SYNOPSIS

In response to the current policy and practice of AIDS anti-body testing and segregation within Corrective Services, a group of inmates at Bathurst Gaol formed what was to become known as the "Inmate AIDS Counselling Group". The group's primary aims were to:

"Develop an AIDS Counselling Course, in order to equip inmates to play an ongoing educative role within the institution, and develop a support structure within the inmate population as an "opening bid" in a campaign for the introduction of an anonymous/confidential testing programme."

The purpose of this paper is to report on the group and evaluate its programme. The six workshops are discussed as are the participants' perceptions of the programme. A significant finding is the failure of previous AIDS education programmes to set up credible avenues for information exchange. The paper concludes with a consideration of the value of peer education as a model for AIDS education programmes in prison.
INTRODUCTION

In November 1987, a group of inmates at Bathurst Gaol formed what was to become known as the "Inmate AIDS Counselling Group". The group's primary aims were to:

1) Develop an AIDS Counselling Course, in order to equip inmates to play an ongoing educative role within the institution.

2) Develop a support structure within the inmate population as an "opening-bid" in a campaign for the introduction of an anonymous/confidential testing programme.

The course developed over subsequent months, and conducted over a six week period from the 14th January to the 19th February, 1988, included intensive training in the following areas: Information About AIDS, Basic Counselling Skills, Issues Related to Death and Dying, Sex and Sexuality, Issues Related to Drug Use and Confidentiality and Ethics.

The group and its programme has generated considerable interest both within the Department of Corrective Services, and in the community in general. The purpose of this paper is to report on the group and evaluate its programme. In doing so I have chosen to emphasise the concept of inmates trained as AIDS Counsellors/Educators, and the process, that is, the ways we went about organising the programme, over and above the actual content of the course, although readers will find detailed information about the workshops in the evaluation section.

From the outset I wish to debunk the possible expectation that somewhere in this report is a "blue print" for doing AIDS education work in prison. It is critical to realise that the type of programme run at Bathurst may be totally inappropriate for another group of inmates at another gaol, or for that matter another group at Bathurst. Firstly because of the logistics of running programmes in prisons, and the 'nuts and bolts' of grafting in a substantial programme into the prison routine. Secondly, and most
importantly, the scope and content of the programme may or may not be relevant and appropriate to another group of inmates. If there is one point that can’t be stressed enough, it is that the success of the Bathurst Programme is directly attributable to the degree to which all members were actively involved in all stages of the programme planning and delivery, and consequently the degree to which the course met with the expressed needs and interests of the group. So if someone were to grab hold of this paper and try to run a similar programme, they would have missed the point entirely, unless of course after much discussion and consultation with inmates it was decided that a similar programme would be of value. Having said that, it is hoped that this report provides some useful information and ideas to others contemplating conducting AIDS Education Programmes in prisons.

BACKGROUND

In mid-1987, following the appointment of an AIDS Project Co-ordinator, and the establishment of gaol based AIDS Committees, a series of staff development and inmate information programmes were planned for all institutions. These programmes which were focused around the screening of the Department of Health’s The Australian AIDS Video accompanied by guest speakers, were conducted at Bathurst Gaol in September 1981.

As a follow up to the above programme, Dr. David Sutherland, Associate Professor at the Hunter Immunology Unit Royal Newcastle Hospital, met with staff and inmate groups. At one of these meetings with inmates, the Department’s AIDS Project Co-ordinator, Louisa Scagliotti, highlighted the issue of providing appropriate care and support for inmates identified as antibody positive, as an important management problem that needed to be addressed before there could be any changes to the current policy and practice of testing and compulsory segregation. A suggestion was made that inmates could be trained as “counsellors” in addition to upgrading the skills of existing support services (e.g. Drug and Alcohol workers, Psychologists, Welfare Officers etc.) on the grounds that many inmates would not seek out those services.
In short, the strong desire to have the right to anonymous/confidential AIDS antibody testing, and the pre-requisite need to have an appropriate support programme in place, provided the impetus for the formation of the Bathurst Gaol Inmate AIDS Counselling Group. Inmate Neil Carroll was the driving force behind forming a group of eleven inmates, who were interested in the then vague idea of being "trained as AIDS Counsellors". I met with the group to discuss its concerns, and organised the participation of Mr. Kim Begley, the Department of Health's Regional AIDS Advisor (Central West Region) who first met with the group in November.

The AIDS Counselling Group

I can remember Kim Begley remarking that the commitment, concern, and interest of the group was outstanding in comparison to other groups he had worked with in his capacity as Regional AIDS Advisor. The group made a lasting impression on the guest speakers, and several Departmental representatives commented that there was something qualitatively different about the group in comparison to other inmate AIDS groups. Obviously any group dynamic is multifaceted, however, I would like to briefly comment on the participants, and some of the key elements in the process of developing the programme.

As I have mentioned, Neil Carroll was a key figure in organising the group. He was concerned to select members that were mutually acceptable, respected by their peers, and broadly representative of the different sub-groups within the inmate population. The eleven chosen members were highly articulate and intelligent men, some of whom had a developed interest in the AIDS issue. Four members were life sentenced inmates, the remainder were longer term inmates, all of whom had adjusted well to being incarcerated. Five members were undertaking tertiary studies in the Social Sciences, and several of these had expressed an interest in integrating the course into their studies and/or career interests. So the first point that needs to be made is that the group was made up of outstanding individuals.
The second point I wish to highlight is the "self determining" nature of the group. Every aspect of the programme, from the actual concept, through to the selection of topics and ongoing modifications, was decided upon by the group. No one can take credit for "running a programme for inmates", from start to finish the programme was reflection of the commitment, responsibility and participation of all members of the group.

Having said that, I would like to briefly clarify my role, and that of Kim Begley. I was responsible for the administration of the programme and organising the participation of the guest speakers. Kim acted in an advisory capacity in the early planning stages, provided the initial contact with many of the guest speakers, and came to play what one member described as an "anchor man" role within the group. Kim also made a substantial contribution to the workshops by way of contributing a second, sometimes confirming, sometimes divergent, point of view. Kim's participation was highly valued by both myself and all members of the group, who were not able to speak highly enough of him.

Another aspect that gave the programme much power, was the fact that it was never some kind of "value free" AIDS Education Programme, but rather, evolved out of, and remained linked to the group's concerns to do something about the situation in relation to AIDS testing in prison. In fact, two members commented that they thought the group had to an extent lost sight of its aims, got side tracked on counselling and education issues, and needed to revive its campaign for anonymous/confidential testing.

One other factor which is easy to overlook, but crucial to the success of the programme, was the autonomy afforded to the group by the gaol administration, through the granting of the Gaol Management Team room as a venue for its meetings. The use of this room allowed the group to meet in privacy without interruptions from officers or inmates, and enhanced the meeting as equals atmosphere of the group. In this regard I would like to
acknowledge the support of the Management Team and the Superintendent, who also awarded excellence remissions to the participants for the duration of the programme.

The AIDS Counselling Course

In relation to the group's aims as stated in the introduction section, the participants were concerned that they receive recognition for participating in the course, and that the course be substantial as opposed to token. I will have more to say about these issues in the evaluation section, but for now would note that they were important concerns underlying the development of the programme as outlined below.

PROGRAMME OUTLINE

GENERAL: Sessions Times: 9 - 11.30 a.m.; 12.30 - 3pm

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>WORKSHOP LEADER/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFORMATION ABOUT AIDS</td>
<td>Dr. David Sutherland&lt;br&gt;Associate Professor,'&lt;br&gt;Hunter Immunology Unit&lt;br&gt;Royal Newcastle Hospital.</td>
</tr>
<tr>
<td></td>
<td>Mr. Kim Begley,&lt;br&gt;Psychologist,&lt;br&gt;Regional AIDS Advisor.</td>
</tr>
<tr>
<td>BASIC COUNSELLING SKILLS</td>
<td>Mr. Lou McCallum&lt;br&gt;Training Co-ordinator&lt;br&gt;Ankali Project,&lt;br&gt;Albion Street Centre.</td>
</tr>
</tbody>
</table>
Mr. Kim Begley

ISSUES RELATED TO DEATH AND DYING

Mr. Lou McCallam

SEX AND SEXUALITY

Mr. Ross O'Donoghue
Health Education Officer
AIDS Education Unit

Mr. Terry Goulden
AIDS Counsellor
Sydney STD Clinic.

ISSUES RELATED TO DRUG USE

Ms. Rigmor Berg
AIDS & IV Drug Use Education Co-ordinator,
C.E.I.D.A.

CONFIDENTIALITY AND ETHICS

Mr. Greg Tillet
Senior Conciliation Officer,
Anti-Discrimination Board.

Mrs. Alison Bellamy
Counselling and Education in AIDS,
Sydney West AIDS Unit.

Several alterations to the above programme were made due to changes in the availability of guest speakers. In weeks one, three and five, the workshop was conducted only on the first of the designated days. In addition, a barbecue was held at the end of the course, and fortunately several of the guest speakers were able to attend the occasion.
EVALUATION

The process of evaluation presupposes that you have an idea about what it is you want to know. Bearing in mind that one of the implicit aims of the course was to develop a programme that would be appropriate to other groups of inmates, and that to the best of our knowledge this type of project had not been attempted before, it was decided to simply focus on the question "if we were to run the programme again how could we improve the course?" (1) We were not concerned to "objectively" determine whether group members were more capable/effective as educators and counsellors as a result of the course, although we were interested in the participants' perception of how appropriate and adequate they thought the course was.

A subcommittee of the group was formed to help develop the evaluation method. At its first and only meeting a decision was made to conduct general interviews at the end of the course rather than adhere to some sort of daily "tick a box form". The basic format for the evaluation was an in-depth interview, with each of the participants at the completion of the course. Whilst we missed out on the immediacy of participants' impressions, upon reflection one of the advantages of this method was that the benchmarks clearly stood out, and we did not get bogged down in unnecessary detail.

(1) I have already expressed my concerns about trying to conduct a "fine tuned version" of the programme for another group of inmates. Further, I would also note that the idea of "developing a course", was more my own agenda, and that of the AIDS Project Co-ordinator, rather than a key concern of the group. Nonetheless most members had an appreciation of the importance of carrying out some sort of evaluation.
Before considering the workshop topics, I wish to make some general remarks about the presenters. The speakers were selected on their abilities (and of course availability) to present the topics as decided upon by the group.

Most of the speakers had little or no gaol based experience, which did not present any real problems. In fact the group was most responsive to speakers who were open to learn about gaol, rather than those who to whatever degree, came in with preconceived ideas.

In terms of the participants' evaluation of the presentations, one issue stood out, and that was regardless of the mode of presentation (i.e. lecture, role play, informal presentation), a speaker's ability to draw the issues out of the group was highly valued. Participants positively evaluated workshops in which the presenter allowed the group to set the agenda and develop the workshop. Another quality highly regarded was a manner which was authoritative (in terms of qualifications and/or hands on experience) and yet open and willing to speak on a more personal level.

One other general comment I wish to make regarding the workshop presenters is in relation to my original concern about recruiting self identified gay men, which I shall now qualify lest there be any misunderstandings and E.E.O. eyebrows raised. Simply, anyone who has ever stepped foot into a gaol would be aware of the strong subcultural bias against homosexual men, and hence the reason for my concern. The experience of the group was that homosexuality per se was no problem. In fact, two presenters who identified themselves as being gay enjoyed an extremely good rapport with the group and were surprised by the level of acceptance. Participants spoke highly of these men, and claimed that they had broken down stereotypes and much of the stigma that they had associated with being homosexual. If there was any problem, it had more to do with the actual numbers of self identified homosexual presenters, which have the programme an implicit "gay focus". Several members noted that it was not until week
five that AIDS and IV drug use was given the high profile that is its due, and that we had a female presenter, which of course is not to say that all male speakers were gay men.

Topic One - Information About AIDS

In the early planning stages, this session was conceived of as "Basic Information About AIDS". Following a discussion about AZT and the necessary biological information in order to explain the effect of the drug, Kim and I realised that we had incorrectly assumed that the participants were not interested in this type of information. We stood corrected by the group who requested that detailed medical information be included in the course.

There was unanimous agreement that Dr. Sutherland's session laid an excellent foundation for the course. Both the style and content of the workshop were highly appraised, and the only suggestion for improvement was the inclusion of more visual resources to assist in the assimilation of the information. Two members thought that some of the biological details could have been "toned down" to a level more easily comprehended, but otherwise there was no feedback about the session being too information saturated, which is remarkable given the scope and depth of the material presented. The importance of including such detailed information, was stressed by four participants, who noted that the kinds of questions they are asked by peers, necessitated that they either answer at that level of detail, or understand the issue at that level in order to respond in a way that the questioner will understand.

Dr. Sutherland was not available for the second day of the workshop, and we had planned for Kim Begley to conduct a session to review the material covered. This session was cancelled however, due to the involvement of several members in preparations for the forthcoming Gala Day. The inclusion of such a session would have been a valuable addition to the course, in that it would have enabled participants to practice information
giving skills, as well as provide a good opportunity to assimilate much of the information presented.

**Topic Two – Basic Counselling Skills**

At the suggestion of the group, and with the assistance of the workshop presenter, Mr. Lou McCallum, we were able to include the participation of a person who was anti-body positive, on the first day of the workshop. Andrew's contribution to the workshop was highly valued, in fact one participant remarked "Andrew . . . he was the course". Andrew was spoken of, as having "broken down barriers", and debunked preconceived ideas about people with AIDS. Participants were impressed by his openness, and appreciated the opportunity of hearing first hand about what it means to have AIDS. Several members reported having gained a greater awareness of the uniqueness of people's reaction to the realisation of being anti-body positive. One noted that he had thought about someone with AIDS as someone who was dying, rather than someone who was "normal and living", and thought that the session provided a good opportunity to discuss lifestyle issues. Another noted the importance of selecting someone like Andrew who was coping, otherwise the experience could have been daunting for both that person and the group.

Lou McCallum also had a significant impact on the group. Several members spoke of having learnt a great deal just through observing Lou's manner and approach. Participants expressed an appreciation and respect for the depth of his experience, and reported a change in their perceptions of the role of a counsellor from an "advisor" to a more supportive role, as a result of Lou's input. There was a consensus that the session was excellent in terms of "pre skills" (my term). Participants spoke of "having a good idea of some of the problems associated with counselling and the complexity of the process", "being alerted to some of the more common needs people have", and "gaining an idea of the basic approach - the do's and don'ts". Further, many reported having a greater appreciation of the importance of pre-test counselling. However, most members expressed a need for more hands on experience, "we weren't actually trained in the skill of counselling -
although we did pick up some skills such as active listening and open ended questions". I will have more to say on this issue in the latter part of this report.

This was the first workshop to employ the use of role plays, which were a component of most of the sessions to follow. Most participants had some reservations about the role plays as incorporated throughout the course. The main concern was the difficulty of the role play process as a result of the familiarity and humour of the group. Some members thought that the role plays were not taken seriously, "they were treated as a joke", and/or were too contrived. Nonetheless, most participants felt that they had gained important insights, whilst one member suggested that the segregation issue was focused on at the expense of other issues that needed to be drawn out. Suggestions for improving role plays included: using outsiders as "clients" to practice information giving skills, developing more realistic profiles, and having the workshop presenter play the role of the client in order to raise the profile of the process. So in conclusion, whilst most participants spoke of a need for more hands on experience, role plays as they were set up throughout the course, may not be the best way of achieving this.

Topic Three - Death and Dying

This was a short workshop, conducted on the first of the allocated days. All participants evaluated the session as relevant and important to the course. Six members reported that the session was relevant essentially because "death is what happens to you if you have AIDS". They thought that the session had given them "good insight about what people go through", and helped them "feel more comfortable about the range of feelings people may want to express". Although some added that the reality of death is "removed from our experience since we won't encounter anti-body positive people in prison because of the policy of segregation". Four participants noted that the workshop helped them to understand the grief and loss process. Two of these spoke in a highly specific way about an understanding of the grief and loss process being relevant to the course
because "it is inherent to being in gaol, quite apart from the AIDS issue". One noted that, "inmates are going through all these things anyway - it is important to know that, that is where they will be coming from at the pretest stage of counselling". The other stated that, "the effects of loss are more devastating in prison because you don't have the same resources for coping, and there are other issues such as thoughts of escape".

It is interesting to note that most of the participants responded to questions about the relevance and importance of this session with reference to the actual death process (many recalled the details of double bagging in hospitals!), rather than the grief and loss process and its relevance to pretest counselling. This is not to say that they did not have this awareness, but it does perhaps suggest a need to present the issues with a different emphasis.

Topic Four - Sex and Sexuality

This was the most difficult workshop to evaluate for two reasons. Firstly, because of the diversity of issues covered by the two presenters over the two days, and secondly, because Rigmor Berg in the context of her workshop on Issues Related to Drug Use, spent considerable time discussing female sexuality (a session for want of a better title I have called "everything you have always wanted to know about female sexuality. . . "). In order to simplify the discussion I shall consider each of the items covered by the two presenters Ross O'Donoghue and Terry Goulden, report on Rigmor Berg's contribution, and conclude with some general comments on the workshop.

The first topic covered in the workshop was an examination of anatomy and physiology by Ross O'Donoghue, who went on to consider some of the social aspects of what it means to be male. Concerning the anatomy/physiology component, there was a diversity of opinion about the importance and relevance of including this type of material in the course. Eight members thought that the session was interesting, but six of these qualified their response by noting that they had doubts about how relevant it was to the
overall programme (that is to say the information is relevant to the topic, but not in relation to the objectives of the course), or whether it was really important at all. Two participants had reservations about the style of presentation which they felt was too "high schoolish", whilst three members thought that the information was relevant, and said that "it was interesting to see how much others in the group did not know". One member noted that "the anatomy stuff was a valuable exercise, it was interesting, but it is more of a social question rather than a physiological one". As I have noted, some aspects of the "social construction of masculinity" were included in the workshop. There was a discussion about advertising and the social meaning of being male, and a questionnaire looking at some of the myths of male sexuality. Neither of these topics made any lasting impression on most of the participants, however those that did recall the discussions, evaluated them in a positive light.

Terry Goulden presented sessions dealing with Sexually Transmitted Diseases and homosexuality. Nine of the group thought that the coverage of STD's was good, relevant, and an important part of the overall topic. Several commented that it was important to put AIDS into the context of other sexually transmitted diseases, whilst others noted that inmates may have questions about STD's as an issue in itself, or in relation to concerns about AIDS. Two participants thought that the session was not relevant to the course.

The second day of the workshop commenced with a lengthy and somewhat heated discussion, as Terry Goulden sought to draw a distinction between homosexuality and male to male sex. For whatever reasons (the consideration of which is not important to the present task) his basic premises were not accepted by all participants, who spoke of his attempt to restructure their thinking on an issue, which from their point of view is debatable. Upon reflection there was a range of opinion about the relevance of this session. Three participants thought that the continued emphasis on homosexuality was out of proportion to the real risk factors for inmates in prisons (i.e. IV drug use), and objected to an outsider trying to suggest what the "real incidence" of male to male sex was in prison. Four participants thought it was important to include discussion
about homosexuality, but felt that the emphasis should be on the issue of relating to someone in the context of a counselling situation. That is, they spoke of a need to overcome ignorance and prejudice in order to relate to others in a professional manner. As one participant so aptly put it, "how do you reconcile the cultural norm of poofa bashing with the compassion and empathy that is needed in a counselling situation". Two participants thought that it was good to have a gay person's perspective on homosexuality, however, felt that the session did not really address the issue of sexuality in prison.

As has been noted, Rigmor Berg in her workshop on Issues Related to Drug Use, devoted much time to a discussion about sex and sexuality. Her input was extremely well received, and positively evaluated. The single most important issue was simply having a female's perspective on both male and female sexuality. Further, participants appreciated being able to direct the flow of the session, and Rigmor's openness and honesty. In terms of the issues covered, several participants noted the importance of the discussion on sexual politics, in particular, men's responsibility for contraception and negotiating the introduction of condoms into a relationship.

In regard to suggestions for improving the workshop, obviously having a male and female presenter is of vital importance (we had originally planned to have a male and female speaker, and the experience of the group confirms this idea). In terms of content, an important issue that was not addressed was the situation for inmates in "relatively monogamous" relationships, where both partners are at risk of contracting the virus and passing it on to other other partner upon the resumption of a sexual relationship. Generally, participants reported that the workshop lacked some coherent framework and was consequently too fragmented.

Topic Five - Issues Related To Drug Use

This workshop was assessed by all participants as being relevant and appropriate to the course, although three members thought that some of the
information given, was at that stage repetitive. It is interesting to note
that one thought that it was repetitive in the sense of being unnecessary
to include, whilst the others thought that it was important to reinforce
the correction between AIDS and IV Drug Use.

There was consensus that the information given was important, especially
the details about flushing procedures for safer needle use, and information
about community based needle exchange programmes, and street services for
IV drug users. Many expressed a concern to have this type of information
disseminated among inmates due for release, although two members argued
that the needle exchange information "did not really connect with the
crime" point of view because we know how to get what we want any way and
(or) we would be suspicious of collecting needles from such a programme".

One interesting comment that was made about the workshop was, "it was not
so much the information given that was important, but rather what she did
not try to cover... in recognition but she was addressing experts on IV
drug use". Nonetheless, one participant felt that more information could
have been given about IV drug use, especially in relation to counselling
issues. In terms of improving the workshop several noted that it could
have been placed earlier in the course in order to give the AIDS and IV
drug use connection a higher profile. Another possible improvement
mentioned by some members was including the participation of someone who
had contracted the virus through IV drug use.

**Topic Six - Confidentiality and Ethics**

This workshop was divided into two parts. On the first day Greg Tillet
sought to develop a "public issue" focus, followed by Alison Bellamy who
dealt with the topic at an interpersonal level. Greg Tillet addressed some
of the legal issues that surround AIDS as a social problem. Most members
found the session interesting and noted that it was important to understand
the broader legal issues. However, there was also consensus that the
issues were dealt with in a too theoretical way. In fact the three members
who said that the session was not relevant, argued so on these grounds.
The issues were considered in terms of "theoretical rights before the law", which struck a strong chord with a group who have had extensive dealings with the law, and claimed to be acutely aware of the "gap between the rhetoric of theoretical rights, and the reality of having those rights either infringed or denied, often on a day to day basis". It would seem that until such time as there are test cases applicable to the prison situation, there is no real way around the problem of considering the topic at this level of abstraction, however, there is room to draw more extensively on the experience and accumulated knowledge of the participants.

Concerning the second day of the workshop, there was unanimous agreement about the importance of the topic, however the group was divided in opinion as to whether there was a need for a separate session as opposed to stressing the issue throughout the course. Further, some participants argued that because of the social code among inmates and the "supreme status of the no-tell rule", confidentiality was a fairly open and shut issue. At the other end of the spectrum, two members expressed concerns about the status of this "rule" suggesting that it was more of a well worn phrase than a reality, and thus all the more reason for a separate session dealing with the topic. Those that thought that the session was relevant, spoke of a need to draw out the complexities of confidentiality in the prison environment. That is, explore why there is a need for confidentiality and not just take it for granted, examine motivations for maintaining confidentiality, and become critically aware about the unintended ways that information can slip and confidence can be broken. In summary, the notion of not breaking someone's confidence, is no new idea for inmates in prison, and whether it is dealt with in an integrated or separate way, the topic needs to be approached by drawing on the experience and analysis of the group members.

General

Having considered the workshop topics, one remaining issue that is worthy of comment, is the "tension" that emerged between developing what I would
call a "gaol vs. community" based focus. Some members thought that the strength of the course was largely due to the fact that the AIDS issue was dealt with in a comprehensive way, without always buying into gaol issues, and suggested that this enhanced the professionalism of the programme. As one member remarked "we encounter new situations all the time and are able to deal with them in a matter of fact way - we don't need to focus special attention on the peculiarities of our situation". Others however argued that the course needed more focus on gaol issues, "the here and now", and that there are many problems that are particular to the gaol situation. Examples of these include: the non existence of preventative measures ordinarily available to people in the community, and the fear and uncertainty of not known one's anti-body status because of the lack of real choice concerning testing.

THE PROGRAMME - GENERAL

The programme was highly valued by all participants, whose self reported commitment is well evidenced by the high level of attendance at all sessions (there were only three occasions when a member of the group was absent for an afternoon session), to say nothing of the labour intensive nature of the production of the video play "Miles from Nowhere". Apart from the problem of some repetition toward the end of the course, all members positively evaluated the length and structure of the course. The overall time frame enabled participants to comfortably assimilate the information and issues presented, and the time allocation within the workshops allowed for a more relaxed as opposed to "dense" style of presentation.

In terms of the group's original concern that the programme be substantial as opposed to token, most commented that the course was well beyond their expectations. To the question "Was the programme pitched at a level that is appropriate in order to gain the kind of recognition, that we are trying to get within Corrective Services?", participants responded by way of reference to three issues. Firstly, some sense of personal competence and recognition from peers as a result of the course. Secondly, from the point
of view of the Department recongising the group, most members felt that they had more than adequately "put the runs on the board" but were concerned that they would not get to fully utilise their skills. Generally participants felt that "the attention given to the issue by the Department was appalling given the magnitude of the problem". Thirdly, most participants emphasised that the scale and depth of the topics covered, and the professional standing of the guest speakers, along with the impression that the group in turn made on these visitors, gave the course a high and recognisable status.

In response to the question "Was the programme pitched at a level that is appropriate, in order to be involved in information giving and education work in prison?", all participants responded with some kind of variation on the theme that "the comprehensive knowledge of the biological nuts and bolts through to the consideration of the broader issues gave a very adequate basis for being involved in education/information giving". All reported having used the knowledge and skills gained during the course, and cited evaluations of their own behaviour, through to conversation with peers, family and prison officers, which involved giving information answering questions and clarifying misconceptions, as examples. Further two members reported that they were involved in a "counselling type situation" with other inmates. The writing of the play and its production are other examples of participants utilising their skills. Many reported having developed a sense of personal competence in dealing with AIDS issues, and commented that they were able to handle any questions that came their way. One participant commented that he had learnt to feel okay about saying "I don’t know" when he was unsure.

In response to the question, "Was the programme pitched at a level that is appropriate, in order to offer a counselling/support service in prison", most participants responded affirmately but with some qualifications. Three responded "yes", with some kind of statement about the excellence of the course. Three responded "yes", but with reservations in that they felt they had "only the basics under (their) belts" and stressed the need for more practical experience and ongoing supervision, and/or that they were limited in what they could do because of the current policy of segregation.
which did not give them access to inmates identified as anti-body positive. Three participants drew a distinction between "pre test" counselling which they felt competent about, and "post test" counselling which they said they had no experience of, and spoke of the little they had learnt in relation to the complexity and responsibility of the task. One member talked generally about a need for a more structured course with a graded development of more intensive counselling experience, whilst another argued that the term "counselling" was a misnomer. He stated that he would never "counsel" peers, because it is not culturally appropriate to set one's self up as a counsellor (or anything for that matter) in the prison environment, either formally via some sort of recognised credentialling process, or informally through some kind of subjective role expectation. Essentially the argument has to do with the concept of "peer counsellors" as being a violation of the dynamics of the prison sub-culture. It is interesting to note that even those members who unreservedly answered yes to the question under consideration, remarked that one of the important aspects of the course was the repeated debunking of the "helper/advice giver" notions popularly understood by the term counsellor, and the orientation towards a supportive/active listening approach.

Having reported on the participants' perceptions of the adequacy of the programme, I would also mention that an important unresolved issue at the time of writing is the future of the group. In terms of the group process, some members felt a sense of completion and were ready to move on and attempt to set up similar projects in other gaols. Others spoke of being "cut off" and wishing the course would continue, and/or wanting the group to continue meeting in order to support one another and keep up to date with their skills and knowledge. Both Kim Begley and myself left Bathurst shortly after the completion of the course, and four members have since been transferred to other institutions. Neil Carroll is working to set up a similar group at the Metropolitan Training Centre, and the remainder of the group at Bathurst have requested to meet with Kim Begley on a monthly basis, and have planned several peer education programmes, but as yet the group's video has not been approved for screening in the gaols.
In conclusion, I would like to comment on something of the impact of the course on the rest of the gaol population, and the concept of "peer education" as a model for AIDS education work in prisons. Several members reported that the programme was having an impact on other inmates by way of rekindling some awareness about the AIDS issue. Group members gained a high profile as a result of the course, were sought out by their peers for information about AIDS, and were alarmed by the general level of ignorance. They reported that most inmates were deeply concerned about AIDS, which is in stark contrast to the popular perception that in terms of AIDS education most inmates are apathetic. I would argue that this "popular perception" is a superficial analysis of what is only a presenting problem, that excuses educators from doing some hard thinking about the kinds of models and processes that they employ. The fundamental problem as articulated by one member of the group is that in the past "no acceptable (for inmates) avenues for asking questions and receiving information have been set up. Information about AIDS has come from sources (rightly or wrongly) perceived as oppositional, ... if inmates want to know something they will by and large ask and get it from peers, not custodial or non-custodial staff or outside experts". He went on to argue that a whole range of questions will be asked of peers that would not be asked of outsiders, which was confirmed by the experience of group members who had attended previous inmate information forums. It was suggested that, one of the reasons for this is that the asking of a question in public carries with it the possible stigma of ignorance, not to mention the general kind of "bagging dynamic" that occurs when an outsider enters into the social network of inmates.

So it would appear that the Bathurst Gaol Inmate AIDS Counselling Group, has come the closest of all prison AIDS education programmes, to opening up these credible channels for disseminating information about AIDS, and in doing so has maintained principles of equality and respect, as opposed to the hierarchical and often impositional style of traditionally based education methods. By way of a concluding remark, and to stress the great potential for developing effective and relevant educational programmes by
employing this approach, I would like to echo the words of one of the group members: "... they have to stop thinking about us as incarcerated individuals and realise that we are a community of people who care about and feel responsible for our community, the two key things, the motivation and the credible networks for giving information already exist".