



University of Brighton

**EVALUATION OF THE WEST SUSSEX  
EDUCATION, TRAINING, VOLUNTEERING AND  
EMPLOYMENT (ETVE) PROJECT:  
SECOND INTERIM REPORT (September 2015-September 2016)  
DECEMBER 2016**

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ST. PETERS HOUSE PROJECT



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## 1.0 INTRODUCTION

### 1.1 Background and first interim report

The first interim report (Sawyer & Sherriff, 2015) reported findings from the first evaluation period of the Education, Training, Volunteering & Employment<sup>1</sup> (ETVE) project (September 2014-September 2015) which was based on qualitative interviews with a sample of eight service users who had accessed the service, as well as interviews with seven key project stakeholders. To summarise briefly, the first report indicated that the ETVE project was valued both by its service users and its stakeholders. The project appeared to have had a positive impact on the lives of people living with HIV (PLWHIV) in West Sussex such as success in gaining job interviews, obtaining employment, participating in volunteering, enrolling on a college course, and learning a range of computer skills. A further key success identified was that the project appeared to address social isolation which for some PLWHIV, can be a major factor in their lives and can be a very difficult barrier to overcome. Overall, it was clear from the interviews with stakeholders that the ETVE project appeared to be providing a unique service in West Sussex for PLWHIV which was not currently being provided by any other organisation in the area. The report concluded with several early recommendations which included: improvements in communication; explore additional options to increase referrals to the ETVE project; and increasing capacity on the project through the “employment” of volunteers.

### 1.2 Current report

This report presents the findings from the second evaluation period of the ETVE project (September 2015-September 2016) drawing on primary data generated from qualitative interviews with a new cohort of service users who have accessed the service in the previous year (n=3), as well as data from interviews with key project stakeholders and external volunteers (n=4). As a reminder, the evaluation of the project will consider the following expected outcomes (specified by the ETVE project):

1. Service users reporting changes in work and life skills including employability as a result of the support received from the ETVE 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 ETVE service;
3. An increase in the number of service users engaged in training, volunteering roles or paid employment as a result of support received from the ETVE project and from an increased awareness of local organisations.

The evaluation will also assess whether the main ETVE project outcomes and indicators have been achieved; identify unmet service users’ needs; identify key strengths and weaknesses of the project; and provide feedback to the project coordinators to help inform planning and implementation. In this

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<sup>1</sup> The name of the project has been updated since the first report to reflect that coordination of volunteers has become a key part of the project.

second phase of the evaluation, the challenges and barriers which might prevent PLWIH engaging in personal development activities were also explored.

## **2.0 METHODS**

### **2.1 Design**

During early 2016, the design of the evaluation was adjusted since the first phase so that it in addition to being cross-sectional by capturing different (new to the project) service users and stakeholders each year, it would also try and capture more longitudinal aspects by exploring service users' engagement with the project over time. The reasons for this were partly based on discussions between St Peters House and their funder (Big Lottery Fund) as well as discussions between St Peters House and the University of Brighton to try and maximise potential recruitment to the evaluation due to lower numbers than projected accessing the ETVE service.

Consequently, different stakeholders (and external volunteers) will be interviewed at different time points. Service users who participated in the first evaluation round (2015) will also only be interviewed once because of the following ethical considerations: a) as the original evaluation design was cross-sectional service users that participated in the first phase evaluation were not asked if they could be interviewed again; therefore it would be inappropriate to contact them again to participate in the second phase evaluation; b) it would also be unethical to contact those participants who were invited to participate in the first phase evaluation but did not respond to the invitation as this non-response should be viewed as declining to participate in the evaluation. New service users who participate in the 2016 and 2017 rounds of evaluation will be asked if they would be willing to be re-interviewed the following year to explore the longer-term outcomes of participating in the ETVE project. Service users in the final round of evaluation (2018) will only be interviewed once.

Therefore, to clarify for this second phase evaluation, new service users and stakeholders were invited to participate in the interview, and the service users who were interviewed were also asked if they would be willing to participate in the third phase evaluation (2017).

### **2.2 Participants and recruitment**

#### **2.2.1 Service users**

A purposive sample of service users from the ETVE project were invited to take part in an individual interview (face-to-face or by telephone) during October 2016. Participants who had accessed the ETVE 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 ETVE coordinator to invite participants to take part. The project coordinator posted, emailed, or handed a study pack to all eligible service users. The study pack comprised: a letter introducing the evaluation, a participant information sheet (PIS) and a reply slip to indicate interest in participating. Following receipt of a completed 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. If a response was not received after the second follow-up/invite, in line with the received ethics approval for the evaluation no further action was taken.

With minor adjustments from phase one of the evaluation, a semi-structured interview schedule was used to generate qualitative data (Appendix A), which allowed participants to have flexibility in their answers and identify or explore further areas as required. Topics included: 1) overall involvement in the ETVE project; 2) basic computer skills; 3) attending groups in personal effectiveness skills; 4) education and training opportunities; 5) community involvement and volunteering; 6) finding paid employment; 7) employment and work skills; 8) dealing with HIV related issues in the work place; 9) personal development; 10) overall questions. In addition, a simple and short structured questionnaire was administered to gather basic socio-demographic characteristics (e.g. age, ethnicity, education etc.). Interviews lasted approximately 30 minutes and all participants requested that the interviews take place over the telephone (n=3). Service users were also asked if they would be happy to be re-interviewed again about their experiences of the ETVE project the following year. Participants were given a £5 'thank you' voucher for their time.

### *Participant characteristics*

Eight service users were sent a letter of invitation representing *all* those who had accessed the service in the previous year (September 2015 to September 2016). Three people returned a reply slip (38% response rate<sup>2</sup>). Although 38% is a reasonable response rate with hard to reach groups, when combined with a small number of participants invited to the evaluation, a small number of service users ended up being interviewed. As one service user did not complete the demographic questionnaire most of this information reported is from two service users. One male and two females were interviewed. The average age of two participants was 70.5 (SD=6.4) and time since diagnosis of HIV ranged from 4 years to 17 years. Both participants were White British, single, and did not follow a religion. One participant described their sexual orientation as gay and the other as heterosexual. All participants agreed to be contacted the following year for a second interview as part of the third phase of the evaluation.

### **2.2.2 Stakeholders and external volunteers**

A purposive sample of new stakeholders from the ETVE project were invited to take part in an individual interview. New stakeholders included Jobcentre Plus, Aspire Sussex, and a new team in the NHS specialist HIV service. In addition, external volunteers (volunteers assisting the ETVE project but not using the service) were also invited to participate. 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 again worked closely with the ETVE project worker to identify and invite participants to the evaluation. The project worker emailed a study pack to eligible selected stakeholders and volunteers. As with the pack for service users, the stakeholder/volunteer study pack comprised: a letter introducing the evaluation, a participant information sheet (PIS), and a reply slip to indicate their

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<sup>2</sup> This is slightly higher than the response rate in the 2014-2015 evaluation, which was 32%.

interest in participating. 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. Reminder emails were sent to stakeholders/external volunteers who had not responded approximately two weeks after the first letters of invitation were sent. Stakeholders/external volunteers were reminded a maximum of two times and were not contacted again after this.

As with service users, a semi-structured interview schedule was used to generate qualitative data (Appendix B). For this evaluation we included additional questions to explore the referral process in more detail. Topics included: 1) background questions such as their role and involvement in the project; 2) detail about the referral process if relevant; 3) overall experiences of the ETVE project; and 4) how the project could be improved. Interviews lasted approximately 30 minutes and all the interviews were again conducted over the telephone (n=4). Letters of invitation were sent to six stakeholders and five external volunteers. Four returned reply slips to indicate their interest in taking part in the study evaluation and all four were interviewed (36% response rate). Two people from the NHS specialist HIV service and two external volunteers working on the ETVE project were interviewed.

### **2.3 Data analysis**

With participants' permission, all interviews were audio recorded and were either fully or partially transcribed. Transcripts were read and re-read to become familiar with the data. A formal thematic analysis was not conducted individually for the stakeholders and service users because of the small number of participants interviewed in each group. Therefore, a summary of the interviews is provided for each participant group. It should be noted that due to the small number of service users interviewed (two of whom had limited involvement with the ETVE project) the narratives from the stakeholders are more in depth compared to the service user narratives.

### **2.4 Data storage and confidentiality**

All primary digital data generated for the evaluation are stored in the Centre for Health Research (CHR) at the University of Brighton securely against unauthorised access using a password protected network and in compliance with data protection legislation. Only the evaluation team have access to this data. An external University approved transcriber had access to the digital recordings via a password protected storage network. 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). Due to two changes in the proposal (re-interviewing service users and additional questions on HIV related issues in the workplace) we received Chairs action to include these amendments from the ethics committee. 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 Sussex Community Foundation NHS Trust. Copies of these approvals are available on request.

### 3.0 FINDINGS

In this section, findings from both service users (n=3) and project stakeholders/external volunteers (n=4) are presented. It is recommended that the findings from this report are read in conjunction with the first interim report (Sawyer & Sherriff, 2015).

#### 3.1 Findings from service users

The number of times the service users accessed the ETVE project varied from attending just a single workshop to meeting with the coordinator at least six times. Meetings either took place in the client's home, on the telephone, or in a public place like a coffee shop. Participants reported initially accessing the project for assistance with computer skills (n=1) and employment advice (n=2). One of the service users also attended a course on assertiveness training (n=1).

*“Well I regret not doing it a number of years ago when I got my first computer. I should have done a course of some sort ... .. and I tried to learn myself, you know... ..But I just wanted to, there were quite a number of things that I wanted them, the chap to come and sit with me and go through things. I wasn't too sure about filing properly.” (SU1)*

All 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 7 to 10.

*“Oh the full ten, I'm very very satisfied, yes.” (SU1)*

*“I would say probably seven because I can't say more than that, um I would say seven because a lot of the stuff I'm satisfied with my life, but it did help me a little bit, so I would say seven.” (SU2)*

Two of the three service users said that they planned to continue to access the ETVE project and use all the sessions that were available to them (which is flexible depending on individual need and commitment). One of the service users said they would like to access the ETVE more in the future to explore other opportunities for work and training. For example, they would like to get a qualification in care but would not know “where to go, where to start” (SU3). They would also like more training in computer skills and help with developing a CV. Another service user said that although they would like to attend more workshops their shift pattern at work makes this very difficult. However, at the same time they also recognised that many parts of the ETVE project were no longer relevant to them as they were already employed and close to retirement.

As mentioned previously one person accessed the ETVE project to improve their computer skills. Because of their ETVE sessions they said that they were more knowledgeable about computers, more able to use computers, and more confident at using a computer:



*“It just gives me more confidence than I had before and there’s somebody that can help me and advise me and I can ring him up any time if there’s been a problem and we try to sort out on the phone.” (SU1)*

Specifically, the ETVE sessions helped him with email management, filing/organising documents, and using the internet. Becoming more competent using the computer helped him with more practical tasks which made day to day life easier:

*“I can follow it much easier my banking, because that’s very important to me, because there’s only one bank near me and I have to travel miles even to get cash out of a machine. So that’s very important to keep an eye on my banking.” (SU1)*

Two of the participants accessed the ETVE project for advice regarding their current employment. For example, one person wanted legal advice in case they needed to reduce their hours at work because of tiredness and another person wanted advice for general employment difficulties. This is in contrast to the service users interviewed in the first phase evaluation where no one accessed the ETVE project for employment advice. After meeting the ETVE coordinator one of the participants said it was a *“very big help for me, it was really helpful” (SU3)*, because they get very anxious about work difficulties and the meetings made them feel more confident about approaching their employers about work concerns. Likewise, another participant attended a course on assertiveness because she was having difficulties communicating work-related concerns to her employer. This course helped them feel more confident about talking with their managers at work:

*“Made me think, you know um about how strong I could be um and if I wasn’t sure of something, I should um you know sort of talk about it to people like my managers and that you know and be confident in what you’re talking about.” (SU2)*

Several specific advantages of the project were identified by the service users. For example, one person thought that the best thing about the project was that the ETVE coordinator comes to his house because he would find travel very difficult: *“I would hate to have to travel”*. Moreover, the content of the sessions were accessible and easy to understand:

*“He sits down and he explains it in words that I understand [LAUGHS], you know he doesn’t get too technical. And I’m really not really technical at all when it comes to it, I know that. So he speaks in plain English and I find that very very very helpful indeed.” (SU1)*

Another service user highlighted the social benefits of group workshops as you get to see how other people are coping with their lives. Addressing social isolation was also identified as a positive outcome in the first phase evaluation. For some PLWHIV isolation can be a major factor in their lives and can be a very difficult barrier to overcome.

*“I think they do because then you see how other people are coping, what they’re doing and with their lives and how far they’re going with their lives and that. Um and it’s sort of inspiring sometimes.” (SU2)*

However, one of the service users mentioned that fear of people finding out about their illness might prevent them from accessing the workshops provided by the ETVE project , especially when it comes to attending group workshops:

*“Because I think people sometimes don’t want to go to these places, because having what we’ve got, um if you see someone who knows you, it’s a bit, I think it’s a bit weird and you think, oh my goodness, they know I’ve got it and things like that. So I think sometimes you don’t want to go to these places and I think sometimes people won’t attend because they’re not sure who’s going to be there.” (SU2)*

### **3.2 Findings from the ETVE project’s stakeholders and volunteers**

As a reminder, two external volunteers and two NHS specialist HIV nurses were interviewed. The primary role of the NHS staff in the ETVE project is to refer clients to the project. In the previous year, they referred approximately 10 people to the ETVE project. One of the external volunteers worked as a project administrator for the ETVE project and the other volunteered as a workshop facilitator (but also worked as a paid counsellor for clients and staff at St Peters House [the ‘parent organisation’ for the ETVE project]). Stakeholders and volunteers had been involved in the project for a relatively short period, ranging from five weeks to 14 months. Topics for exploration with stakeholders included: 1) background questions such as their role and involvement in the project; 2) detail about the referral process if relevant; 3) overall experiences of the ETVE project; and 4) how the project could be improved.

Overall the stakeholders and external volunteers interviewed were positive about the ETVE project.

*“I think everything that they’re doing is all positive and good.” (SH1)*

*“I think it’s a very valuable project because sometimes it’s difficult to find something that’s going to be of benefit for people in that situation and if we were to put ourselves in their shoes, you know it must look really desperate situation with nothing positive in sight.” (SH2)*

Similar to the findings in the first report, the ETVE coordinator was described as “very approachable” and “always available to discuss anything”. Both HIV specialist nurses said that they would recommend the project to a work associate. The staff interviewed from the HIV specialist service were very positive about working in partnership with St Peters House on the ETVE project and scored the ETVE project eight out of ten for partnership working. One nurse highlighted that theirs was an “established partnership” which meant it worked very well. One of the main benefits of their partnership was that the ETVE service complemented their multidisciplinary and holistic approach to working with clients:

*“When we go and see a service user we just don’t concentrate on their HIV and related issues, we have so many other issues, you know from the social point of view that at least we address this. If a person’s health is going to improve it’s not just certain infection that has got to be dealt with, you need to deal with the whole package. So working with people from different disciplines and offering different services, that’s very useful.” (SH2)*

It was also recognised by three of the participants that the ETVE project provides a niche service that is not provided by anyone else in the area: *“they do what we can’t do”*. It was noted that the need for such a service is particularly great now that HIV is recognised as a long-term condition and many PLWHIV are expected to work. One nurse said that if the project was not there it would be *“very difficult for many people”*. There were no disadvantages or barriers identified to their service being linked with the ETVE project.

### 3.2.1 Overview of interviews

In this section positive outcomes of the project; barriers to personal development and engaging in the ETVE project; and suggestions for improvement of service delivery and enhancing engagement will be discussed.

#### **Positive outcomes of the project: *“huge benefits for his mental health”***

As a result of participating in the ETVE project many positive outcomes for clients were identified by the stakeholders and external volunteers. The project was described as not only having an important impact on more tangible outcomes such as computer skills, CV writing, and finding work, but also on mental health and wellbeing. These are similar to the positive outcomes identified by stakeholders who participated in the first evaluation.

#### a) *Work-related skills*

It was recognised that finding work can be very hard for PLWHIV, especially if they have been out of the job market for some time which can create a *“viscous cycle”* of applying for jobs and not being successful. One of the stakeholders described a situation where a client wanted to get a job so that he could have more money. However, although he often got to the interview stage, he had difficulty securing a job. The stakeholder referred them to the ETVE project coordinator who *“met with him and they worked on IT skills, also about how to prepare for interviews, how to look for jobs and that kind of thing”* (SH2). The same stakeholder spoke about a client who had secured a fixed-term job because of the ETVE project. Although this job was only fixed-term it was recognised as an important step in securing permanent employment:

*“I spoke to a service user recently and he just finished a fixed-term job that he got and although it was a fixed term but at least that was something and also something that he could add to his CV as part of the experience, and he was going for another interview. So you know, hopefully that starts something off and he might be able to get something permanent. But that makes a difference.”* (SH2)

#### b) *Improving mental health and reducing social isolation*

The nurses and volunteers discussed that participating in the ETVE project can have a positive impact on the mental health of PLWHIV: *“So I think in a way it contributes, not only to the social aspect but also to the physical and mental health as well”* (SH2). For example, a HIV specialist nurse described a client who was unable to work due to health problems but was working with the ETVE project to get involved in some volunteering. Although unpaid it was recognised that volunteering could be extremely positive for his mental health:

*“He can meet new people and if he does something with support then his self-worth will increase and then it would be quite rewarding for him and hopefully his emotional health improves as well. This will be an unpaid job but in terms of using his time up or feeling some achievement that he’s doing something will have huge benefits for his mental health.” (SH2)*

One of the nurses also said that ETVE project gives PLWHIV “light at the end of the tunnel” as it gives them hope that there is something out there apart from their diagnosis and they can “contribute to society” (SH4). Both nurses and volunteers discussed that the ETVE project can play an important role in reducing social isolation. For example, learning IT skills can enhance the social lives of some of the clients. This is particularly important for those who are socially isolated and have difficulty leaving the house as they can “just go online and chat to their friends” (SH2). For example, one of the nurses described how the ETVE coordinator helped a person who lived in a very rural area get online by purchasing a dongle for his computer, which helped him feel much less isolated. Group sessions offered as part of the ETVE project were also identified as a good way to meet new people.

### **Barriers to personal development and engaging in the ETVE project: “they’re not always ready to face the world let alone think about work and employment”**

It was identified by both HIV specialist nurses that engaging this client group is “always a big challenge.....across the services” (SH2) and it is not just a difficulty experienced within the ETVE project. However, the nurses and volunteers identified lack of engagement in the ETVE project as very frustrating. This section summarises some of the main barriers in accessing the ETVE project identified by the participants:

#### *a) Stigma*

Stigma was the main barrier identified as making it difficult for PLWHIV to focus on personal development and engage in the ETVE project. This is of interest as stigma was not identified as a barrier in the first phase evaluation. This concern was also highlighted by one of the service users (see previous section) who thought that people may be reluctant to attend group workshops because of fear of people finding out about their illness. Although societal attitudes to HIV have changed, stigma remains a significant concern for PLWHIV, which can make it very difficult for some people to contemplate going back to work:

*“Clients will carry a lot of shame around their HIV diagnosis. May not be their shame, that’s the work I do, getting them to see it’s not their shame, but they may carry a lot of shame, a fear of judgment of people making all kinds of assumptions about why they’re HIV positive and that’s a huge barrier to a lot of things.” (SH3)*

One of the external volunteers discussed that stigma and fear of disclosure may be more prevalent within specific subcultures, which could influence engagement in the ETVE project. For

example, in Crawley the client group is more ethnically diverse compared to other areas in West Sussex, which could impact on the attendance of some workshops:

*“I think when you have a small community, a sub-culture like there’s an African community or an Asian community, in some ways that can be very supportive but where people have got HIV and they don’t want family and people to know, that can be very difficult for people. A closed community can be very frightening for people, so I think that’s why one of the reasons why sometimes clients struggle in Crawley to come to the events.” (SH3)*

b) *Mental health and substance use*

Both nurses and volunteers discussed that many of the clients are affected by poor mental health, drugs and alcohol. People’s lives can become “very chaotic” (SH2), which presents very difficult and specific challenges for engaging people in all services, not just the ETVE project.

c) *Dependency*

A barrier to engagement discussed by both volunteers was dependency. Many people have been living long term on benefits and are caught in the “benefit trap” (SH1). As such it was queried by one of the external volunteers whether some of the clients “really want this” (SH3).

d) *Language*

One of the nurses suggest that language may be a barrier to their clients participating in the ETVE project as there are “pockets of ethnic minorities in their area”(SH4). However, this nurse also said they might do a joint visit with the ETVE coordinator if one of the languages could be covered by the NHS team, or it was suggested that they could use interpreters if this was not possible.

**Suggestions for improvement of service delivery and enhancing engagement: “I just wish I had the answer”**

Suggestions for how service delivery could be improved were discussed by the nurses and volunteers. Two participants highlighted the importance of “getting people out of their homes a lot more” (SH3) to meet new people and reduce isolation. One way to do this is to meet clients outside of their homes for some appointments. A volunteer, who is also a counsellor, noted that seeing people in their own homes is not always empowering for clients:

*“I worked in the community before and although I’d go and see people in their homes if I had to, I realised very quickly that it’s not very helpful because if they’re able bodied and they can travel and they’ve got the money to travel, by getting them out and coming to see me, in a way, even if they just sit there and we don’t talk about anything very much, it’s therapeutic, it’s getting some structure, getting them back in their lives, getting them out of living in their homes being isolated.” (SH3)*

Another concern raised by this volunteer was that clients may view meetings at home as “social visits”, which although valuable, is not the remit of the ETVE project. As money for travel could be a problem for some people, it was suggested that the project could explore whether it would be viable to pay clients’ travel expenses.

One of the nurses discussed that there is a need to get the ETVE project more widely known and made a few suggestions how to do this e.g. advertise on PULSE (online publication for GPs), put leaflets in doctor and dentist surgeries, or even advertise on local radio. Regarding partnership work it was suggested that feedback about their clients’ progress with the ETVE project would be helpful as they currently do not receive formal updates. The provision of regular updates to stakeholders regarding progress with their clients was also highlighted as an area of potential improvement in the first report. More of something to be aware of, rather than an improvement, it was discussed by another nurse that it was important that the project was updated as and when appropriate because *“like with everything else needs change constantly and the service needs to be focused to the changing needs of the client group”* (SH2).

As discussed in the previous theme there are many challenges involved in engaging people in the ETVE project, which was described as a *“thankless task”* by one of the volunteers. Stakeholders and volunteers were asked to suggest ideas that might help people prioritise their own personal development and engage more in the ETVE project. However, this was viewed as a very difficult question and as one nurse said *“I just wish I had the answer”* (SH2). One of the volunteers thought that group workshops for PLWHIV could be particularly helpful in getting people engaged with the project. For example, they discussed the option of doing some group work on computers in a library. Another volunteer suggested that there should be a course for people on taking personal responsibility:

*“I think there almost should be some kind of course or something on taking responsibility because if they took more responsibility then they’d want to get on and self-motivate you know to help themselves.”*(SH1)

Finally, one volunteer suggested a *“gentle gentle approach”* when working with clients who are accessing the ETVE project, as a more forceful approach could have the opposite effect:

*“... because I’ve dealt with some of these clients and what they will do is, I’ve heard this story loads of times. If they’re frightened about being forced to go back to work, they’ll rush to their clinicians and they’ll get letters from the clinicians to say they can’t go to work and sometimes they will write them.”* (SH3)

## 4.0 CONCLUSIONS

In considering the findings of the previous sections and the recommendations outlined in this section, it is important to bear in mind the following caveats. Firstly, only a small number of service users and stakeholders/external volunteers were interviewed. This is partly a function of the low number of new clients who have accessed the project in 2015-2016 and low response rates from service users and stakeholders/external volunteers. Secondly, it is also important to note that two of the service users

were minimally involved with the ETVE project at the time of interview. Thirdly, Aspire Sussex and Jobcentre Plus did not respond to the interview invitation, therefore these new stakeholders were not represented in this evaluation. As such, caution must be exercised in interpreting any findings. This section will begin with a summary of the main findings, recommendations from this second evaluation, and a discussion of the methodological considerations of recruiting “hard to reach” groups.

#### **4.1 Summary of main findings**

- Interviews with service users and stakeholders/externals volunteers indicate that they were positive about the ETVE project. One service user reported feeling more confident and knowledgeable about using computers which had a positive impact on his daily life. Two service users also reported that the ETVE project had helped them feel more confident about dealing with work-related problems. Stakeholders and external volunteers recognised a range of possible outcomes for people who access the project such as improved work-related skills, finding paid work, reducing social isolation, building confidence and improving mental health and well-being. The two HIV specialist nurses thought the partnership with St Peters House worked very well. It was recognised that there is a need for the ETVE project, which is currently not provided by anyone else in the area.
- Stakeholders and external volunteers discussed the difficulties associated with engaging clients in the ETVE project. However, this was recognised as a challenge that other services working with this client group also face. A range of barriers which might make it difficult for people to prioritise their own personal development and engage in the ETVE project were discussed and these included: stigma, mental health and substance use, dependency, and language difficulties.

#### **4.2 Recommendations**

- In 2015-2016 only eight new people had accessed the ETVE project, which is considerably lower than the previous year and expected numbers for the year. The reasons for this low uptake are not clear but increasing referrals to the ETVE project is a priority. Currently, most of the referrals to the ETVE project come from specialist HIV nursing teams, however other referral pathways need to be explored. Links are currently being established between the ETVE project and Jobcentre Plus and it is recommended that a two-way referral process should be considered as part of this partnership. The ETVE coordinator should also continue to work with existing stakeholders to explore ways to increase referrals to the project.
- Getting the ETVE project more widely known should also be an important focus as this could increase referrals from other sources and the number of self-referrals. Ideas for advertising the ETVE project more widely should be explored such as placing leaflets in GP surgeries/health clinics, community centres, and libraries.
- Improving engagement with the ETVE project is one of the project’s biggest challenges and how to best address this is equally challenging. Service users and stakeholder/volunteers provided some suggestions to increase engagement in the project. Firstly, where possible, service users should be encouraged to attend sessions that take place out of their home.

Getting people to leave their homes can help reduce dependency and isolation. The project could also explore whether travel to ETVE sessions could be subsidised. Secondly, it was suggested that group workshops might be particularly helpful in engaging people with the project, again through reducing isolation. Therefore, ways to maximise attendance at groups could be explored. In the first interim report, it was suggested that an additional option of having an ETVE project hub/office facility should be explored. As we understand this recommendation was followed up by the project and a monthly drop-in service in Crawley and Worthing was going to be provided but because of low interest this has been temporarily put on hold. We recommend that this option is revisited as it provides an alternative for meetings outside the home. Finally, as discussed, stigma was viewed as one of the main barriers for PLWHIV to engaging in the ETVE project. Although workshops on disclosure are already being provided by the ETVE project additional ways to address disclosure and fear of stigma could be explored.

### **4.3 Methodological considerations**

It is important to consider again the methodological challenges of recruiting “hard to reach” groups to research studies. Recruitment of PLWHIV to research studies is challenging (Leonard, Lester, Rotheram-Borus, Mattes, Gwadz, & Ferns, 2003) and discussions with the ETVE project coordinator and stakeholders/volunteers also suggest that many of their clients present with mental health and substance abuse disorders, which poses further challenges when recruiting to research (Calsyn, Klinkenberg, Morse, Miller, & Cruthis, 2004). These challenges were considered when designing the present evaluation and ways to increase response rates were incorporated into the research design. Firstly, as community involvement in the design and recruitment is important in enhancing participation rates (Leonard et al., 2003), the University of Brighton worked closely with the ETVE coordinator in the design of the evaluation. The ETVE coordinator also acted as a gatekeeper, and was responsible for sending out the recruitment packs to participants. Secondly, as it is important not to burden participants the interview was not overly long and participants had the option to be interviewed over the telephone. Thirdly, as financial incentives have been highlighted as maximising response rates, particularly among low income or visible minority populations (Knoll et al., 2012), participants who were interviewed in this evaluation received a £5 “thank you” voucher.

Although 38% is a reasonable response rate for this type of research with hard to reach groups, when combined with the small number of new referrals, only a small number of participants end up being interviewed. Therefore, the evaluation methodology will need to be discussed and potentially amended for the 2016-2017 evaluation. One possible option is to conduct an in-depth case study with a small number of people who have accessed the ETVE project. However, a range of options will be explored and discussed fully between St Peters House and University of Brighton.



## 5.0 REFERENCES

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**6.0 APPENDICES**

## APPENDIX A – INTERVIEW SCHEDULE 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 our second interview for St Peter’s House to evaluate the Education, Training and Employment (ETE) Project, which was set up by Ben Lee in September 2014. 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 research 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 & Employment project.

- 1. Could you tell me a bit about your involvement in this service? When did you first get involved? How did you first hear about the ETE service?**
- 2. Why did you want to use this service?**
- 3. What do/did you hope to get out of the ETE service?**
- 4. Please can you tell me which parts of the service you have used so far? (Probe - go through these options if needed).**
  - Attending 1 to 1 lessons in basic computer skills
  - Attending group workshops in personal effectiveness skills

- Help with enrolling on a course for studying or training
- Help looking for voluntary work or employment
- Advice with employment issues such as dealing with HIV related issues in the workplace
- Other. Probe - Provide details

**5. How often have you met with the project coordinator 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 coordinator taken place? (Probe - in-person (at home or a public location))**

**SECTION TWO – Attending 1-to-1 lessons in basic computer skills**

This section of the interview asks you whether or not this service has helped you learn basic computer skills.

**NB. If participants have not had any 1-to-1 lessons to learn basic computer skills ask them why not.**

- 1. Do you think this service has increased your confidence in using a computer?** (Note: Explore response in more detail)
- 2. Do you think this service has increased your knowledge about what a computer can do for you?** (Note: Explore response in more detail)
- 3. Do you think this service has 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; Document management; Use of social media, e.g. Facebook; Other. Please state e.g. completing forms.

**SECTION THREE – Attending group workshops in personal effectiveness skills**

For this section of the interview, we would like to find out whether or not this service has helped you increase your personal effectiveness skills (e.g. building self-confidence and assertiveness).

**NB. If participants have not attended any group workshops in personal effectiveness skills ask them why not.**

- 1. Do you think this service has helped you increase your personal effectiveness skills?**

(Note - Explore response in more detail)

#### **SECTION FOUR – Enrolling on courses for education or training qualifications**

For this section of the interview, we would like to find out whether or not this service has helped you identify any education or training opportunities.

**NB. If participants have not used this service to attend any education or training opportunities ask them why not.**

- 1. Do you think this service has increased your awareness of education or training courses?**  
(Note: Explore response in more detail)
- 2. Do you think this service has increased your ability to find and apply for education or training courses?** (Note: Explore response in more detail)
- 3. Do you think this service has increased your confidence in finding and applying for education or training courses?** (Note: Explore response in more detail)
- 4. Since you started using this service 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, social stigma or other factors)
- 5. Since you started using this service 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 you started using this service 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 you started using this service 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 FIVE – Finding voluntary work**

For this section of the interview, we would like to find out whether or not this service has helped you to identify volunteer opportunities.

**NB. If participants have not used this service to identify volunteer opportunities ask them why not.**

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

- 1. Do you think this service has increased your knowledge of volunteering opportunities?** (Note: Explore response in more detail)
- 2. Do you think that this service has helped you become more able to identify and apply for volunteer work?** (Note: Explore response in more detail)
- 3. Do you think this service has increased your confidence to identify and apply for a volunteer work?** (Note: Explore response in more detail)
- 4. Since starting this service have you considered finding volunteering work?** (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?)
- 5. Since starting the service have you searched for any kind of voluntary work** (Note: If not, explore why not in more detail e.g. is this because lack of knowledge, confidence, competence, other factors or barriers)
- 6. Since starting the service have you applied for any kind of voluntary work?** (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)
- 7. Since starting the service have you been successful in gaining voluntary work?** (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)

## **SECTION SIX – Finding paid employment**

For this section of the interview, we would like to find out whether or not this service has helped you to identify paid employment opportunities

**NB. If participants have not used this service to identify paid employment opportunities ask them why not.**

- 1. Do you think this service has increased your knowledge of paid employment opportunities?** (Note: Explore response in more detail)
- 2. Do you think that this service has helped you become more able to identify and apply for paid employment?** (Note: Explore response in more detail)

3. **Do you think this service has increased your confidence to identify and apply for paid employment?** (Note: Explore response in more detail)
4. **Since starting this service have you considered finding paid employment?** (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?)
5. **Since starting the service have you searched for any kind of paid employment?** (Note: If not, explore why not in more detail e.g. is this because lack of knowledge, confidence, competence, other factors or barriers)
6. **Since starting the service have you applied for any kind of paid 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)
7. **Since starting the service have you been successful in gaining paid 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)

## **SECTION SEVEN – Employment and work skills**

**NB. Only relevant for participants who have accessed the service to find volunteering or paid work**

1. **What work skills have you gained from this project?** (Probe: List these options if needed):  
Researching job/volunteer vacancies; Understanding job/volunteer descriptions; Completing application forms; Writing or revising CVs; Writing covering letters; Writing supporting statements; Preparing for interview; Job search skills.
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. **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 EIGHT – Dealing with HIV related issues at the workplace**

*For this section of the interview, we would like to find out whether or not this service has helped you deal with HIV related issues at the workplace.*

**NB. If participants have not used this service to deal with HIV related issues at the workplace ask them why not.**

- 1. Do you think this service has helped you deal with HIV related issues at the workplace?**  
(Note. Explore response in more detail)
- 2. Do you think that this service has increased your knowledge of employment rights for people with HIV at the workplace?** (Note. Explore response in more detail)
- 3. Do you think this service has increased your confidence to discuss HIV related issues with a manager at the workplace?** (Note. Explore response in more detail)

## **SECTION NINE – Personal development**

For this section we would like to ask you what is important for your own personal development and what the challenges are for you in achieving these personal development goals.

- 1. What is most important to you in terms of your own personal development?** (probe. distinguish between practical things e.g. got a certificate/training skills/volunteering or paid work; and areas of personal development, increased confidence and sense of self-improvement)
- 2. What are the challenges for your personal development?** (Probe. Distinguish between personal barriers (confidence, motivation, HIV related stigma) and practical barriers (financial, health, lack of work experience)
- 3. What difference has this service 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)
- 4. 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?



## **SECTION TEN – Overall**

This part of the interview will ask you some overall questions about the Education, Training & Employment project.

- 1. What do you think are the advantages of participating in the ETE service? What do you think has been the best thing about the service? (Probe. List three things)**
- 2. What do you think are the disadvantages of participating in the ETE service? Is there anything about the service that is not so good? (Probe. List three things. Is there anything that the service has not helped with/cannot help with)?**
- 3. What do you think the service has helped you with most?**
- 4. Do you feel able to continue to access the ETE project service (if you want to)? Why/why not?**
- 5. Are there any barriers for you which make it difficult for you to access the ETE service? Probe. Confidence, knowledge of sessions. What might help you address these barriers?**
- 6. Do you have any suggestions how the service can be improved? (Probe. Topics/skills covered, new social groups, delivery type and frequency.**
- 7. The ETE service is exploring the possibility of providing a monthly drop-in service in Crawley and Worthing. Do you think you would use this service? Why/Why not. What would you like to use this service for? (Probe. What would you find most helpful?).**
- 8. Have there been any problems whilst you have been using this service? How have these been approached?**
- 9. Do you intend to access this service in the next month? Why/Why not?**
- 10. Do you intend to use all the 12 sessions available to you as part of this service? Why/Why not?**
- 11. Is there anything else you would like to add that we haven't covered?**
- 12. On a scale of 0-10 for personal satisfaction, how would you rate this service?**
- 13. Next year we would like to speak to some of the people we interviewed this year again. This is to help us explore people's long term experiences with the project.**

**Would you be happy if we got in touch with you again next year to speak to us about your experiences of the ETE project? It is completely up to you to decide and there is no obligation to say yes. If you do say yes, we will get in touch with you again nearer the time to check you are still happy to speak to us.**

- Re-check consent
  - Thank you
- Hand out vouchers and sources of further support.

## APPENDIX B – INTERVIEW SCHEDULE 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. Please can you tell me a bit about your job role?**
  - a. Could you tell me a bit more about the clients/service users/people that you work with?** (Probe. Why do they need your service e.g. why is community nursing required)
- 2. 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 work relationship in the project? e.g. internal staff, external work associates, partnership agency or volunteer support worker
  - d. What work sector do you come from?
  - e. Can you tell me about your role in this project and what you have done since you were involved in it? (Probe. Referrals, building partnerships, sharing information/resources or supporting front line staff through volunteering).
  - f. What do you think of the project so far? (Note. In terms of its purpose and service delivery).

## DETAIL ABOUT THE ETE PROJECT

**If involved in referrals ask questions 3a and 3b. If not, go straight to question 4.**

**3a. Please can you tell me how you refer clients to the ETE project?** (Probe. Do you refer all clients or is it a more targeted process?).

**3b. Is it possible to give me an idea of how many people you have referred to the project (for example in the last 6 months)?**

- 4. Are there any advantages to your service being linked to the ETE project?**
- 5. Are there any disadvantages to your service being linked to the ETE project?**
- 6. How beneficial do you think the ETE project is for your client's learning and development needs?**
- 7. What do you think is the best thing about the project?**
- 8. Is there anything about the project that is not so good?** (Probe. Is there anything that the project is unable to help with?)
- 9. Do you have any suggestions how the project/service can be improved?** (Probe. Topics/skills covered, delivery type (1 to 1 and group activities), frequency, social group types)
- 10. What do you think are the main barriers to personal development for your clients?**
- 11. What do you think could be done to help your clients prioritise and take ownership of their personal development?**
- 12. Have there been any problems whilst you have been on the project? How have these been approached?**
- 13. Would you recommend the ETE project to a work associate?**
- 14. How would you rate the ETE project for partnership work on a scale of 0 -10?**
- 15. How would you rate this project for client service delivery on a scale of 0-10**

Re-check consent

Thank you