	10:30am	Morning tea
	11am	Wrap up and evaluations
	11:45am	Free time
	13:00	Lunch
	2pm	Free time
	2:40pm	Depart for Q-Station reception and coach
	3:15pm	Coach departs Q-Station for Elizabeth Street Surry Hills
	4:15pm	Coach <u>arrives</u> Elizabeth Street Surry Hills
	4:40pm	Latest possible finish. Please be mindful of other participants and facilitators and <i>leave quickly</i> .

We hope you have a wonderful time during our **Positive Impact Residential Workshop 2024**. We are so pleased you are able to join us, and if there is anything we can do to make your stay with us better, please let the facilitators know.

If you have any questions, please reach out to the facilitators.

Thank you!

Jane, Priscilla, Andrew, and the team at Positive Life NSW.

Appendix 4: Evaluation Form

Positive Impact Residential Workshop 2024



Please do not write your name on this sheet.

1. Tell us about how we did, and do you feel we accomplished the aims of the weekend?
2. What have you most enjoyed about the weekend?
3. What could we do better next time?
4. What was something that you learnt that you didn't know before?
5. Any further comments