

Homeless Youth and *True Stories*: How commitment to the dissemination of research results provides opportunities for evaluation

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1 INTRODUCTION

This paper identifies some consequences for evaluation practice of a strong commitment to the dissemination of research results. The **Sexuality, Homelessness and Young People Project** (SHYP) was begun in 1996 at the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, Melbourne, which has long experience in securing the involvement of hard-to-access communities¹ in health promotion research. This engagement always carries with it guarantees to report research findings, usually through a published community report. In the case of SHYP, the high priority placed on dissemination became a shaping determinant from the beginning of the research process itself, and continued through to the publication of a booklet, *True Stories: managing risk and Safer Sex when you are young and homeless* (hereafter *True Stories*), which provided a vehicle for reporting back to stakeholders in the field of services to young homeless people. Dissemination as a **process** and as a **value** provided opportunities for evaluating both the **soundness** and the **utility** of the research findings.

2 DISSEMINATION AND HEALTH PROMOTION RESEARCH: VALUE AND PROCESS

Dissemination in the health promotion field refers to the communication and spread of new knowledge, generated through research, into the relevant communities of interest, including program delivery practitioners. The dissemination of health promotion research findings beyond the academy occurs in either a systematic manner or in a process of passive unplanned diffusion. Sometimes it doesn't happen at all. Crosswaite & Curtice (1994) identify some of the possible inhibitions to dissemination and these include career structures, institutional barriers, ownership barriers, barriers relating to the protracted process of publishing in academic journals, and barriers related to secrecy and trust. Dissemination, if it happens at all, is most often practiced as uni-directional. As observed in a review of the dissemination literature "despite the consistency and strength of argument, two-way exchanges do not characterise current health promotion practice, and dissemination is generally conceived of as a one-way transaction" (King et al 1998:241).

In the case of SHYP a decision was made at the beginning of the research process that there would be an attempt at a two-way dissemination **process**. More than this, however, there was a commitment to the value of dissemination as a determining principle of the project. The **value** of dissemination became an engine which drove components of the overall study, and provided opportunities for evaluating elements of the project. Practitioners in the youth homelessness field and homeless young people themselves were constituted as stakeholders and dissemination partners.

¹ ARCSHS has experience in involving communities such as injecting drug users, sex workers, gay men and people living with HIV and AIDS, as well as homeless young people, in research projects

3 DISSEMINATION, STAKEHOLDERS AND UTILIZATION-FOCUSED EVALUATION

This project had stakeholders in the terms identified by Greene (1994) - "multiple, often competing, potential audiences - groups and individuals who have vested interests in the program." Its intention to achieve some practical benefit for young homeless people also encouraged a reflexivity against a value of utility. In evaluating the project progressively, there was an intention to avoid what Patton (1997:263-4) identifies as threats to utility, which include: failure to focus on intended use by intended users; inadequate involvement of primary intended users in making methods decisions; and focusing on low relevance questions.

Prior to the commencement of the SHYP study, there were consultations with representatives from national youth organisations, relevant government departments and youth workers in the field to determine perceptions of issues relevant to the prevention of HIV/AIDS and other Sexually Transmissible Diseases (STDs) among homeless young people. These consultations pointed to the complexity of the issues associated with sexual health promotion, and the likelihood that it would have low priority for young homeless people given the more pressing needs of securing accommodation, money, food, drugs and coping with other difficulties. This process also alerted the project to an understandable degree of cynicism towards the possible benefits of further research among young homeless people. This attitude was exemplified in the response of one housing worker who confided "[the] homeless are one of the most researched, evaluated and monitored groups. I confess I roll my eyes when someone like you calls". In responding to these concerns an undertaking was given that the information collected in the course of the research would be of some practical significance for service providers and that research findings would be disseminated directly back into the field. From these stakeholder negotiations, directions emerged concerning the most appropriate strategies for recruiting participants into the study.

4 THE RESEARCH PROJECT

Young people living apart from their families are likely to confront specific issues in managing their sexual health. Young homeless people are often estranged from levels of material or emotional support because they are situated outside of the usual systems of social relations such as families and schools which usually offer some support and guidance to young people through this life stage.

Results from SHYP confirmed an association between youth homelessness and sexual health risks, and there were high reported levels of unprotected intercourse and injecting drug use (Harrison & Dempsey 1997; Hillier, Mathews & Dempsey 1997). The average age reported in this study for young homeless people to first engage in intercourse was fourteen and a half years (Hillier, Mathews & Dempsey 1997:25), compared to a previous study of young people in Melbourne, where the average age for first intercourse was sixteen years (Hibbert 1992). The study found that the younger the people were when they left home, the more likely they were to engage in sexual intercourse at an earlier age. One in five of the young people who reported having injected drugs had shared needles, and those reporting risky injecting practices tended to be younger (Hillier Mathews & Dempsey 1997:35-6). As Warr and Walsh (1999) rightly assert, the seriousness of the risks to health and well-being reported in this research confirmed the urgent need to disseminate the research beyond academics and policy makers to the subjects of the research themselves.

5 DISSEMINATION THROUGH PEER EDUCATION, LIAISON AND *TRUE STORIES*

Warr and Walsh (1999) identify a number of barriers to sexual health promotion among young homeless people. Some young people leave home to escape sexual assault, and as a consequence sex becomes a distressing topic to confront or even talk about. There are some young homeless who leave school without receiving formal sex education, or find themselves in situations where additional or special and specific information is required. Harrison & Dempsey (1997) reported that some workers in the youth homeless field feel inadequate or ill-equipped to provide accurate advice and feel constrained in intruding into the privacy of young people. For some young people, sexual health issues do not have a high priority compared with the more basic concerns of food, warmth and shelter. In SHYP and other studies (e.g. Turtle et al 1994), friends and peers have been identified as an important source of information among young homeless people. This suggests the suitability of peer education as a mode of dissemination. Maclean (1995) points that while peer education can be effective in developing and nurturing support and commitment for health strategies as a social experience it has been found to be less effective in certain situations when there is a cultural unfamiliarity with, or reluctance to talk about, certain topics or discomfort arising from being involved in risky practices that may provoke disapproval among peers.

It was decided that, in the case of SHYP, a booklet, based on the experiences of young homeless people themselves, could avoid some of the problems that have been identified when using peer education in the context of potentially sensitive topics. Collecting young people's experiences together would also serve to underline the structural issues of youth homelessness, disputing the sense of personal responsibility and culpability which tended to pervade the individual accounts presented in the interviews. In ways not altogether anticipated at the outset, the booklet also generated opportunities to conduct evaluation.

6 *TRUE STORIES* AND FEEDBACK FROM THE FIELD (SERVICE PROVIDERS AND YOUNG PEOPLE)

What is in True Stories

SHYP produced a rich pool of information on the potential sexual and other risks encountered by young homeless people. It also offered helpful insights into the inventive ways in which some young people manage sexual and other health issues despite their difficult circumstances. As has been reported above, it was considered that disseminating research findings through the voices of young homeless people would serve as a peer resource that would facilitate the circulation of these shared experiences and instructive strategies. A booklet format could avoid some of the problems that have been identified when using peer education in the context of potentially sensitive topics (Maclean 1995).

True Stories is a composite of varied information, largely based on young people's own words and illustrations. It depicts common concerns, highlighted a range of potential health risks that are associated with homelessness and offered practical harm minimisation strategies that were developed out of the experiences of young homeless people themselves. Effective prevention strategies need to facilitate a recognition of personal susceptibility, rehearse behavioural skills that anticipate perceived barriers and offer alternative scenarios and develop and reinforce individual confidence (Rotheram-Borus et al 1995). The booklet aimed to incorporate these elements using carefully selected excerpts from young people's own experiences which offered a blend of information and personalised examples.

What service providers said

Service providers reported that until *True Stories* there had not been appropriate material designed with the specific experiences and situations of young homeless people in mind. Workers commented that the book represented issues in a way that was faithful to the experiences of young homeless people and that this was often in contrast to government health promotion literature. One worker noted: “in a situation where they [young homeless people] are not living [with] their families, they are relying on bureaucracy to get their education and there’s not much around”. Workers noticed that the booklets were very quickly picked up by young people and that the most common criticism was that there insufficient number of copies supplied. Practitioners also commented favourably that something was being done with research findings that would be of direct benefit for young people, and that the summaries of the research in *True Stories* provided a convenient way for over-stretched workers to update their own understanding of the issues. Maintaining ongoing consultations with workers and peak youth organisations had also served to inculcate a sense of anticipation for the research findings and a number of youth services considered it timely to initiate sexual health interventions among clients at their own service using the booklet to prompt discussion and reflection: “we all read out sections and then we told stories, talked about their own stories, what we would have done [in that situation], like when that guy [in the booklet] who had the disaster with the condoms”.

What young homeless people said

Twice during the development of *True Stories*, work-in-progress was presented for feedback and comments to mixed groups of young people at two youth accommodation services. Young people who were reimbursed for their time were asked to comment on the relevance of the content, visual presentation of material and if they felt that any important topics had been omitted. A young artist/cartoonist who had been commissioned to produce some illustrations for the booklet joined these sessions.

An example of the issues needing resolution that emerged from this stakeholder consultation concerned **romance**. As Warr & Walsh (1999) report, the project took the view that sexual health promotion should not view sexual health as merely the absence of disease but should also address itself to enhancing the possibilities for sexual pleasure (Aggleton 1991) and that it was important to portray positive accounts of sexuality that emphasised mutual consent and enjoyment. SHYP project workers also set out to avoid the notion of “romance” as far as possible, because previous research has identified young women's commitment to romance, with its emphasis on trust and often unrealistic expectations of eternal and exclusive intimacy, as a potential barrier to safe sex (Holland et al 1991). The focus, therefore was to be on more embodied accounts of sexuality, especially those that might suggest new possibilities of sexual pleasure among young women who are more likely to defer corporeal sexual enjoyment for the pleasure of emotional intimacy.

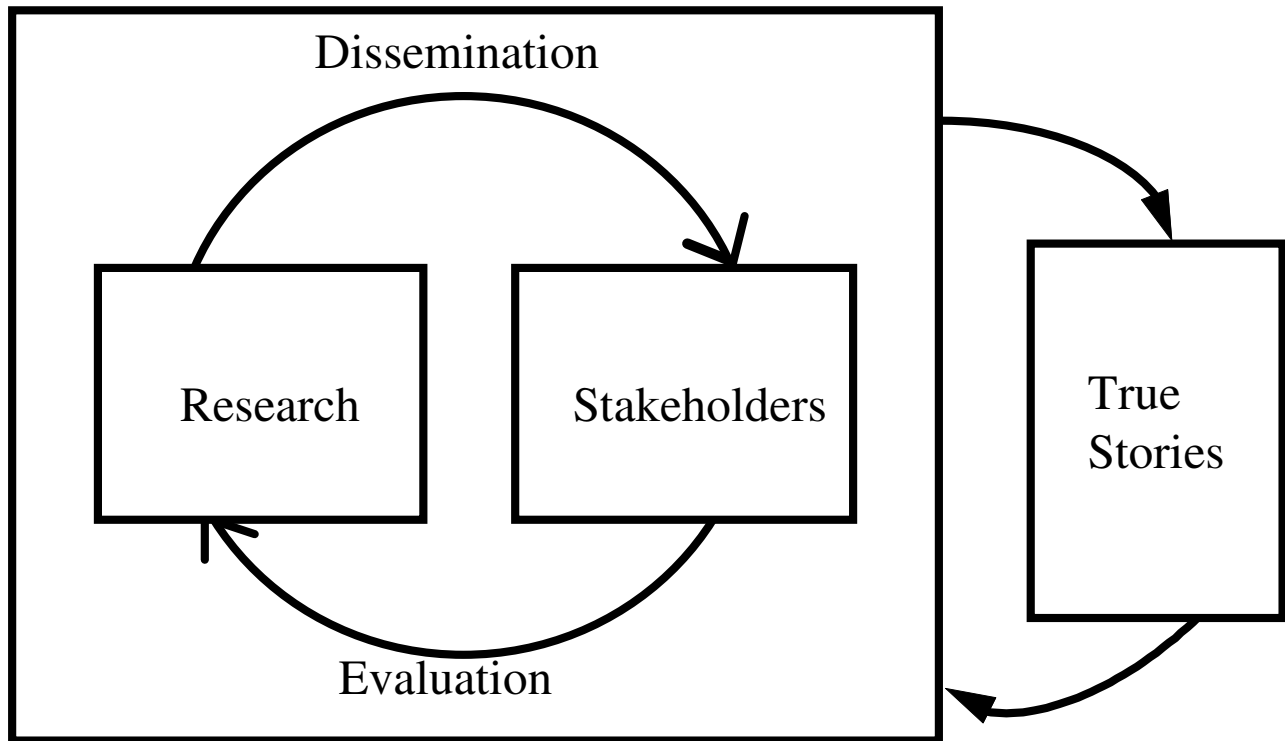
This approach was quickly noted by the young people who questioned the absence of romance in the excerpts that had been selected and who vigorously insisted that sex was important to them because of the intensity of emotions that were involved. In order to mediate between the subjective importance of romance, which tends to mitigate against recognising the possibility of risk, and the aim to establish safe sex as a normative expectation, an attempt was made, largely in vain, to find excerpts that expressed a commitment to both romance and safe sex. Instead, *True Stories* had to settle for positioning various accounts of safe sex practice alongside excerpts that described the pleasure of love and romance in order to suggest that romance and safe sex need not be perceived as mutually incompatible.

Once the booklet had been distributed into the community feedback from young homeless people was sought both indirectly, via youth workers observations and comments, and more directly through holding consultation sessions with young people at youth accommodation services. It was the common view of the young people that *True Stories* looked friendly. They liked the way that believable situations were used. One comment was: “from the way they told it you could tell it came straight from the horse’s mouth”. It was also said by the young people that it was “an interesting read” because of the topics included - sex, love, and the body and all presented from personal perspectives. After reading one section a young woman commented “see, that one [indicating one of the interview excerpts], that’s exactly what my ex-boyfriend was like. Shit I never thought of that, is that true you can get it [HIV] from [sharing fits with] your boyfriend?”. Through other comments it was possible to discern a recognition of the structural issues within youth homelessness: “it makes me sad to read this because there should be more things [help] out there- there’s one guy looking for food, and another one trying to get a shower - there should be more things out like that for young people”.

Suggestions for improvement from stakeholders included addressing the important issue of the material being accessible to less literate young homeless people. Although *True Stories* has many illustrations much of the impact came from the overview in the text of the survey findings and the personal interview excerpts. Difficulties for less literate young people were exacerbated by the small font that was used in the effort to cram all the material in. One way to address this problem could be to develop another version of the booklet that covered less material but with more illustrations to present health and well-being strategies for the extremely disadvantaged young homeless people with poor literacy skills.

7 POINTS AT WHICH DISSEMINATION AS A VALUE AND A PROCESS PROVIDED EVALUATION OPPORTUNITIES

In this project, there were two dynamics in the relationship between the research process and the identified stakeholders - dissemination and evaluation. The figure below shows schematically the way in which the booklet, *True Stories* [developed as a tool for two-way dissemination as proposed by King et al (1998)] provided opportunities for evaluation of both the quality of the dissemination, the soundness of the research findings and the utility of the research to the field of youth homeless.



As indicated above there were three major points at which the process of dissemination provided opportunities for evaluation. The first was in relation to the appropriateness of the data collection strategies which needed to be geared to this difficult-to-access population. The second opportunity was in relation to the dependability and credibility of the research findings. An example given was the interesting moment in the project in making a fit between the perceptions of some of the young homeless and the project team about the connections between romance , sexual practice and the transmission of sexual infection. The third opportunity related to the utility of the results to the field and this was able to be evaluated through the responses to *True Stories*.

While it is recognised that the program of two-way dissemination reported here is resource-intensive, it is also clear that it provided unusual opportunities to evaluate the soundness and the utility of the research process and its findings.

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