



University of Brighton

**EVALUATION OF THE WEST SUSSEX
EDUCATION, TRAINING, AND EMPLOYMENT (ETE) PROJECT:**

FIRST INTERIM REPORT (September 2014-September 2015)

DECEMBER 2015

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ST. PETERS HOUSE PROJECT



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1.0 INTRODUCTION

1.1 Background

Advances in anti-retroviral treatments for HIV means that People living with HIV (PLWHIV) can now lead long, active and fulfilling lives, contributing to their communities both socially and economically. As HIV primarily affects individuals of working age, unemployment in the HIV positive population remains a significant problem (Braveman, Levin, Kielhofner, and Finlayson, 2005). Employment is a key determinant of health and can have positive benefits for mental and physical health. Individuals who are unemployed tend to be socially isolated and suffer more anxiety and depression than employed individuals (Black, 2008; Centre for Economic and Social Inclusion, 2012; Waddell and Burton, 2006). Employment can also help reduce health inequalities and improve life chances for people and their families. Although finding and maintaining employment can be a significant challenge for any individual with a chronic illness, a recent study showed that PLWHIV who were employed reported better physical and mental health quality of life, even after controlling for demographic variables, HIV-disease markers, psychosocial symptom burden, and neurocognitive function (Rueda *et al.*, 2011).

Some of the reasons reported by PLWHIV for wanting to return to work include the desire to feel 'normal', be productive, and to increase personal income (Brooks and Klosinski, 1999). However, despite strong motivations to return to work, barriers to employment may prevent many individuals from pursuing employment (Brooks, Martin, Oritz, and Veniegas, 2004). A survey of 545 PLWHIV found that 73% of female HIV patients and 78% of male HIV patients were working. Compared to UK national employment rates, male HIV patients have lower rates than the national average for this age range (Rodger, 2010). This study found that associations with not working were having been diagnosed with HIV for longer than 10 years, poor psychological health, and poor attitudes to employment. No associations were found between employment status and any objective measure of physical health. Consistent with previous studies, stigma and fear of discrimination was a concern for approximately half of those not working. A further study has identified loss of benefits as another perceived barrier to returning to work (Brooks *et al.*, 2004).

In West Sussex many PLWHIV remain out of work for a long period of time and can thus become deskilled. The Terrence Higgins Trust (THT) national study "What do you Need?" reported that 27% of PLWHIV were unhappy about their ability to access training, 34% were unhappy about their opportunities in the job market, and 44% had an interest in training or new skills but felt they needed support (Weatherburn *et al.*, 2009). There are very few services specifically for PLWHIV in West Sussex, and none offering support in getting back to work. A major barrier to employment for PLWHIV is whether to disclose their HIV status to employers. Research by Sigma, reveals that PLWHIV regularly experience discrimination after disclosing their status (Bourne, *et al.*, 2011).

The UK Department for Work and Pensions recognises that "long-term unemployment is damaging to individuals and communities, it affects mental and physical health, and holds back economic



growth” (DWP, 2015). West Sussex County Council’s (WSSC) “West Sussex Life” 2013 reports areas with a high prevalence of HIV, such as Gatwick, Crawley, Worthing and Littlehampton, as being among the top 20% areas for skills and training deprivation. A national study of HIV and aging by the Joseph Rowntree Foundation found that 57% of PLWHIV surveyed had concerns over employment and that there are few existing services for helping people living with HIV get back into work (Power, Bell, and Freemantle, 2010). One of the report recommendations was that “Older HIV+ people would benefit from greater support to re-enter the workplace”. The National Aids Trust study “Working with HIV” (2009) reports that employers need to be made aware of the sorts of adjustments that PLWHIV may need in the workplace and ease with which they can often be accommodated.

Consultation with service users and other organisations

St Peter’s House latest (2012) annual service user survey highlights that current West Sussex service users believe that they would benefit from support around accessing training or employment. There is currently no organisation offering any skills development support or back to training or employment support to PLWHIV in West Sussex. In response to this need and the often inability of PLWHIV to access such opportunities without support, St Peter’s House set up the ETE project in order to fill the gaps between the training and community opportunities offered in the county. The ETE project offers pathways for service users to access mainstream educational opportunities, work placements, job opportunities and community / interest and voluntary groups across the area. The Sussex Community Trust’s HIV specialist nursing team have confirmed the need for this type of work across West Sussex. The Sussex Department for Work and Pensions supports the project and is looking at how best to facilitate the HIV education workshops in local Job Centres.

1.2 About the ETE project

The ETE project aims to help PLWHIV in West Sussex who are unemployed and socially isolated, to access education, training, volunteering opportunities and/or or employment. The project aims to support the development of both work related skills, such as IT skills, and life skills, such as self-confidence. It is anticipated that this will be achieved through participation in service user-led workshops and training sessions, peer group meetings, and one-to-one support. The project also aims to increase employability with links to work placements or relevant volunteering activities. The project assists PLWHIV with CV writing and interview skills, as well as increase knowledge of job, training and volunteering opportunities. These activities will help the ETE project to achieve its overall aim of increasing the uptake of volunteering, further education or paid employment by PLWHIV in the county. A secondary aim of the project is to increase PLWHIV’s participation in local peer groups and engagement with community activities in order to increase feelings of involvement and ownership in community life.

1.3 Evaluation of the ETE project

In June 2015, the Centre for Health Research (CHR) at the University of Brighton was commissioned to conduct a small scale and simple process evaluation of the ETE project. The evaluation activities started in September 2015 and will run until December 2018. Data collection with the ETE project's service users and stakeholders (e.g. local HIV workers, specialist HIV nurses etc.) is planned to take place at the end of each project year. There will thus be four separate data collection phases engaging up to 10 service users per year and several of the ETE project's stakeholders. Over the life of the evaluation, approximately 40 service users and 15 stakeholders will be interviewed.

The evaluation of the project will consider the following expected outcomes (specified by the ETE project):

1. Service users reporting changes in work and life skills including employability as a result of the support received from the ETE project;
2. Service users' levels of engagement with, and positive contribution to, their respective communities (e.g. peer support and community groups) as a result of the support received from the ETE service;
3. An increase in service users engaged in training, volunteering roles or paid employment as a result of support received from the ETE project and from an increased awareness of local organisations.

In addition, the evaluation will:

- Assess whether the main ETE project outcomes and indicators have been achieved;
- Identify unmet service user's needs;
- Identify key strengths and weaknesses of the project, and;
- Provide feedback to the ETE project to help inform planning and implementation.

1.4 Interim Report

This report presents the findings from the first evaluation period of the ETE project (September 2014-September 2015) drawing on primary data generated from qualitative interviews with service users (n=8) who have accessed the service, as well as data from interviews with key project stakeholders (n=7). Subsequent interim reports will build on this first report to provide a fuller picture over time of the processes and outcomes of the ETE project.

2.0 METHODS

2.1 Context

West Sussex is located on the South Coast of England covering 768 miles with an estimated population of 806,900 (Office for National Statistics, 2011). The majority of people in West Sussex live in the main towns of Worthing, Crawley, Horsham, and Chichester. However, West Sussex is classified as being significantly rural with 42% of the county's resident population located in rural areas (WSCC, 2012). This can make availability and access of services for vulnerable people particularly challenging. Just over half of all residents are female (51.6%) and the most recent population estimates by ethnic group (mid-2009) suggest that non-'White British' groups make up approximately 12.4% of West Sussex's total population. The proportion of the working age population (16-64 year olds) in West Sussex is lower than that of the South East region and the United Kingdom as a whole at 61% (WSCC, 2012).

2.2 Design

The design of this evaluation study is a cross-sectional qualitative study. In-depth individual interviews have been conducted with participants (or service users) who have accessed the ETE project between September 2014-September 2015 as well as relevant project stakeholders who have been involved in the project in some way (e.g. such as providing referrals to the ETE project).

2.3 Participants and recruitment

2.3.1 Service users

A purposive sample of service users from the ETE project were invited to take part in an individual interview (face-to-face or by telephone) during September-October 2015. Participants who had accessed the ETE support service in the previous 12 months across West Sussex in any of the four key locations (Crawley, Worthing, Littlehampton, and Chichester) were eligible for participation. In addition participants had to be over 18 years of age; be able to give informed consent; be able to understand and speak English coherently.

The evaluators worked closely with the ETE project worker to invite participants to take part. The project worker posted, emailed, or handed a study pack to all eligible service users. The study pack (Appendix A) comprised: a letter introducing the project, a participant information sheet (PIS) and a reply slip to indicate interest in participating in the study. Following receipt of a reply slip, the evaluators contacted any service users who had responded positively, clarifying that they understood the nature of their involvement, and if they agreed, arranged a suitable date and time for interview. A reminder letter/email was sent to any service users who had not responded approximately two weeks after the first letters of invitation had been sent.

A semi-structured interview schedule was used to generate qualitative data (Appendix B), which allowed participants to have flexibility in their answers and identify or explore further areas as required. Topics included: 1) overall involvement in the ETE project; 2) basic computer skills; 3) education and training opportunities; 4) community involvement and volunteering; 5) employment and work skills; and 6) overall views and opinions of the ETE project. In addition, a simple and short structured questionnaire was administered to gather basic demographic characteristics (e.g. age, ethnicity, education etc.). Interviews lasted approximately 40 minutes and all participants requested that the interviews take place over the telephone (n=8). Participants were given a £5 ‘thank you’ voucher for their time.

Participant characteristics

25 service users were sent a letter of invitation representing all those who had accessed the service since its inception (September 2014). 15 reply slips were received indicating interest in taking part in the study; eight of these 15 were subsequently interviewed (representing a 32% response rate)¹. The eight participants interviewed were aged between 28 years and 62 years ($M = 49.4$; $SD = 11.4$) and time since diagnosis of HIV ranged from 4 months to 27 years ($M = 9.9$ years; $SD = 10.4$). Table 1 displays the main characteristics of participants.

Table 1. Demographic characteristics of participants interviewed

Gender	N	Ethnicity	N	Religion	N	Identity/sexual orientation	N	Relationship	N	Highest educational qualification	N
Male	4	White British	3	Yes	4	Heterosexual	5	Separated/divorced	2	None	2
Female	4	White Other	3			Gay	2	Single	4	A levels/diploma /city and guilds	3
		Black African	2	No/missing	4	Unsure	1	Widowed	1	Postgraduate degree	1
								Missing data	1	Professional qualification	1
										Missing data	1
Total N	8	Total N	8	Total N	8	Total N	8	Total N	8	Total N	8

2.3.2 Stakeholders

As with service users, a purposive sample of stakeholders from the ETE project were invited to take part in an individual interview during September-October 2015. In order to be eligible participants had to be over 18 years of age; be able to give informed consent; and be able to understand and speak English coherently.

The evaluators once again worked closely with the ETE project worker to identify and invite participants to the evaluation. The project worker emailed a study pack (Appendix C) to eligible selected stakeholders. As with the pack for service users, the stakeholder study pack comprised: a

¹ Participants who returned reply slips were contacted up to a maximum of three times and were not contacted again after this.

letter introducing the project, a participant information sheet (PIS), and a reply slip to indicate their interest in the study. The evaluators contacted those that responded positively, clarifying that they understood the nature of their involvement, and if they agreed, arranged a suitable date and time for interview. A reminder email was sent to stakeholders who had not responded approximately two weeks after the first letters of invitation were sent.

As with service users, a semi-structured interview schedule was used to generate qualitative data (Appendix D). Topics included: 1) background questions such as their role and involvement in the project; 2) overall experiences of the ETE project; and 3) how the project could be improved. Interviews lasted approximately 30 minutes and all of the interviews were again conducted over the telephone (n=7). 10 stakeholders were emailed a letter of invitation. Seven returned reply slips to indicate their interest in taking part in the study evaluation and all seven were interviewed (70% response rate). Stakeholders interviewed represented: St Peter's House (n = 2); a local HIV NGO (n=2); an NHS specialist HIV service (n = 2), and; a representative of a local NHS complex care pathways team (n = 1).

2.4 Data analysis

With participants' permission, all interviews were audio recorded and either fully or partially transcribed. Qualitative thematic analysis was used to inductively (from the data) and deductively (based on the project's objectives and indicators) analyse the interviews. Braun and Clarke's (2006) method was used to identify, describe, and analyse themes and patterns within the data. Consistent with this approach categorisation of a theme did not necessarily depend on the frequency of occurrence within the data but whether it captured something important to the overall evaluation question. For this report, direct quotes are coded using a participant number to ensure anonymity.

2.5 Data storage and confidentiality

All digital data for the evaluation are stored in the Centre for Health Research (CHR) at the UoB securely against unauthorised access using a password protected network and in compliance with data protection legislation. Only the evaluation team and an externally approved University transcriber have access to this data. To mitigate against the unlikely loss of data, copies of the digital files are backed up daily to University external (secured) servers. All original files (e.g. recordings and field notes) will be destroyed 12 months after the end of the final evaluation phase (by June 2019). This time period is required to allow the re-visitation of data for dissemination purposes.

2.5 Ethical and governance approval

Ethical and governance approval for the evaluation was received prior to any field work taking place from the University of Brighton's Faculty of Health and Social Science Research and Ethical Governance Committee (FREGC). As this project was classified as a service evaluation NHS approval



(LREC and R&D) did not need to be obtained to interview NHS staff. However, approval for the evaluation was given by the NHS Trusts where relevant. Copies of these approvals are available on request.

3.0 FINDINGS

In this section, the findings from both service users and project stakeholders are presented. In terms of the former, a number of key themes emerged and are outlined including: Best thing about the project; positive outcomes from participation; skills gained; barriers to accessing the service; suggestions for improvement; project service delivery model, and; attendance at peer groups. With regards key themes emergent from the stakeholder interviews, these included: positive outcomes of the project; advantages of linkage to the ETE project: barriers; project service delivery model; suggestions for improvement, and; the ETE project worker.

3.1 Findings from service users

Context

The number of times the service users had met with the ETE project worker varied ranging from just the first initial meeting to at least six different occasions. This was reported by the project worker as being flexible depending on individual need and level of commitment. These meetings took place either at home or in a public location such as a coffee shop, pub, or library. In addition to these meetings, the project worker was also in regular contact with some service users via email or telephone. The ETE project worker aims to allocate a minimum of eight sessions with each service user.

Participants reported initially accessing the service for assistance with the following: finding a new job (n=2), volunteering (n=2), computer skills (n=4), meeting new people (n=1), enrolling on an English language course (n=1).

“I needed to try and reinvent myself and I needed that sort of guidance and support of how do you actually reinvent yourself at 53 years of age when you’ve been typecast in an industry for the last 20.” (101)

“... my skills are not very good. I can do the very basics, but I find that at my age there is so much on a computer that it is a bit overwhelming. I get a bit swamped by it. You start to learn one thing and they come out with something else. Something pops up on the screen and I get completely confused, I don’t know what I’m doing.” (18)

3.1.1 Key themes

All of the service users interviewed were very positive about the project and when asked: “On a scale of 0-10 for personal satisfaction, how would you rate this project?” responses ranged from 8 to 10. Comments from service users included:

“I think it’s an outstanding service, I think it’s much needed.” (101)

“Fantastic, I would give it a 10. I got exactly what I was looking for - more than what I was looking for.” (3)

“I am so happy with what I have achieved so far.” (14)

“... after two hours with him [ETE project worker], I walked out thinking ‘that was beneficial’... I can see that it can only be beneficial.” (18)

“Is it possible to give an 11?” (20)

All participants said that they planned continue to access the ETE service.

Best thing about the project: “It’s unique.”

One of the best things about the project mentioned by the service users was the unique service that it provided: “[it] offered what no other service provider does or did” (101). Three participants also highlighted that a particular strength of the project was the focused one-to-one support:

“To have a one-to-one learning experience. The course in Manchester, there were 50 people and a few people to help you, but I’d get stuck in a few seconds... and then I need to call them again- eventually I didn’t bother. It’s embarrassing to get up to speak to them every two minutes. But with [ETE project worker] he’s right there with you. So if you have a problem you have your own personal tutor which is fantastic.” (18)

Some service users also mentioned that one of the best things about the project was the positive communication between them and the ETE project worker. For example, participants mentioned that the project worker would be in touch with them responsively and flexibly whenever they needed help:

“When I need [ETE project worker] I am calling him and as soon as possible he is in touch with me.”(20)

Positive outcomes as a result of participating in the ETE project: “So far it has been very productive, it has got me back on track.”

Most of the service users interviewed identified specific positive outcomes as a result of participating in the ETE project. These are explored briefly in the following sections.

a) Applying for jobs and gaining interviews

Two service users reported that they had accessed the ETE service because they had wanted help finding employment. For example, one person reported wanting input and advice from the project

worker regarding a change of career from the private to the voluntary sector. He reported that as a result of the help and guidance received from the project, he now feels able to apply for jobs regularly and has subsequently been invited to a number of job interviews. Similarly, another service user also described how she successfully gained employment in two different jobs since accessing the ETE service. Her first job was working in a hotel although she reported that this was not a position she wanted for the long-term. One of the strengths identified by this participant was that the project had helped her to define what she really wanted to do and to not just stay in “any job”. Consequently, following a second successful job application and interview, she reported that she is now working as a language teacher:

“So he [ETE project worker] helped me to define better what I was looking for, rather than just going for anything. I was desperate to find something... I got a job in a hotel which was not for me, [but] then we met again and we worked through and we got to education.” (3)

b) Volunteering

One of the aims of the ETE project is to assist people in obtaining a volunteering role. One participant described how the project had helped her to secure a volunteer position at a charity shop. The project had helped her to realise the opportunities that volunteering had to offer, helped her search and apply for vacancies, and helped her to practice her job interview skills. Volunteering was felt to be particularly important by this participant because she was new to the UK and reported that:

“I couldn’t be doing nothing, I had to keep myself busy. I needed to learn, be involved, and feel part of where I was.” (3).

Three service users reported that the ETE project worker had suggested that they could volunteer on the ETE project itself to help him run the service. One service user described how he indeed hoped to soon start volunteering to support the ETE project specifically “looking at conducting a gap analysis, looking at his [project worker’s] client base, and looking at where they [PLWHIV] need support” (101). This role was reported by the participant as being something he was very much looking forward to and was hopeful that the experience would help him when applying for paid work in the future. Another participant who had also been approached about potentially volunteering to support the ETE project (as a peer worker to help other service users with computers), said that the opportunity had made her feel more confident about her skills and abilities because the project worker considered that she was good enough to teach others.

c) Applied for educational courses

Two interviewees reported that they had applied for an educational course as a direct result of participating in the ETE project. One participant described how she had successfully completed one level of an English language course and was due to start the next level shortly. She reported being very happy that the project worker had been able to arrange a reduced fee for the course. However,

the other participant was unable to attend because he could not afford to pay the course fee, despite being successful at interview and being offered a place.

d) *Using computers for recreational and practical purposes*

Several service users mentioned that they had wanted to learn computer skills for reasons other than work, volunteering, or educational purposes (i.e. life skills). One of the participants interviewed highlighted that so many day to day things require a basic knowledge of computers:

“If you don’t have fairly good computer skills, you are out of it. Forget about it. Everything is done online. Shopping, tax, you name it. If you don’t have computer skills of at least average, and a computer, then you are out of it.” (18)

Similarly, another participant also reported wanting to learn how to use the computer for everyday tasks such as ordering food shopping online, which she said had been “*very helpful*” (7). In comparison, one service user wanted to access the ETE project so that he could feel more connected to other people through social websites and also to research hobbies. He explained that the ETE project worker had helped him to use a tablet computer which he used for email, searching for holidays, and taking photographs.

Skills gained from the project: “We covered the whole spectrum from a supporting statement through to a cover letter and my CV.”

Job skills reported by service users as having been developed through participation in the ETE project included: researching job vacancies, understanding job descriptions, completing application forms, writing covering letters, writing supporting statements, and preparing for interviews.

Where relevant, service users were asked if they were: 1) more aware of education, job, and volunteering opportunities; 2) more able to search and apply for education, job, and volunteering opportunities; and 3) more confident searching and applying for education, job, and volunteering opportunities. All three service users interviewed who had accessed the service for education, employment, and/or or volunteering purposes reported that the project had increased their awareness of these opportunities. For example, one participant described that he had received really helpful “*direction*” from the project worker regarding where to look for jobs. Similarly, another participant described that the project had given her “*inspiration*” about the different types and range of educational courses available. Each of these service users said that they also felt more able to search and apply for education, employment, or volunteering opportunities. One participant mentioned that the service had been particularly helpful in refining the job search process and highlighting the best places to search for jobs:

“When you look on the internet there are hundreds of places to look at, and you may be wasting your time going through some pages that are not the real thing. Agencies that

advertise jobs are not real sometimes. So it was good to know exactly what to look for and where.” (101)

Two participants also described that as a result of accessing the ETE project, they now felt much more able to understand job descriptions and to tailor their application forms accordingly:

“It’s [accessing the ETE project] increased my ability to answer concisely and to the point with no hesitation. I wrote five thousand words but I never actually answered the questions... ‘great stuff’ he says, ‘but you’ve not actually answered the question’. Being precise and honing it down to a short sharp concise statement has helped me to understand what they’re [employers] actually asking.” (101)

“At the beginning, I would send ten applications and nothing would happen. Then with the right information and support [from the ETE project], I was answering things and doing what I was meant to be doing.” (3)

One participant described that the mock job interview practice he had experienced through the ETE project had helped her to prepare for job interviews:

“A mock interview. He would say ‘they will ask you this and this and this and this’. He would then direct me in terms of what to say, how to prepare an answer, to be precise, and concise, and not too long.” (3)

Finally, many of the service users interviewed reported that accessing the ETE project had made them more confident about searching and applying for educational, employment, or volunteering opportunities.

“It’s the confidence in order to reinvent myself and to look at working in a new sector.” (101)

“I can’t thank [project worker] enough because I think that apart from helping me with a CV and a covering letter and mock interviews, he has been so supportive, so nice, so energetic, and when you are looking for a job you need to feel confident. He is the sort of person that makes you feel good, makes you feel like you can do it. Go for it.” (3)

Of the service users interviewed who had received training in computer skills, all reported that they were now more knowledgeable about computers, more able to use computers, and more confident at using a computer: *“Before I was scared to touch the buttons” (20)*. Examples of computer skills covered included: using Microsoft Word, setting-up email, creating tables, and learning how to use the internet. One participant who accessed the project to help consolidate the computer skills and to learn new skills, said that *“there were a lot of things that he [ETE project worker] taught me that I never knew about” (14)*.

Barriers to accessing the full extent of the service: “I’ve got a few medical problems at the moment so work is out of the question.”

This theme presents some of the barriers reported by service users when accessing the services provided by the ETE project, particularly around employment, training, and volunteering.

a) *Poor health*

Four service users interviewed expressed an interest in going back to work and/or volunteering but reported that due to their poor health, they felt unable to explore these options fully. One participant mentioned that he really wanted to either volunteer or gain paid employment, primarily so that he could meet new people as he felt very socially isolated or “cut off”, and would like the “*help and encouragement to get out there and do something*” (4). However, although this participant reported that he felt mentally well enough to work, he also reported that he was not physically able to work due to a range of health problems. Likewise another participant mentioned that he would be interested in volunteering with the ETE project as suggested by the project worker. However, he stated that it was too early to explore this further as he had only recently received his HIV diagnosis and thus felt that it was “too soon” for him to consider anything else.

b) *Lack of funding for courses*

One of the service users interviewed mentioned that although they had received help identifying relevant educational courses, they had been unable to enrol because of the financial cost which they felt they could not afford:

“Some courses are funded and some you have to make a contributory sum to them. But the one in particular I wanted there was no concessions at all. It was up front, or no options not even instalment payments so I had to cut that for now.” (101)

Although most college courses do provide some concessions for individuals receiving Employment and Support Allowance (ESA)², this currently only applies to those categorised as being in Group 1 (Work-Related Activity Group). Individuals categorised as being in Group 2, are not eligible for concessions. Most PLWHIV accessing the ETE service, currently fall into this latter category. However, changes to the UK welfare system are due in 2016 so this issue will be revisited again in the second interim report due in December 2016.

c) *Concern about loss of welfare payments*

Concern regarding the take up of employment or volunteering opportunities and the potential impact on welfare payments was raised by two participants as being a possible barrier to their full

² www.gov.uk/employment-support-allowance/overview

engagement in the ETE project. As with the previous section, this issue will be revisited again in the second interim report due in December 2016.

d) *Residency issues*

Finally, one participant reported that they were very keen to enrol on a college course so that she could access more advanced training in computer skills but that before she could do this she needed to receive final residency papers from the Home Office. However, she reported being very certain of the support she would receive from the ETE project worker when this happened: *“Whenever I am ready to enrol I should give him a call, or email, and he will come and let me know how I go about this.”* (14)

Suggestions for improvement to the ETE project: *“More people on the ground.”*

Two service users highlighted that it would be helpful if the ETE project had more staff working on the project. Although one participant appreciated that the project was only in its first year, he thought that the staff were *“slightly overwhelmed by it because of what they’ve got to do and achieve”* (101). However, he also made it very clear that this was only an observation and not a criticism. Similarly, another service user mentioned that they would have liked to have seen the ETE project worker more regularly:

“It would have been great to see him every 10 days, because you are working on your own, and you are thinking ‘am I doing this right?’ Sometimes you feel OK, sometimes you feel that you could do with someone to say that you are doing OK. It would have been great to have been able to have his attention a bit more.” (3)

One participant interviewed also suggested that the project could issue certificates for completing different components of the course, for example computer skills: *“Whatever you learn you have a certificate to show for it”* (14). She thought that this would be very helpful when applying for college courses. Finally, one participant mentioned that they would like more information about support and social groups available, but particularly ones that did not require travel e.g. via internet or telephone.

ETE project service delivery model: *“If the library was not there it would have been nice if he had an office that I could go to.”*

The ETE project in West Sussex is based on a similar existing service framework currently being implemented in Surrey. However in contrast to the community outreach service delivery model utilised by the West Sussex ETE project, the Surrey ETE service is purely office-based. Consequently, the issue of whether the West Sussex ETE project could potentially either amend its delivery model to allow clients to access its services solely via a hub/office or whether an office could provide an

additional complement to the current community outreach service delivery model was discussed with participants (see also the section on findings from stakeholders on this issue).

Unsurprisingly, particularly given the small sample size of service users for this first evaluation phase (n=8), there was no consensus regarding the delivery model of the ETE project. One participant noted that the current outreach model which lacks any central hub or office for the service, may be a “*stumbling block*” for some potential or future ETE project clients who do not like to meet in public places (e.g. café or library) or others whom may not like project workers in their home:

“People may prefer it [an office space] because it’s impartial, it’s not in their own personal space. You can walk away from it whereas if someone’s in your house it’s very difficult to just get up and say ‘oh it’s time to go’.” (101)

Indeed supporting this view, another participant commented that his first meeting had taken place in a library and that he had found it particularly difficult to talk about sensitive issues in such an environment. Therefore, he felt that an ETE project hub/office may be an important “*asset*” to the project.

In contrast, one participant recognised that office based services require a great deal of resources, and given that West Sussex is a large geographical area, some people are still likely to experience challenges in access because of travel (e.g. cost and time). Indeed, one participant interviewed was the mother of a young child and reported that she did not have any alternative childcare arrangements. Therefore the current community outreach service delivery model for the West Sussex ETE project was ideal for her as she would not have been able to travel unless childcare was available/provided.

Attendance at peer groups

ETE service users were asked if they had attended any local community support groups. Five of the eight participants reported that they attended such peer groups including the Living Positively Group (THT) and The Sussex Beacon. In terms of the Living Positively Group which provides referrals to the ETE project, participants were also asked about whether or not they felt that there were good links between the group and the project. Of the interviewees who had attended the Living Positively Group, all mentioned that St Peter’s House and the ETE project had good links with the group. For example, one participant described them as being “*very entwined*” (101).

3.2 Findings from the ETE project’s stakeholders

As a reminder, the seven ETE stakeholders interviewed represented the following: St Peter’s House Project (n = 2); a local HIV NGO (n=2); an NHS specialist HIV service (n = 2), and; a representative of a local NHS complex care pathways team (n = 1). Topics for exploration with stakeholders included: 1)

background questions such as their role and involvement in the project; 2) overall experiences of the ETE project; and 3) how the project could be improved. In this section, key themes that emerged from the stakeholder interviews included: positive outcomes of the project; advantages of linkage to the ETE project: barriers; project service delivery model; suggestions for improvement, and; the ETE project worker.

3.2.1 Key themes

The primary role of the stakeholders in the ETE project is to refer clients to the service:

“Suppose I am seeing a new patient, I will tell them all about the services... what they offer in terms of services, so depending what the patient needs, if I see that they need [ETE project worker], then I tell them about [ETE project worker] and what he does and ask them for their consent to refer them to him.” (3)

Overall, stakeholders were very positive about the ETE project. All seven interviewed said that they would recommend the project to a work associate, and when asked “how would they rate the ETE project on a scale of 0-10?” all responses ranged from 7 to 10.

“... the project surely has been helpful to patients. I’ve seen how happy they are [patients], you can imagine them having a job, it’s quite something. It is very very helpful.” (3)

“It’s brilliant for my clients because it’s an added service. It’s very much needed and it makes them happy cos they’ve got another person to talk to and they’ve got an extra person to talk to ... so yes, good, very good.” (6).

Positive outcomes of the project: “It opens up new worlds for people.”

All of the stakeholders interviewed (n=7) identified positive outcomes for their clients as a result of participation in the ETE project. Some examples are described in the section below. A common pathway to these positive outcomes identified by many of the stakeholders was building confidence in service users. For example, one HIV support worker explained that the one-to-one attention provides clients with the “confidence to do things” (5). Indeed this one-to-one attention was highlighted as one of the major strengths of the project by the project stakeholders, which is also consistent with the views of the ETE service users interviewed.

a) Addressing social isolation

A positive contribution of the project identified by most of the stakeholders interviewed regarded its success in terms of addressing social isolation. For some of their own clients living with HIV, isolation can be a major factor in their lives and can be a very difficult barrier to overcome. One of the stakeholders interviewed described how a client experiencing considerable isolation has been

taught by the ETE project worker how to use his mobile phone and the internet. This person was reported by the stakeholder as now being able access social and recreational sites, which has meant a “*little bit of the world has opened up to him*” (4). Similarly, another stakeholder explained:

“So many of our clients, they’re housebound. They’ve got no confidence, they are unwell and kind of can’t afford computers, don’t know how to use them, are intimidated. So if [project worker] does the computer skills work with those people and enables them to look up online, suddenly they’ve got a social life of sorts and communication with people that they didn’t have before, which is definitely helping to challenge isolation.” (5)

One stakeholder explained how the project had helped one of her clients with basic computer skills (e.g. setting up an email account, composing/sending emails, using Microsoft Word), which enabled her to communicate with her children in Africa through email. The stakeholder described this “*as quite something that she feels she’s achieved.*” (3).

b) *Gaining employment*

Some of the stakeholders interviewed described examples of their clients gaining employment through the ETE project. For instance, one HIV support worker reported that getting people back into work was “*the ultimate goal for the ETE post*” (6). Similarly, a nurse stakeholder referred to a patient who secured a job as a teaching assistant through the ETE project who is “*very happy and appreciative of [ETE project worker]*” (3).

c) *Enrolment on an education course*

Supporting the findings from the service users, the stakeholders also portrayed how the ETE project has helped some PLWHIV to enrol on educational courses. For example, the ETE project worker was reported to have helped a number of service users to enrol and complete an English language course. This was identified as a particularly positive outcome because lack of English is a major barrier to finding work for some of their clients. One stakeholder (an HIV support worker), noted that the ETE project had helped one client go to university.

Advantages of service being linked to the ETE project: “*It’s like a missing link that wasn’t there.*”

All seven of the stakeholders interviewed felt that it was advantageous that their respective services were linked to the ETE project. The reported predominant advantage of this linkage was that it filled a gap that current services are unable to provide:

“It’s felt like a great extra service to have, to offer to our clients which is something that no-one else’s remit can hope to cover.” (5)

One stakeholder (an HIV support worker) noted that if the ETE service was not available “*a lot of people would be just left floating*” (2). It was also noted by this interviewee that even if mainstream services did provide something similar, they would most likely not provide the *level* of support needed by some of their clients. As discussed previously, the one-to-one support offered by the ETE project appears to be a particularly valuable component of the service.

A similar benefit mentioned by two stakeholders was that it was felt to be important to have a specific “*employment worker*”, someone who could help their clients with problems at work around their HIV, such as negotiating with their employers around work conditions which are non-discriminatory. This was also identified as a role not provided by other services in the County. One stakeholder (a nurse) also identified that her clients have a real need for the type of service that the ETE project provides:

“You know, it’s not an elephant thing that is there and not used, it’s a thing that is used by the patients and is very helpful.” (3)

A further advantage of the ETE project mentioned by stakeholders was that the services it provides, frees capacity for workers whose primary role is to focus on other aspects of care (e.g. health, housing, and finance): “*So he’s filled that gap really which sometimes I had to cover.*” (6). Moreover, stakeholders described the ETE project as complementing the multidisciplinary model of care currently in place for their clients. One HIV support worker for example, identified that having a full time member of staff as part of the team was important as he is able to feed into several aspects of their work (many of the staff members in other teams/services are part-time). For example, the ETE project worker might tell the team that “*this client is reluctant to do this because of that and we’ll go ‘oh gosh that’s a mental health issue we’ll have to look into’.*” (5).

One nurse also commented that the skills her clients gained from the ETE project complemented and assisted her role. For example, one of her clients had been taught how to use their mobile phone meaning that they were now able to use their phone to set reminders to take medications: “*So I need them [patients] to be skilled up to do certain things and if someone is doing that, that’s great.*” (4). An HIV support worker similarly described how he had teamed up with the ETE project to run joint events such as how to check benefits online, and that the ETE project worker had been able to usefully assist people with the computer aspects of doing this.

Finally, it should be noted that none of the stakeholders interviewed identified any disadvantages of their service being linked to the ETE project.

Barriers: “*There are a lot of challenges here in engaging new clients.*”

- a) *Lack of motivation and difficulty to engage*

A common barrier described by most of the stakeholders interviewed (n=6) was the difficulty in engaging their clients to participate in the project if they (the client) were either not motivated more broadly or not particularly wanting to engage. It was recognised however that this was a common problem across the board with similar difficulties identified in other services. One nurse described that some clients can be particularly distrusting of new roles/projects and that this may potentially affect the uptake of the ETE project services. Another nurse interviewed described how many of her clients experience anxiety and depression which may also affect engagement in the project. Consequently, one HIV support worker expressed concern that perhaps some PLWHIV most in need were not accessing the ETE project:

“There are still a large number who for whatever reason, their choice, are unable or unwilling to participate in the project because of fear... I don’t know what the reasons would be but it’s just worth bearing in mind that there are a number of people out there who are not able to access this.” (2)

Another HIV support manager also recognised that some clients who have been diagnosed with HIV for a long time may be particularly hard group to engage because:

“Some [patients] were told when they were first diagnosed that they weren’t expected to live, so it’s very difficult for them I think to make that mental shift of not only are they going to live but they’re now being expected to come back into work... and I think that present huge challenges for them.” (7)

b) Loss of welfare payments

Mirroring concerns raised by some service users, one of the HIV support workers noted that a barrier for the ETE project in terms of getting people back into employment is the potential loss of welfare payments which they reported can make it “not worth them [patients] working” (6). This can present a dilemma for stakeholders because in some cases it is part of their role to ensure that their clients can access the welfare payments that they may be entitled to. However, they are also aware that in most cases, their clients would most likely benefit from getting back into work and/or training. Similarly, two stakeholders highlighted that people may be less motivated to engage in the ETE project because they would be unable to benefit financially from it, at least in the short term. They suggested this is one of the reasons that some service users may cancel meetings regularly which can be problematic for the ETE project worker not only operationally but in terms of reaching potential clients.

c) Lack of funding

Three stakeholders described situations where their clients had been successful in obtaining a place on an English language course, but because the course had provided no financial concession, they had not been able to attend the course. However, one of the nurses interviewed said that in spite of

this, the ETE project worker and her client had something to aim for and that there was a “*bit of hope where there perhaps hasn’t been before.*” (4).

ETE project service delivery model: “*It’s a bit of a double edged sword.*”

As noted in the section reporting findings from interviews with service users, the ETE project currently embraces a community outreach service delivery model which means that the project worker is mobilised to provide services where the clients *are* rather than clients travelling to the service. Such a model is well acknowledged to be particularly useful for rural populations and/or settings (WHO, 2011). However, given the ‘sister’ ETE project based in Surry utilises an office based service rather than outreach (and evaluative evidence has demonstrated considerable success), the issue of whether the West Sussex ETE project could or should potentially amend its delivery model was discussed with stakeholders.

Again unsurprisingly as with service users, there was no clear consensus amongst stakeholders. In their interviews stakeholders drew attention to several possible disadvantages of a hub/office based delivery model for West Sussex in support of the current community outreach model. For example, within the context of a geographically large and mostly rural county, stakeholders raised the issue that travel to an office/hub may exclude many PLWHIV in accessing the service due to either prohibitive travel costs (depending on location) or childcare considerations (e.g. in contrast to the home, accessing services at an office/hub may require childcare provision during the support sessions), or other issue (e.g. mental health). Indeed in one interview, a stakeholder reported that the challenge of office based service is that “*nowhere is central enough.*” (5). Moreover, an office based service was noted by some stakeholders has having the potential to introduce other stigma related concerns regarding a lack of privacy such as clients ‘being seen’ accessing an ‘identifiable’ service (although this is of course relatively easily resolved in terms of discrete signage/marketing).

It is likely that the current flexibility of the ETE project being able to deliver community outreach support in a client’s own home (or elsewhere of their choosing) can help to ensure the inclusion of PLWHIV many of whom may not otherwise be able (or perhaps willing/motivated) to access such services. Indeed several stakeholders reported that their clients commonly lacked motivation to engage in (any) services or initiatives (e.g. educational training) and thus engaging people in their own settings rather than expecting them to go to, a service may help inclusion and lead to positive outcomes. Moreover, according to another stakeholder, such an individual and outreach approach can also ensure that any service provision is “*tailored around the patients’ needs*” (7). Supporting this view, two further stakeholders reported that the current outreach model whereby meetings are able to take place in the person’s home (if desired or other ‘friendly’ location) can help to reduce client anxiety, increase confidence and thus be more conducive to disclosure.

However, it was also recognised that a community outreach model is not universally appealing for clients despite its apparent advantages. For example, stakeholders reported that some clients do not always feel comfortable accessing services from home meaning that meetings need to be held

in more public places – yet conducting outreach in public venues (and homes) can raise operational and ethical issues for staff: *“Managing emotions and challenges away from an office environment can be very challenging”* (7).

Thus for some stakeholders a hub/office base for the ETE project delivery was deemed *“an excellent idea”* (3). Indeed, two HIV support workers mentioned that a particular benefit of an office based service is the social aspect that it can provide which may benefit ETE project clients: *“if it’s somewhere local, it’s nice for them to get together and meet other people and learn from each other.”* (6).

In general, and on balance of the ‘pros and cons’ of the different service delivery models, the majority of stakeholders interviewed reported that both community outreach and *additional* office-base provision may be the ideal implementation model for the West Sussex ETE project.

Suggestions for improvement: *“We’re finding out the things that work, the things that don’t, and what’s needed.”*

a) *Communication with project stakeholders*

Some of the project stakeholders interviewed suggested ways that partnership working could be improved and specific examples are given below.

Three stakeholders mentioned that they were not always aware which of their clients the ETE project worker was currently working with and thought that this information could be communicated better to them. One HIV support worker noted that this type of communication was particularly important to prevent overlap or too many people working on the same thing with one client:

“Quite often we don’t know who he’s [ETE project worker] working with or what he’s planning to do with somebody. It would just make sense if we were all aware because then obviously we would avoid a little bit of the overlap.” (2)

This same HIV support worker also noted that they do not often get to hear the outcome of the work that the ETE project worker does with clients. Thus, a summary or regular update from the ETE project worker to the main stakeholders might be helpful. Finally, another HIV support worker reported that they would like to see increased more communication from St Peter’s House regarding the *“plans and direction of the project”* (5). One nurse thought it would also be helpful if the ETE project worker provided a list of the skills and services that he offers as there may be things that he can cover which she is not aware of. However, it should also be noted that two nurses highly praised the ETE project worker’s communication more broadly regarding work with their clients, which helps them *“stay on the same page.”* (1).

Two stakeholders expressed concern over potential overlap between the volunteer placement project St Peter's House aims to run and their own volunteer placement scheme and this was something that needed to be explored and clarified.

b) ETE project

A number of suggestions were made by stakeholders regarding ways the project could potentially be improved to increase referrals, enhance engagement with clients, and develop the 'content' or 'offer' of the project. As discussed in a previous section, one of the barriers access/engagement identified by stakeholders was lack of motivation by their clients and suspicion of new members of staff. One stakeholder suggested that one way this could be addressed would be advertise the project more: "*putting his face out there and a bit more about his role.*" (4).

The ETE project worker currently and regularly attends the Living Positively Group run by THT as a way of meeting possible clients, and uses this time to make a presentation about the ETE project and what it can offer. One stakeholder thought that this may not be successful because "*people kind of switch off a bit from that. If it's not relevant to people then they're not interested.*" (5). This same stakeholder proposed that it might be more useful to do regular but simple and brief introductions and then allow the THT staff to link him with relevant clients as and when relevant.

Another suggestion given by some stakeholders was the possibility of more group workshops being provided as part of the ETE project, which could possibly be delivered by external people with expertise in certain areas such as stress management. It was proposed that additional group workshops may encourage their clients to meet other people "*...cos a lot of them get quite lonely*" (6) and that such workshops may provide "*an opportunity to meet people in similar situations to themselves.*" (1). Likewise, one suggestion was that every quarter the ETE project could put on a networking event for service users and other stakeholders to see 'what's going on' in their areas. However, it was recognised that this may or may not be feasible, depending on the number of people who access the ETE service, and it is also recognised as "*an ongoing problem getting people to attend groups*" (1) because of worries or concerns about confidentiality, anxiety, and other issues.

Increasing referrals was identified by the project stakeholders interviewed as a goal for the future. One way to do this was reported to link with stakeholders and their teams on visits to raise awareness of the project because "*if he's there they will see him and they'll say ok yes I would like to do that but otherwise they wouldn't do it.*" (6). Also, one nurse thought it would be helpful if the project worker attended clinic days where patients could be referred to him immediately, which would reduce the need for an additional appointment, save time, and potentially result in a higher uptake of the service. One stakeholder suggested that St Peter's House should perhaps have access to interpreters in case this need arises potentially increasing the 'pool' of PLWHIV who could access the service. For example, some stakeholders work in areas of West Sussex where there are larger numbers of people for whom English is not their first language.



Finally, one HIV support worker mentioned that working with service users is time intensive, and although the ETE project worker is full-time, increased capacity may nevertheless be helpful. Approaching service users to become volunteers to help support the ETE project (and other service users) is one way that this is currently being addressed by the project worker. It is envisaged that this could be particularly advantageous both to the project and to the volunteers themselves. Volunteering can help with gaining extra confidence and skills useful for returning to paid work and the project workers are currently liaising with the National Council for Voluntary Organisations to provide an accredited volunteering pathway.

The ETE project worker: “A very good character for it”

It should be noted that of the stakeholders (n=4) who talked specifically about the ETE project worker, all were confident about his suitability to the role. They described him as kind, polite, genuine, compassionate, patient, and mindful of service user’s needs which were felt to be very important characteristics when working with PLWHIV. One nurse mentioned that if these qualities were not there, then the project would simply not work.

3.0 CONCLUSIONS

This report presents the interim findings from the first evaluation period of the ETE project (September 2014-September 2015) drawing on primary data generated from qualitative interviews with a sample of service users (n=8) who have accessed the service, as well as data from interviews with key project stakeholders (n=7). As noted in the introduction, subsequent interim reports will build a fuller picture over time of the processes and outcomes of the ETE project.

In considering the findings of the previous sections and the early recommendations outlined in this present section, it is important to bear in mind the following caveats: Firstly, only a relatively small number of services users have accessed the ETE project so far thus limiting the potential pool of participants available for interview; furthermore sample sizes of the evaluation are also necessarily small but also will remain small due to the commissioned scope of the evaluation. Together this means that caution must be exercised in interpreting any findings.

Secondly, only PLWHIV residing in West Sussex who had previously accessed the service since its inception in September 2014 were interviewed. This means that possible barriers in accessing the service by non-service users therefore cannot be explored.

Thirdly, service users who participated in this first phase evaluation represent a self-selected sample. This means that such individuals may be more highly motivated to respond and have stronger opinions about the ETE project compared to those service users who either did not respond to the initial invitation to be interviewed or who did respond (using the reply slip) but then did not continue through to the interview phase.

Finally, this report presents the interim findings from the first phase of the evaluation and the first operational year of the project. It is likely to take time for the short-term impacts and long-term outcomes of the project to be fully realised. Thus these early findings and recommendations need to be viewed cautiously as they are subject to change until the full data collection and analysis has been completed (anticipated to be December 2018).

3.1 Summary of main findings

- The qualitative data indicate that the ETE project is valued both by its service users and its stakeholders. There are several examples provided in this report of where the project appears to have had a positive impact on the lives of PLWHIV in West Sussex. For example, success in gaining job interviews, obtaining employment, participating in volunteering, enrolling on a college course, and learning a range of computer skills. A further additional positive contribution of the project identified by many of the stakeholders interviewed, is the success of the project in addressing social isolation for PLWHIV in West Sussex.

- All service users who had accessed the service for education, employment, or volunteering opportunities reported that the project had increased their awareness of these opportunities, they felt more able to search and apply for education, job, and volunteering opportunities; and they felt more confident searching and applying for education, job, and volunteering opportunities. In addition, of those service users who received training in computer skills, all reported that they were more knowledgeable about computers, more able to use computers, and more confident at using a computer.
- The findings from this evaluation indicate that the ETE project appears to be providing a unique service in West Sussex for PLWHIV which is not currently being provided by any other organisation in the area. ETE project stakeholders report that the project has not only enabled them to spend more time on their own designated job roles, but has also complemented the services they provide.
- Some possible barriers were proposed by stakeholders and ETE service users regarding why perhaps some PLWHIV were not accessing the service at all, or not accessing the full extent of the services available. These barriers included: lack of motivation and engagement, concern over loss of welfare payments, health problems, and financial limitations to participate in educational courses. However, it is important to highlight that lack of engagement by this client group is a common problem identified in other services and is not necessarily specific to the ETE project. Nevertheless, it is important to be aware that it is possible that people perhaps most in need of what the service offers, may also be the same individuals who are not currently accessing it.

3.2 Early recommendations

- Although partnership working and communications between the ETE project and other stakeholders appear to be working well, some improvements could potentially be made including: 1) the provision of regular updates from the ETE project worker to stakeholders regarding which of their clients they are working with (if this does not contravene data protection/privacy) and a summary of the progress/outcomes with these clients; 2) a clear outline for each stakeholder involved in the project of what the service does and does not provide to prevent potential overlap in service provision; and 3) dissemination of regular updates about the ETE project for both service users *and* stakeholders including both short- and long-term developments including future plans.
- Further ideas for increasing referrals into the service should be explored during the next operational year of the ETE project (2015-2016) with the assistance of existing project stakeholders as well as exploring and engaging with new potential stakeholders to tackle potential barriers to access (e.g. impact of welfare benefits on participation in and on the



project, other financial considerations, language/translation issues, potential for hub access, lack of awareness of the project etc.).

- Initial input from the ETE project stakeholders and service users suggested that increased capacity may be beneficial to the project. Recruiting volunteers to help with the ETE project is one way that this is currently being addressed by the project worker who is liaising with the National Council for Voluntary Organisations to provide an accredited volunteering pathway. Service users who have been approached about the opportunity of volunteering on the ETE project have so far been enthusiastic and it is therefore likely that others may also be interested as use of the service increases. However, it is important that such opportunities are well planned and fit strategically with the ETE project's objectives. Planned well, volunteering opportunities (such as providing peer support and/or assisting with day to day operational running of the project) for PLWHIV can generate powerful and sustaining outcomes including increased self-confidence and self-efficacy, improved personal developed and advocacy (e.g. developing skills, better self-management) and help to reduce social isolation. Therefore, developing a volunteering opportunity for service users may not only help improve outcomes for participants themselves, but also contribute to the outcomes for the ETE project.
- Finally and tentatively, the views of service users and stakeholders on the ETE project's current service delivery model of community outreach were understandably mixed regarding the advantages and disadvantages of outreach and/or office/hub-based service delivery. However, overall, it seems that exploring an *additional* option of having an ETE project hub/office facility for some PLWHIV residing in West Sussex may be beneficial. Given the often prohibitive costs of physical office space, one option may be to rent office/room space (e.g. by the hour/day) on a regular basis at different key locations across the county. This could reduce overheads, increase flexibility, and with appropriate and regular communications about the project, potentially increase the numbers of users accessing the service.

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Appendix A: Study pack for service users



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Dear [Name],

Re: Evaluation of the Education, Training and Employment Project – St Peter’s House

We are writing to you because you have accessed the Education, Training and Employment (ETE) project run by St Peter’s House which aims to offer learning and development opportunities for people living with HIV in West Sussex.

Our names are Dr Alexandra Sawyer and Dr Nigel Sherriff and we are evaluating this ETE project. The overall aim of the evaluation is to explore which aspects of the project appear to work well, which aspects appear not to work quite so well, and to provide feedback to the ETE project to support its development.

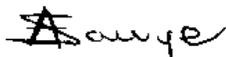
We are writing therefore to ask if you would like to take part in this evaluation. Doing so would involve a face-to-face discussion (interview) about your experiences or a telephone discussion.

We have enclosed/attached [delete as appropriate] a Participant Information Sheet which gives you more information about the study, its purpose and what taking part would involve. It is completely up to you whether you decide to take part in the study or not. If you would like to take part in the evaluation please either email Alex (a.sawyer@brighton.ac.uk) or complete the enclosed/attached reply form and return it to us in the pre-paid envelope. Once we receive this, one of us (Alexandra Sawyer or Nigel Sherriff) will contact you.

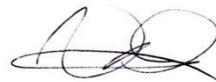
If you require any further information regarding the study in the meantime, please do not hesitate to contact us on the numbers below.

We look forward to hearing from you.

Yours sincerely,



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Participant Information Sheet (Service Users)

Evaluation of the Education, Training and Employment Project

Invitation

We are contacting you because you have accessed the Education, Training and Employment (ETE) project run by St Peter's House which aims to offer learning and development opportunities for people living with HIV in West Sussex. We would like to invite you to take part in an evaluation study about your experiences of this service. Before you decide whether to take part or not it is important for you to understand what we are trying to do and what it will involve. Please take time to read the following information carefully and ask any questions you may have about any part of the study.

Why are we doing this evaluation?

We have been asked by St Peter's House to evaluate the ETE project in order to be able to identify which aspects of the project appear to be doing well and which areas might require improvement and/or development. Once we have gathered our findings we will provide a report on the evaluation to the ETE project to support the development of the service.

Why have I been chosen?

We have invited you to participate in this study because you have accessed the Education, Training and Employment (ETE) project run by St Peter's House which aims to offer learning and development opportunities for people living with HIV in West Sussex.

Do I have to take part?

No. It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. The person who gave you this form (Ben Lee, ETE project worker) may be able to answer any 'on the spot' queries you might have but, if you want to find out more they will refer you to one of the evaluation team at the University who will be able to answer your questions. Our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can **opt-out at any time** without stating a reason and any data you may have provided can still be withdrawn. We will remind you of this at the time of the interview.

What will happen to me if I do decide to take part?

This study involves being interviewed by an evaluator for between 30-45 minutes. The interview will be an informal discussion and there are no right or wrong answers – we just want your opinion. With your permission, the interview will be digitally recorded and if you agree, some anonymised quotes from it may be used in the reports we write for St. Peter's House. These quotes will not refer to you by name at any point. The evaluators will contact you to schedule an interview at a time and place that is convenient for you. Any public travel expenses (with receipts) will be reimbursed if desired. If you prefer, it is also possible to conduct the interviews over the telephone. Before the interview you will be asked to complete a consent form (or if the interview is done over the telephone we will post or email the consent form to you).

What are the benefits of taking part?

Your input will provide us with valuable feedback regarding the ETE project. What you tell us will help to support the development of the ETE project. At the end of the interview, you will be given a £5 voucher to say 'thank you' for your contribution. If you are interviewed by telephone, we can post this voucher to you or arrange for you to collect it from the ETE project worker.

What are the possible disadvantages of taking part?

There are no foreseeable risks of taking part in this study.

What if something goes wrong?

We hope nothing will go wrong. However, if you do not feel happy with the discussion you can leave at any time without giving a reason. If you have any complaint or concern about any part of the study, you can contact **Dr Kay De Vries** (Deputy Head of the School of Health Sciences) who also works at the University but is separate from this study. Her details are at the bottom of this sheet.

Will my taking part in this study be kept confidential?

Yes. Any information you provide will be kept confidential. The only exception to this is if something is disclosed that means that you or a vulnerable adult has been or is at significant risk of harm, then the evaluator has a responsibility to report this to an appropriate authority. However, the evaluator will tell you first if they feel this may be necessary.

Recordings of interviews will not be marked with your name, and any potential identifying details will be removed when your interview records are stored on computer and for any reports and/or presentations. Transcription of recordings will be done by a third party transcription service (approved by the University) that has no connection to the project and that observes strict confidentiality. An anonymised transcript of your interview will be made and at that point the audio recording will be deleted. All data information will be stored securely using locked filing cabinets and password and network protected computers.

What will happen to the results?

An evaluation report will be written based on the results of the study and presented to St Peter's House and possibly other partners involved in the project. Results may also be presented at conferences and published in academic journals. Reports may include direct quotes from interviews. However, any names or other identifying information will be removed. A summary of the results can be sent to you if you wish to see them. You will not be personally identified in any reports or publications of the evaluation.

Who has reviewed this evaluation? - The University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee (FREGC) have reviewed the project and given it their support.

Who has funded the evaluation? - The University of Brighton has been commissioned by the ETE project. The funding for this comes from the Big Lottery.

Contact for further information:

University of Brighton Evaluation Team

Dr Alexandra Sawyer: a.sawyer@brighton.ac.uk (Tel 01273 644 169)

Dr Nigel Sherriff: n.s.sherriff@brighton.ac.uk (Tel 01273 644 539)

If you have any complaints about the conduct of this evaluation you can contact:

Dr Kay De Vries: L.K.DeVries@brighton.ac.uk (Tel 01273 644 094)

Thank you for taking the time to read this.

REPLY SLIP

Evaluation of the Education, Training and Employment Project

I would like to find out more about the study

The best way to contact me is (please provide details where relevant):

Phone _____
Email _____
Post _____

Is there a particular time of day that is a good time for us to contact you?

Please email your completed form to Alex Sawyer (A.Sawyer@brighton.ac.uk)

OR

Post back to us in the pre-paid envelope provided

Appendix B: Service user interview schedule

INTERVIEWS WITH SERVICE USERS

Interviewer:	
Interviewee:	
Date:	
Location:	

- Introductory statement.
- Received, read, understood PIS – Questions?
- Consent form?
- Recorder on?

Introductory Statement (to be read only after recorder started)

We are undertaking a study for St Peter’s House to evaluate the Education, Training and Employment (ETE) project. The main purpose for the evaluation is to gather feedback from you whether you have benefited from this project and to identify key areas for improvement. The interview should last a maximum of forty minutes. Everything you say will be confidential (unless you disclose information that could lead to harm for yourself or others) to the evaluation team and will not be directly attributed to you. We will also take reasonable steps to ensure that you cannot be identified from anything written in the report.

SECTION ONE - Your involvement in the ETE project - In this section we would like to find out a bit more about your involvement in the Education, Training and Employment project.

- 1. Could you tell me a bit about your involvement in the ETE project? When did you first get involved? How did you first hear about the ETE project?**
- 2. Why did you want to participate in the ETE project/access the service?**
- 3. What do/did you hope to get out of the ETE project?**
- 4. Please can you tell me what have you accessed this service for?** (Probe - go through these options if needed).
 - I have only had the initial contact. Probe - If service users only had the initial contact then ask/explore why
 - Take part in 1 to 1 computer lessons
 - Take part in SPH in-house training sessions (Personal Effectiveness Skills, e.g. Stress Management, Confidence Building)
 - Help with enrolling on a course for studying or training
 - Help looking for voluntary work within SPH or with an outside organisation
 - Help looking for employment
 - Advice with employment issues
 - Other. Probe - Provide details

5. How often have you met with the project worker since you signed up to the service?
 Once, Twice, Three times, More than three time (ask how often) _____



6. Where have the meetings with the project worker taken place? (Probe: In-person, at home or a public location)

SECTION TWO - Basic Computer Skills - This section of the interview asks you whether or not the project has helped you learn new computer skills.

- 1. Do you think the project has increased your confidence in using a computer?** (Note: Explore response in more detail)
- 2. Do you think the project has increased your knowledge about what a computer can do for you?** (Note: Explore response in more detail)
- 3. Do you think the project increased your ability to find information on education, training, volunteer work or employment using computers?** (Note: Explore response in more detail)
- 4. What computer skills have you gained from this project?** (Note: List these options if needed)
Use of Internet; Email management; Use of Word document; Use of social media, e.g. Facebook; Other. Please state e.g. completing forms.

SECTION THREE - Education and training opportunities - This section of the interview asks you if and/or how the project has helped you with education or training opportunities. *Note: Make it clear to the survey participants that training includes St. Peter's House in-house training on Personal Effectiveness Skills (e.g. Stress Management, Confidence Building etc.).*

- 1. Do you think the project has increased your awareness of education or training courses?** (Note: Explore response in more detail)
- 2. Do you think the project has increased your ability to find and apply for education or training courses?** (Note: Explore response in more detail)
- 3. Do you think the project has increased your confidence in finding and applying for education or training courses?** (Note: Explore response in more detail)
- 4. Since starting the project have you looked for any kind of education or training opportunities?** (Probe: If not, explore why not in more detail e.g. is it because of financial and time commitment, lack of knowledge, qualifications, confidence, competence or other factors)
- 5. Since starting this project have you applied for an education/training course** (Note: If yes, explore what type of course; do you think the project was helpful in doing this; why was the project helpful; If not, explore why not in more detail)
- 6. Since starting this project have you started or are you due to start an education or training course** (Note: If yes, explore what type of course; do you think the project was helpful in doing this; why was the project helpful; If not, explore why not in more detail)
- 7. Since starting this project have you completed an education/training course?** (Note: If answer yes: ask if the course was helpful; ask if they received any form of qualification, and the details of the qualification)

SECTION FOUR - Community involvement and volunteering - This part of the interview asks you whether or not the project has helped you with joining local community groups and exploring volunteering opportunities.

- 1. Do you attend your local Living Positively Group for social support? Yes / No** (Note: Explore response in more detail)
- 2. Do you attend other social groups outside the LPG for support? Yes / No** (Note: Explore response in more detail)



3. Do you think the ETE project has a strong link with the LPG? Yes / No (Note: Explore response in more detail)

4. Do you find it easy to access the ETE project because of its link with the LPG? Yes/No (Note: Explore response in more detail)

5. Will you access the ETE project through the LPG? Yes / No (Note: Explore response in more detail)

Note on volunteering: Make it clear to the participants that volunteering can be voluntary work within SPH or with an external organisation.

6. Do you think this project has increased your knowledge of volunteering opportunities? (Note: Explore response in more detail)

7. Do you think that working on this project means that you are more able to identify and apply for a volunteering role? (Note: Explore response in more detail)

8. Do you think this project has increased your confidence to identify and apply for a volunteering role? (Note: Explore response in more detail)

9. Since starting this project have you considered volunteering or started a volunteering role? (Note: If answer yes: ask for the details, ask if they think the project helped; If answer no: ask why not, and do they intend to?)

SECTION FIVE - Employment and work skills - This section of the interview asks you whether or not the project has helped you with employment and work skills

1. What employment and work skills have you gained from this project? (Probe: List these options if needed): Researching job vacancies; Understanding job descriptions; Completing application forms; Writing or revising CVs; Writing covering letters; Writing supporting statements; Preparing for interview; Job search skills (for voluntary work or employment)

2. (Refer back to the responses given in Question 1 and explore whether working with the project worker has increased their knowledge, competence, and confidence in each of these areas). **For example: You told me that the project worker has been helping you with completing an application form. Do you think that:**

a) Working on this area has **increased** your knowledge (e.g. knowing what is involved/required) about how to complete an application form? (Note: Explore response in more detail)

b) Working on this areas means that you are **more able** to complete an application form? (Note: Explore response in more detail)

c) Working on this has increased your **confidence** about completing an application form? (Note: Explore response in more detail)

3. Since starting the project have you searched for any kind of voluntary work or employment? (Note: If not, explore why not in more detail e.g. is this because lack of knowledge, confidence, competence, other factors or barriers)

4. Since starting the project have you applied for any kind of voluntary work or employment? (Note: If yes, explore what type of work; do you think the project was helpful in doing this? If not, explore why not in more detail)

5. Since starting the project have you been successful in gaining voluntary work or employment? (Note: If yes, explore what type of work; do you think the project was helpful in doing this? If not, explore why not in more detail)

6. Was there anything that the project did not cover that you think would have been helpful in terms of searching and applying for voluntary work or employment? (Probe: Certain skills)

SECTION SIX – Overall - This part of the interview will ask you some overall questions about the Education, Training and Employment project.

- 1. Do you think you will continue to access this project? Why/why not?**
- 2. What do you think the project has helped you with most?**
- 3. What do you think has been the best thing about the project?** (Probe: List three things)
- 4. Is there anything about the project that is not so good?** (Probe: List three things. Is there anything that the project has not helped with)?
- 5. Do you have any suggestions how the project/service can be improved?** (Probe: Topics/skills covered, new social groups. delivery type and frequency. What social groups would you like set up under the ETE projects? Delivery type – Should the ETE project continue to be based on community outreach work only. Should it also offer a permanent local office where you can visit for service? If both services are available, which one do you prefer?
- 6. What difference has being on the project made to you in terms of your personal development?** (E.g. more confident, increased motivation, increased aspirations, understand more about available opportunities - distinguish between practical things e.g. got a certificate; and areas of personal development, increased confidence and sense of self-improvement)
- 7. Has the project given you what you had hoped for / expected in terms of personal development?** (Refer back to Section 1, Question 3) If no, what haven't you got from the project that you hoped for, and why?
- 8. Have there been any problems or barriers whilst you have been on the project? How have these been approached?**
- 9. Is there anything else you would like to add that we haven't covered?**
- 10. On a scale of 0-10 for personal satisfaction, how would you rate this project?**

Re-check consent

Thank you

Hand out vouchers and sources of further support.

Appendix C: Study pack for stakeholders



University of Brighton
Centre for Health Research (CHR)
College of Life, Health, and Physical Sciences
School of Health Sciences
Mayfield House, Falmer,
Brighton
BN1 9PH
Direct Line: 01273 644539
www.brighton.ac.uk/healthresearch/index.aspx

Dear [Name],

Re: Evaluation of the Education, Training and Employment Project – St Peter’s House

We are writing to you because you work in partnership with St Peter’s House on a project aimed at improving learning and development opportunities for people living with HIV in West Sussex. We would like to invite you to take part in this study to find out about your experiences and to support the development of the service. If you are able to help, your input would be very valuable.

Our names are Dr Alexandra Sawyer and Dr Nigel Sherriff and we are evaluating the West Sussex ETE project. The overall aim of the evaluation is to explore which aspects of the project appear to work well, which aspects appear not to work quite so well, and to provide feedback to support the development of the ETE project.

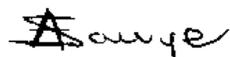
We are writing therefore to ask if you would like to take part in this evaluation. Doing so would involve a face-to-face discussion (interview) about your experiences or a telephone discussion.

We have enclosed/attached [delete as appropriate] a Participant Information Sheet which gives you more information about the study, its purpose and what taking part would involve. It is completely up to you whether you decide to take part in the study or not. If you would like to take part in the evaluation please either email Alex (a.sawyer@brighton.ac.uk) or complete the enclosed/attached reply form and return it to us in the pre-paid envelope. Once we receive this, one of us (Alexandra Sawyer or Nigel Sherriff) will then contact you.

If you require any further information regarding the study in the meantime, please do not hesitate to contact us on the numbers below.

We look forward to hearing from you.

Yours sincerely,



Dr Alexandra Sawyer
University of Brighton
+44 (0) 1273 644169
Email: A.Sawyer@brighton.ac.uk



Dr Nigel Sherriff
University of Brighton
+44 (0) 1273 644539
Email: N.S.Sherriff@brighton.ac.uk

Participant Information Sheet (stakeholders)

Evaluation of the Education, Training and Employment Project

Invitation

We are contacting you because you have been working in partnership with St Peter's House regarding the Education, Training and Employment (ETE) project which aims to offer learning and development opportunities for people living with HIV in West Sussex. We would like to invite you to take part in an evaluation study about your experiences of this service. Before you decide whether to take part or not it is important for you to understand what we are trying to do and what it will involve. Please take time to read the following information carefully and ask any questions you may have about any part of the study.

Why are we doing this evaluation?

We have been asked by St Peter's House to evaluate the ETE project in order to be able to identify which aspects of the project appear to be doing well and which areas might require improvement and/or development. Once we have gathered our findings we will provide a report on the evaluation to the ETE project to support the development of the service.

Why have I been chosen?

We have invited you to participate in this study because you are one of the key stakeholders of the ETE project.

Do I have to take part?

No. It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. The person who gave you this form (Ben Lee, ETE project worker) may be able to answer any 'on the spot' queries you might have but, if you want to find out more they will refer you to one of the evaluation team at the University who will be able to answer your questions. Our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can **opt-out at any time** without stating a reason and your data can be withdrawn from the final report. We will remind you of this at the time of the interview.

What will happen to me if I do decide to take part?

This study involves being interviewed by an evaluator for between 30-45 minutes. The interview will be an informal discussion and there are no right or wrong answers – we just want your opinion. With your permission, the interview will be digitally recorded and if you agree, some anonymised quotes from it may be used in the reports we write for St. Peter's House. These quotes will not refer to you by name at any point. The evaluators will contact you to schedule an interview at a time and place that is convenient for you. If you prefer, it is also possible to conduct the interviews over the telephone. Before the interview you will be asked to complete a consent form (or if the interview is done over the telephone we will post or email the consent form to you).

What are the benefits of taking part?

Your input will provide us with valuable feedback regarding the ETE project. What you tell us will help to support the development of the ETE project.

What are the possible disadvantages of taking part?

There are no foreseeable risks of taking part in this study.

What if something goes wrong?

We hope nothing will go wrong. However, if you do not feel happy with the discussion you can leave at any time without giving a reason. If you have any complaint or concern about any part of the study, you can also contact **Dr Kay De Vries** (Deputy Head of the School of Health Sciences) who also works at the University but is separate from this study. Her details are at the bottom of this sheet.

Will my taking part in this study be kept confidential?

Yes. Any information you provide will be kept confidential. The only exception to this is if something is disclosed that means that you or a vulnerable adult has been or is at significant risk of harm, then the evaluator is legally bound to report this to an authority. However, the evaluator will privately tell you first if they feel this may be necessary.

Recordings of interviews will not be marked with your name and any potential identifying details will be removed when your interview records are stored on computer and for any reports and/or presentations. Transcription of recordings will be done by a third party transcription service that has no connection to the project and that observes strict confidentiality. An anonymised transcript of your interview will be made and at that point the audio recording will be deleted. All data information will be stored securely using locked filing cabinets and password and network protected computers.

What will happen to the results?

A report will be written based on the results of the study and presented to St Peter's House and other partners involved in the project. Results may also be presented at conferences and published in academic journals. Reports may include direct quotes from interviews. However, any names or other identifying information will be removed. A summary of the results can be sent to you if you wish to see them. You will not be personally identified in any reports or publications of the evaluation.

Who has reviewed this evaluation? - The University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee (FREGC) have reviewed the project and given it their support.

Who has funded the evaluation? - The University of Brighton has been commissioned by the ETE project. The funding comes from the Big Lottery.

Contact for further information:

University of Brighton Evaluation Team

Dr Alexandra Sawyer: a.sawyer@brighton.ac.uk (Tel 01273 644 169)

Dr Nigel Sherriff - n.s.sherriff@brighton.ac.uk (Tel 01273 644 539)

If you have any complaints about the conduct of this evaluation you can contact:

Dr Kay De Vries: L.K.DeVries@brighton.ac.uk (Tel 01273 644 094)

Thank you for taking the time to read this.

REPLY SLIP

Evaluation of the Education, Training and Employment Project

I would like to find out more about the study

The best way to contact me is (please provide details where relevant):

Phone _____
Email _____
Post _____

Is there a particular time of day that is a good time for us to contact you?

Please email your completed form to Alex Sawyer (A.Sawyer@brighton.ac.uk)

OR

Post back to us in the pre-paid envelope provided

Appendix D: Interview schedule for stakeholders

INTERVIEWS WITH STAKEHOLDERS

Interviewer:	
Interviewee:	
Date:	
Location:	

- Introductory statement.
- Received, read, understood PIS – Questions?
- Consent form?
- Recorder on?

Introductory Statement (to be read only after recorder started)

We are undertaking this study for St Peter’s House to evaluate the Education, Training and Development project. The main focus for the evaluation will be the effectiveness of the project in achieving their objectives and identifying areas for improvement that could help the future development of the project. The interview should last about forty minutes. Everything you say will be confidential to the evaluation team and will not be directly attributed to you. We will also take reasonable steps to ensure that you cannot be identified from anything written in the report.

BACKGROUND QUESTIONS

- 1. Could you tell me a bit about your involvement in the ETE project?**
 - a. When did you first hear about the project?
 - b. When did you first get involved in the project?
 - c. What is your role in the project? e.g. referrals/support
 - d. What do you think of the project so far?

DETAIL ABOUT THE ETE PROJECT

- 2. Can you tell me what you have done since you have been involved on the project?** (Probe. referrals)
- 3. Are there any advantages to your service being linked to the ETE project?**
- 4. Are there any disadvantages to your service being linked to the ETE project?**
- 5. How beneficial do you think the ETE project is for your client’s learning and development needs?**
- 6. What do you think is the best thing about the project?**
- 7. Is there anything about the project that is not so good?** (Probe. Is there anything that the project is unable to help with?)
- 8. Do you have any suggestions how the project/service can be improved?** (Probe. Topics/skills covered, delivery type, frequency, social group types)
- 9. Have there been any problems whilst you have been on the project? How have these been approached?**
- 10. Should the project be based on community outreach only? Should your clients be offered ‘locality centres’ as an option to access this service?**
- 11. Would you recommend the ETE project to a work associate?**
- 12. How would rate the ETE project for partnership work on a scale of 0 -10?**

Re-check consent, and Thank you