

Women Into Work: Moving On

Internal Evaluation Report

Women, HIV and Opportunities

A Positively Women Project

July 2007

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CONTENTS PAGE

EXECUTIVE SUMMARY	4
CHAPTER 1 - INTRODUCTION	8
1.0 Background and Introduction to Women into Work: Moving On	8
1.1 Start up Issues and Problems	10
2.0 The Evaluation	11
2.1 The Evaluation Structure	11
2.2 Overall Aim of the Internal Evaluation	12
2.3 Objectives of the Internal Evaluation	12
2.4 Type of Evaluation	12
2.5 Evaluation Questions	13
2.6 Empowering Evaluation Strategies	14
2.7 Methodology	14
2.8 Fieldwork Conducted	15
CHAPTER 2 – THE PROJECT	16
1.0 Project Information/Details	16
1.2 Objectives	17
1.3 Partners	17
1.4 Management/Project Structure	17
1.5 Target Group	17
2.0 Workplan Results	18
CHAPTER 3 - DECONSTRUCTING THE PROJECT PROCESSES	20
1.0 Mapping Project Activity	20
1.1 Training for DP Organisations	21
1.2 Training for Other Organisations	21
1.3 HMP Downview Workshop	22
1.4 Transnational Workshop	23
1.5 Toolkit	23
2.0 Development of the Training	23
2.1 Development of the HMP Downview Workshops	25
3.0 Participation and Engagement	25
4.0 Impact of the Project	26
4.1 HIV Awareness Training: Stonham	26

4.2 HMP Downview Workshops	31
4.3 Transnational Workshop	32
5.0 Equal Principles and Holistic Working	37
5.1 Empowerment	37
5.2 Innovation	38
5.3 Holistic Working	39
6.0 Conclusions	40
6.1 Major Successes of the Project	40
6.2 Major Barriers	41
6.3 Recommendations	42
6.4 Conclusions	42
Appendix 1: Project Management/Structure	44
Appendix 2: Training Needs Questionnaire	45
Appendix 3: Basic HIV Awareness Training: Aims and Objectives	48
Appendix 4: HIV, Drugs and Alcohol and Coinfection with Hepatitis: Aims and Objectives	50
Appendix 5: Basic HIV Awareness Training Materials	52
Appendix 6: HIV Drugs And Alcohol And Co-Infection - Training Materials	59
Appendix 7: HMP Downview - Workshop Objectives	65
Appendix 8: HMP Downview Workshop - Agenda	66

EXECUTIVE SUMMARY

1.1 Background

In 2001, SOVA and partners came together to secure funding from the European Social Fund EQUAL programme for the Development Partnership (DP) called Women Into Work. In EQUAL Round 1 the partnership was commissioned to work towards combating discrimination and inequality experienced by women facing disadvantage, particularly as a result of their contact with the Criminal Justice System. The ultimate goal of the programme, lasting until November 2005, was to ensure that these women could work towards gaining access to and sustaining appropriate employment, training or education. An extensive peer research project was undertaken so as to identify the support needs of disadvantaged women and, based on the findings, five Pilot Projects were commissioned¹ to provide such support.

Members of the this Development Partnership, along with a number of new partners, used the research and piloting work carried out during EQUAL Round 1 to identify further innovative approaches for development and testing under EQUAL Round 2. It was proposed that these approaches would continue to increase the employability and empowerment of women disadvantaged in the labour market in line with the work started by the Women into Work programme during Round 1. Money was accordingly secured from Equal to carry this work forward into Round 2.

The new Development Partnership was called Women into Work: Moving On and fell under the remit of Theme A of the EQUAL funding stream - 'Barriers to Employment'. Its key objective has been to pilot innovative and holistic support packages to enable disadvantaged women to move from disempowerment to empowerment in the labour market.

EQUAL programmes are organised and funded in three separate phases:

- Action 1 - the set-up phase
- Action 2 - the delivery phase, during which joint or complementary initiatives or activities are developed in the UK and in Europe
- Action 3 - mainstreaming policies and disseminating successful initiatives.

All three phases are expected to incorporate the five Equal principles of

- Innovation
- Empowerment
- Equal Opportunities
- Transnational Co-operation
- Dissemination and Mainstreaming
-

1.2 This Evaluation

This report is the evaluation of one of the seven pilot projects commissioned to run during Action 2. The project, Women, HIV and Opportunities was a project run by Positively Women, a national charity working to improve the quality of life of women and families affected by HIV and AIDS

1.3 Objectives of the Project

The overall rationale of the Women, HIV and Opportunities project was to support staff in organisations, both within, and external to the partnership, in developing mechanisms and systems to integrate the support needs of women living with HIV within their mainstream activities. Recognising that, for many of the service users in these organisations, HIV may not be their over-riding issue, it was envisaged that a more effective and holistic way of reaching these service users would be to embed support within organisations, rather than developing new projects specifically targeting women with HIV.

The project initially intended to provide training and peer support and mentoring, as well as training but reduced timescales for Action 2 led to a revision of the contract objectives which were redefined as:

- To devise a training programme about sexual health and living with HIV
- To develop new training materials about sexual health and HIV
- To deliver training to staff and beneficiaries within organisations
- To deliver workshops to Transnational partners about the work of Positively Women and sexual health and living with HIV

1.4 Project Activities

Within this revised context, Positively Women delivered the following key activities:

- Seven training courses to a partner organisation, Stonham
- Three training courses to other organisations within and external to the DP
- Workshop for beneficiaries of a partner project in HMP Downview
- Transnational workshop.

They are also working on a Toolkit to mainstream the training which will be delivered in August 2007.

1.5 Summary of Evaluation Findings

The evaluation demonstrated that the project achieved its objectives in increasing awareness of HIV and the support services available to women in non-HIV specific organisations. The training was well received and there is clear evidence that it has been effectively embedded and disseminated within the organisations that participated. The feedback and evaluations following the activities which formed part of this project were universally positive and project staff and participants in the project's activities point to major successes:

- The embedding of the training within partner organisations such that the organisations feel confident in supporting HIV positive women beyond the life of the project

- The raising of awareness with organisations who would not normally have thought about HIV; embedding HIV awareness within these organisations
- The increased awareness of organisations within the DP and the development of policies within DP partner organisations
- The evidence of HIV positive service users' referral from organisations who had received the training
- The increased understanding of participants of the issues around disclosure and the difficulties associated with disclosing
- The creation of organisations who are equipped to support people who are HIV Positive
- The increased amount of signposting materials in participating organisations building a sense in service users that the organisations they are working with are supportive of people living with HIV

CHAPTER 1 - INTRODUCTION

1.0 Background and Introduction to Women into Work: Moving On

In 2001, SOVA and partners² came together to secure funding from the European Social Fund EQUAL programme for the Development Partnership (DP) called Women Into Work. In EQUAL Round 1 the partnership was commissioned to work towards combating discrimination and inequality experienced by women facing disadvantage, particularly as a result of their contact with the Criminal Justice System. The ultimate goal of the programme, lasting until November 2005, was to ensure that these women could work towards gaining access to and sustaining appropriate employment, training or education. In order to achieve this goal an extensive peer research project was undertaken³ in order to identify the support needs of disadvantaged women and based on the findings, five Pilot Projects were commissioned⁴ in order to achieve this goal.

Members of the this Development Partnership, along with a number of new partners⁵ used the research and piloting work carried out during EQUAL Round 1 to identify further innovative approaches for development and testing under EQUAL Round 2. It was proposed that these approaches would continue to increase the employability and empowerment of women disadvantaged in the labour market in line with the work started by the Women into Work programme during Round 1.

² Addaction, CAST (Creative and Supportive Trust), Department for Education and Skills (Offender Learning and Skills Unit), Home Office (Women's Policy Team), Job Centre Plus, London Probation Area, NACRO, National Probation Directorate, Prince's Trust, Prison Service, Sheffield Hallam University, Stonham Housing Association

³ O'Keeffe, C. (2003) Moving Mountains: Identifying and Addressing Barriers to Employment, Training and Education from the Voices of Women (Ex)Offenders. SHU Press.

⁴ 'The Network Club' - Creative and Supportive Trust
Creative Business Pilot - London College of Communications and HMP East Sutton Park
'Going Straight to Work' - NACRO
'Norfolk Women into Employment and Training' - Women's Employment Training and Enterprise Unit
'Peer Mentoring Support and Resettlement Pilot' - SOVA

⁵ Business In Prisons, CAST, Incredit Ltd, NACRO, NOMS, Positively Women, Prison Service, Red Kite Learning, Sheffield Hallam University, Southside Partnership, SOVA, Stonham Housing, Tribal Education (Cambridge Training and Development Ltd), West Yorkshire Family Mediation Service.

Thus in June 2004, SOVA on behalf of the Women Into Work (WiW) Development Partnership bid for and subsequently secured additional monies from EQUAL Round 2 in order to build on the successes of the partnership work already achieved and to expand activities with new partners. The new Development Partnership was called Women into Work: Moving On and fell under the remit of Theme A of the EQUAL funding stream - 'Barriers to Employment'.

The key objective of Women into Work: Moving On was to pilot innovative and holistic support packages to enable disadvantaged women to move from disempowerment to empowerment in the labour market. The target group included women:

- in contact with the CJS/on resettlement from prison
- involved in the sex industry
- experiencing homelessness
- with health issues
- subject to domestic violence or abuse
- from ethnic minority groups.

EQUAL programmes are organised and funded in three separate phases:

- Action1 - the set-up phase
- Action 2 - the delivery phase, during which joint or complementary initiatives or activities are developed in the UK and in Europe
- Action 3 - mainstreaming policies and disseminating successful initiatives.

Additionally, EQUAL programmes have five leading principles which are incorporated throughout Actions 1, 2 and 3. These are:

- Innovation
- Empowerment
- Equal Opportunities
- Transnational Co-operation
- Dissemination and Mainstreaming

Action One of the programme has been evaluated elsewhere. During Action Two proposals for innovative Pilot Projects were sought through the tendering and commissioning process through which new delivery models could promote access to the labour market for groups of women who are traditionally excluded or discriminated against. As a result of the due tendering and commissioning process seven Pilot Projects were set up under Women Into Work: Moving On.

This reports provides an evaluation of one of these Pilot Projects – 'Women, HIV and Opportunities'

1.1 Start up Issues and Problems

It is important to note that during the first phase of the evaluation of Action 2 there have been some major changes to the Moving On Programme. These changes have obviously had implications for progress with the programme. The background for these changes is described below.

During Action 1 of Women into Work: Moving On the partnership sought clarification from ECOTEC (the GB Equal Support Unit) that the large proportion of match funding in kind committed by one partner was eligible. This was agreed in principle, and the Development Partnership Agreement (DPA) was approved, but SOVA, the lead DP organisation, still felt uncertain about the extent to which some of the proposed match activity fit with the DPA objectives and within the work plan. At the start of Action 2, in conjunction with the main match funding partner, SOVA reviewed and restructured the planned match activity, eliminating that which was not suitable. This was a lengthy exercise and resulted in a reduction in the overall budget of the DPA, with attempts to source other match funding being unsuccessful. A Significant Change was submitted to the DWP via ECOTEC and a revised DPA was approved. Some of the key impacts have included the disbandment of the Beneficiary Support Forum in its original framework along with a reduction in the overall size and scope of the programme. For example, not all partners were providing their own match funding and so some could not be allocated Equal ESF funding as originally intended. These changes

inevitably had a negative impact on some members and delayed the start-up of the remaining pilot projects service delivery.

The original aims of the project were to provide HIV Awareness training to staff and organisations, to provide group and one to one support and to develop peer support and mentoring. Following the delays described above and the difficulties in engaging partners during the hiatus period, the contract was revised to focus on the delivery of training to partner organisations and organisations external to the partnership and the group/one to one support and peer mentoring aspects of the project were discontinued.

The issues outlined above proved to be a challenging barrier for the project to overcome and inevitably they had an impact upon service delivery and the experiences of staff teams. This is explored further, later in this evaluation report.

2.0 The Evaluation

2.1 The Evaluation Structure

Two evaluations in relation to Women into Work: Moving On were commissioned, the External Evaluation and the Internal Evaluation. The External Evaluation (conducted by the Centre for Public Policy at Northumbria University) was designed to examine the *overall effectiveness* of the WIW: MO Development Partnership (DP) and whether the partnership achieved its *strategic objectives*. The Internal Evaluation (as detailed in this report) was designed to examine the *specific achievements* of Pilot Projects and whether they have achieved their *performance objectives*. So, in summary, the External Evaluation was concerned with the '*overarching strategic goals*' of the WIW: MO Development Partnership whereas the Internal Evaluation was concerned with the '*nuts and bolts*' of Pilot Project activity.

2.2 Overall Aim of the Internal Evaluation

- To provide a rigorous and 'user friendly' assessment of the extent to which Women into Work: Moving On projects have met their objectives (incorporating the Equal principles of innovation and empowerment)⁶

2.3 Objectives of the Internal Evaluation

- To provide information on the progress made towards objectives as outlined in Service Specific Contract Schedules
- To identify what worked well and what did not work so well (in terms of both what was done (outputs) and how it was done (processes))
- To provide information on the extent to which Pilot Projects have met the needs of the target group
- To recommend improvements to working practices with disadvantaged women and outline models of good practice thus assisting with mainstreaming and dissemination.

In addition to the above a key objective of the evaluation was to respond to the specific questions around holistic working which were outlined in the evaluation specification.

2.4 Type of Evaluation

The evaluation incorporated both formative⁷ and summative⁸ elements. The formative element employed mainly qualitative methods and involved a process evaluation which allowed for an understanding of the critical factors and mechanisms that shaped the delivery and outcomes of the Women Into

⁶ The other EQUAL principles of equal opportunities, transnational co-operation and dissemination and mainstreaming are explored in the External Evaluation being conducted by Northumbria University

⁷ A type of process evaluation for the purpose of new programmes or services that focuses on collecting data on programme operations

⁸ A type of outcome evaluation that assesses the results or outcomes of a program. This type of evaluation is concerned with a program's overall effectiveness

Work: Moving On Pilot Projects. The process evaluation was valuable in helping to understand what worked, for whom and why.

The summative element employed mainly quantitative methods in order to assess the outcomes of projects. This part of the evaluation is concerned with the projects overall effectiveness.

The evaluation was conducted in consultation and co-operation with the Women into Work: Moving On DP. In particular, the WIW: MO DP were responsible for monitoring beneficiary information.

2.5 Evaluation Questions

The formative element of the evaluation focussed upon the following questions:

- What have been the main successes of Pilot Projects?
- What have been the main problems encountered by Pilot Projects? What steps have been taken to address such problems?
- What are the organisational processes which have supported/hindered achievement of Pilot Project objectives?
- To what extent have worked in partnership with already established services? To what extent/how is partnership working kept high on the agenda – what level/type of dialogue is achieved?
- To what extent were beneficiaries able to contribute to the design of the work programmes and products? To what extent has a sense of ownership of projects been achieved among beneficiaries?
- In what ways have Pilot Projects benefited the target group?
- In what ways has women's quality of life improved as a result of involvement in Pilot Projects?

In addition the following questions were addressed, specifically around holistic working practices:

- How did projects define/understand the term 'holistic approach'?
- To what extent was an holistic approach to the needs of disadvantaged women adopted by Pilot Projects?
- What factors need to be in place to facilitate a truly holistic approach (i.e. appropriate referral systems, shared agendas, building effective partnership building, peer approaches)
- To what extent does an holistic approach increase employability?

The summative element of the evaluation focussed upon the following questions:

- What are the primary activities which the projects have been engaged in?
- Have the projects met their targets of beneficiaries engaged? Did the Pilot Projects attract a range of beneficiaries?
- How many women have entered Education /Training/Employment as a result of their involvement in the Pilot Project?
- What level of 'drop out' have the Pilot Projects encountered?

2.6 Empowering Evaluation Strategies

In line with the ethos of all EQUAL work Evaluation staff conducted an evaluation which was as empowering for participants as possible and aimed at improving practice and fostering self determination of participants. In adopting this approach to evaluating strategies, it was possible to empower individual beneficiaries to self identify and assess the quality of their own experience of the project. In line with the ethos of the EQUAL programme, this evaluation recognises the value of 'soft outcomes' (i.e. increases in beneficiaries self confidence, self esteem, motivation etc) as well as 'hard outcomes' (i.e. achieving qualifications and getting into work).

2.7 Methodology

As previously mentioned, the evaluation included both qualitative and quantitative data collection methods. These included the following:-

- Analysis of project documentation including:
 - Minutes/Notes of meetings
 - Terms of Reference
 - Recruitment/publicity material
 - Training materials
 - Documents/diagrams relating to project structure
 - Reports relating to issues/progress so far
 - Any other documents which reflect work conducted

The following information sources were also used:

- Pilot Project progress reports
- Observation of Pilot Project activities
- Analysis of participant evaluation forms

2.8 Fieldwork Conducted

In addition, in depth semi structured interviews with key stakeholders were conducted, as detailed below:

Project Role	No. of Interviews	Timepoint
Programme Manager	4	June 2006; September 2006; January 2007; June 2007
National Services Co-ordinator; Trainers	2	June 2006; June 2007
Training Participants	6	May, June, July 2007

CHAPTER 2 – THE PROJECT

1.0 Project Information/Details

Project Title: HIV, Women and Awareness

Timescales: 03/01/06 to 31/07/2007

Funds allocated to Project: £29,996.00

The following sections are intended to inform the reader of the original intentions of the Pilot Projects. The information is sourced from the tender documents which were submitted at the commissioning stage and also the Service Specific Contract Schedules drawn up by SOVA and agreed by Partner Providers.

1.1 Rationale

The overall rationale of the Women, HIV and Opportunities project was to support staff in organisations, both within, and external to the partnership, in developing mechanisms and systems to integrate the support needs of women living with HIV within their mainstream activities. Recognising that, for many of the service users in these organisations, HIV may not be their over-riding issue, it was envisaged that a more effective and holistic way of reaching these service users would be to embed support within organisations, rather than developing new projects specifically targeting women with HIV. It was envisaged that the provision of specialist support around HIV would enable women facing multiple disadvantages, including living with HIV, to access and gain maximum benefit from non-specific HIV agencies.

The overall aim of the project therefore was to:

Build the capacity of the organisations and of Positively Women by developing the understanding of staff and beneficiaries of partner organisations and organisations external to the partnership about sexual health and living with HIV

1.2 Objectives

The objectives of the project (revised by variation to contract in March 2007) were as follows:

- To devise a training programme about sexual health and living with HIV
- To develop new training materials about sexual health and HIV
- To deliver training to staff and beneficiaries within organisations
- To deliver workshops to Transnational partners about the work of Positively Women and sexual health and living with HIV

1.3 Partners

Partner Organisation	Role and Contribution
Stonham	Participating organisation for HIV Awareness training programme
HMP Downview	Provision of beneficiaries for training on HIV awareness and sexual health
Kyrene Transnational Partnership	Facilitating organisation for running of Transnational workshop

1.4 Management/Project Structure

The management structure for the project is shown at Appendix 1

1.5 Target Group

Following significant revisions to the contract for the pilot project, the project no longer had direct targets for beneficiaries. The new focus of the contract was on capacity building for organisations. It was therefore agreed that direct beneficiaries would not be registered to avoid the double counting of beneficiaries already registered with organisations receiving the training.

The achievement of outcomes and outputs is covered in the section below on workplan results.

2.0 Workplan Results

The targets for this project were as follows:

Target	Number	Details
New empowerment/capacity building methodologies	1	<p>This was to be achieved through the provision of sexual health workshops to support the empowerment and self esteem of women; women within the criminal justice system or those at risk of offending.</p> <p>The project ran a workshop for 6 beneficiaries at HMP Downview aimed at raising awareness of HIV and sexual health and challenging discrimination</p>
New learning/training materials/toolkit	1	<p>A toolkit was to be developed from the training to groups and individuals for organisations to use for staff and volunteer training</p> <p>At the time of the preparation of this report, the toolkit was in development and is expected to be completed by August 2007</p>
Number of Jobs protected	0.5	<p>Jobs protected were elements of the following roles:</p> <p>National Services Co-ordinator</p> <p>Policy and Involvement Manager</p>
New learning/training programmes and curricula	1	<p>A new training programme was devised, produced and delivered to Stonham in 7 workshops with a</p>

Target	Number	Details
		<p>total of 63 participants.</p> <p>A further 3 workshops were undertaken with a variety of organisations both internal and external to the DP partnership with a total of 30 participants</p>
Transnational Activity	1	<p>Sharing models of good practice and experience in establishing peer support for women living with HIV</p> <p>A transnational workshop was run for the Kyrene Transnational Partners in July 2006.</p>

In the next chapter there also follows more detailed information on successes and also barriers to achievement which arose from in depth interviews with project staff. This data proved vital in understanding process issues and outlines the critical factors and mechanisms that shaped the delivery and outcomes of the Women into Work: Moving On Pilot Projects. The qualitative data collected and presented also provides evidence on the extent to which the themes were incorporated.

CHAPTER 3 - DECONSTRUCTING THE PROJECT PROCESSES

This section draws upon a thematic framework analysis of interview data in order to explore further the process of project delivery, successes encountered, barriers and how these have been/have not been overcome. This analysis provides:

- a comprehensive mapping of issues uppermost in the minds of stakeholders as the project progressed
- evidence of good practice in the work of the programme and identification of where improvements could be made to encourage reflection on and re-conceptualisation of current thinking and practice

The issues identified are not grounded in arbitrary external judgments but are firmly grounded in the data collected during the course of the evaluation.

1.0 Mapping Project Activity

As described above, the project originally had a wider remit than the delivery of training, with one to one support and peer mentoring forming part of the original objectives. Following the delays and reductions in scope of the programme described above, the objectives of the project were revised in a variation to contract. Following this revision, the focus of the programme was to develop and deliver HIV awareness and training to staff and organisations. The geographical coverage of the training also changed during the lifetime of the project. The training was originally to be aimed at the Yorkshire and Humberside and North East regions but this was extended. This was, in part, a response to the smaller number of partners available to engage within the DP and also a recognition that as a national organisation, Stonham developed many of its policies nationally and thus it was considered that buy in from the organisation as a whole would be important, not least to sustain the work beyond the EQUAL funding. The rationale to extend coverage to the South West was also driven by the fact that it had seen one of the largest rises of women living with HIV in the last 3 years. The increased press coverage around HIV issues also indicated a need to equip project workers to ensure

they were adequately trained to tackle mis-conception and prejudice and to ensure the effectiveness of support services.

To deliver these objectives, the following activities were undertaken:

1.1 Training for DP Organisations

Following a needs assessment with the main partner organisation, Stonham, a flexible training package was created which could be tailored to the needs of the organisation. The options available were: a half day's basic HIV awareness course or a full day's course covering basic HIV awareness, Co-infection, drugs and alcohol issues. An additional course was run targeted specifically at issues for African women as this was identified as a particular need by Stonham in Cornwall. Courses were run as follows:

Course	Date	Location	Number of Participants
Basic HIV Awareness	April 2007	Basingstoke, Hampshire	11
Basic HIV Awareness	April and May 2007	Oxford	20 (11+9)
Basic HIV Awareness, Co-infection, Drugs and Alcohol	May 2007	Leatherhead, Surrey	5
Basic HIV Awareness, Co-infection, Drugs and Alcohol; Issues for African Women	May 2007	Cornwall	18 (9+9)
Basic HIV Awareness, Co-infection, Drugs and Alcohol	June 2007	Dorchester	9

1.2 Training for Other Organisations

The project also offered the training in London to partners and to organisations outside the Development Partnership, initially with a specific

focus on drugs agencies, though this was widened. These were delivered as follows:

Course	Date	Organisations	Number of Participants
Basic HIV Awareness, Co-infection, Drugs and Alcohol	July 2007	HMP Morton Hall Phoenix-Futures Positively Women Stonham CDP Evolve English Churches Housing Group	11
Basic HIV Awareness, Co-infection, Drugs and Alcohol	July 2007	Sawin Phoenix -Futures Stonham HMP Foston Hall	10
Basic HIV Awareness, Co-infection, Drugs and Alcohol	July 2007	Stonham; Phoenix Futures; CDP	9

1.3 HMP Downview Workshop

A workshop was also held in HMP Downview. In this workshop, the project worked with six beneficiaries in the EQUAL funded Media for Development programme in January 2007. The workshop was aimed at raising awareness of HIV and sexual health and challenging discrimination. The approach of the workshop was to present stories and coverage of HIV within the mainstream press, to assess its accuracy and the ways in which it might reinforce stereotypes and increase HIV-related stigma.

1.4 Transnational Workshop

A transnational workshop was also delivered to the Kyrene transnational partnership in July 2006. The workshop addressed specific issues for women living with HIV including opportunities for small group work to examine real-life case studies. Partners from Slovakia, Poland, France and the UK attended the session.

1.5 Toolkit

The final output of the project is to be a toolkit. The toolkit will incorporate the training materials which were developed as part of this project. Initially it had been envisaged that the toolkit would be designed enable non-HIV specific organisations to run the training themselves. However, following analysis of the feedback from the courses, it became clear that having HIV positive women delivering the training had a significant impact on participants and that it clearly helped challenge preconceptions about positive women and disclosure. It was decided therefore that the aim of toolkit should be developed with a focus on enabling other women living with HIV to deliver the training. It was felt that this would be both empowering and provide an effective vehicle for challenging HIV-related stigma. This was still in development as this report was being written and is expected to be completed in August 2007.

2.0 Development of the Training

Positively Women had an existing training programme which they had developed for use with HIV-specific organisations nationally. However, for many service users, it was felt that HIV might not be the overriding issue for which they would engage with support services - these might, for example, be substance misuse, housing support, resettlement or rehabilitation services or numerous other types of support. Rather than developing new projects specifically targeting women living with HIV, the project sought to develop via its training and other activities, mechanisms to integrate the support needs of women living with HIV within existing mainstream services.

In developing training for non-HIV specific organisations, it was envisaged that this would enable support to reach women facing multiple disadvantage for whom HIV was not necessarily the predominant reason for seeking help from services. In this way, the project hoped to achieve more support for women presenting to other agencies. There was no existing provision of training for groups and organisations to support women living with HIV within their existing structures.

Research amongst Positively Women's service users had revealed that most service users would be reluctant to disclose their status to service providers or employers because of fear of discrimination. It was likely that this fear could therefore prevent HIV positive women from accessing services that might be of use to them.

In order to design training that met the needs of the partner organisations, Positively Women drew on their existing knowledge of effective training, their own research with service users. They also conducted a needs assessment with their target partners in which organisations were asked to indicate what aspects of training would be most useful to them. A copy of this training questionnaire is included at Appendix 2.

The responses of the training needs questionnaire sent to Stonham indicated that there was a requirement for Basic HIV Awareness training but that, since many Stonham workers work with service users who have drug/alcohol support needs that this would also be a requirement for some projects. As previously stated, the South West region of Stonham also expressed a requirement for training with an emphasis on the issues for African communities.

The resulting training programme was a flexible, modular structure with components that could be delivered to meet the needs of the participants.

The training itself used a mixture of methods, including presentations, group exercises, DVD and question and answer sessions. The training was delivered by two presenters, both of whom are HIV positive. The approach taken by Positively Women was for delivery to be led by an experienced presenter

mentoring a volunteer. In time, it is envisaged that the volunteer will become the lead presenter, mentoring a less-experienced volunteer.

Copies of the objectives of the training courses can be found at Appendix 3 and Appendix 4. Copies of the slides from the training courses are available at Appendix 5 and 6.

2.1 Development of the HMP Downview Workshops

These were developed following discussions with Media for Development during 2006 and in principle agreement was reached to run a session with beneficiaries of the Media for Development project in HMP Downview. The workshop was developed to use a mixture of techniques to engage the beneficiaries, including exercises looking at recently published articles on HIV and a second group work exercise in which the group looked at what they would need to consider in writing a magazine article interviewing a woman living with HIV. A copy of the workshop objectives can be found at Appendix 7 and the training programme at Appendix 8.

3.0 Participation and Engagement

The project initially hoped that engagement with the Positively Women training course would be a requirement of all of the DP partners, since working with HIV positive women was seen a major objective of the DP. Initial discussions were held with numerous organisations with a view to delivering training courses to them. Meetings were then held with a number of the DP partner organisations who had responded to the initial contact, including Red Kite Learning and Media for Development. Unfortunately Red Kite Learning were not in a position to participate at the time. The contact with Media for Development led to an agreement to run the HIV and Media workshop with beneficiaries at HMP Downview. Engagement with the main partner, Stonham was initially difficult as Stonham underwent a major organisational restructure which involved changes in key personnel. However this was resolved during 2007 and the training needs assessment described above led to engagement from a number of Stonham projects.

4.0 Impact of the Project

4.1 HIV Awareness Training: Stonham

The half day and full day sessions of the training were observed. In both cases, the training was found to be well-paced with an appropriate and engaging mix of activities. The aims and objectives of the training were clearly articulated and matched the needs of the participants. The formal presentations were informative and pitched at an appropriate level and there was ample opportunity for participants to ask questions and to contribute and share their own experiences. The trainers' disclosure of their own HIV status was particularly powerful in re-iterating the messages from the section of the training relating to disclosure. Both trainers were clear and effective communicators who held the attention of the participants very well. The training was well organised and although a lot of material was covered - particularly in the half day session - the timings were well controlled and all aspects of the training were covered. The atmosphere in both training courses was relaxed and inclusive and the trainers encouraged all participants to take an active part in the training. The group exercises were interesting and engaging and participation in both cases observed was very high. The level of discussion in both groups was animated and interested. Participants reflected throughout on their own experiences and on how they would potentially use what they had learned. Participants were given useful materials to take away which included the formal presentations and signposting information to HIV services. The following section looks at the direct feedback from participants via their evaluation sheets and in telephone interviews.

The training was consistently well received by all of the participants and the evaluation forms completed at the end of the training showed an exceptionally high satisfaction with all aspects of the training. The graph below shows the average scores for quality of facilitation, quality of materials and course

content (out of a maximum of 5) across all the training courses delivered.

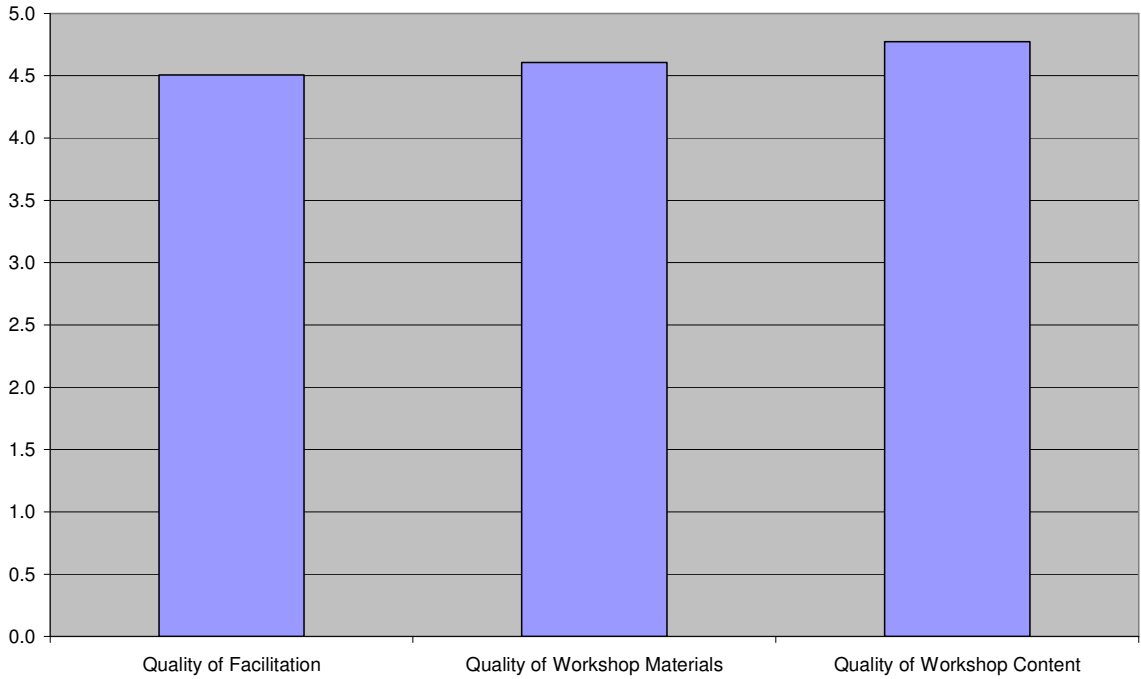


Figure 1: Average scores from Training Evaluations

The following graph shows average scores (out of a maximum of 10) of participants' understanding of issues around HIV prior to the training and after they had completed the training. This clearly shows a marked and significant increase in awareness of all the issues following attendance at the training

course.

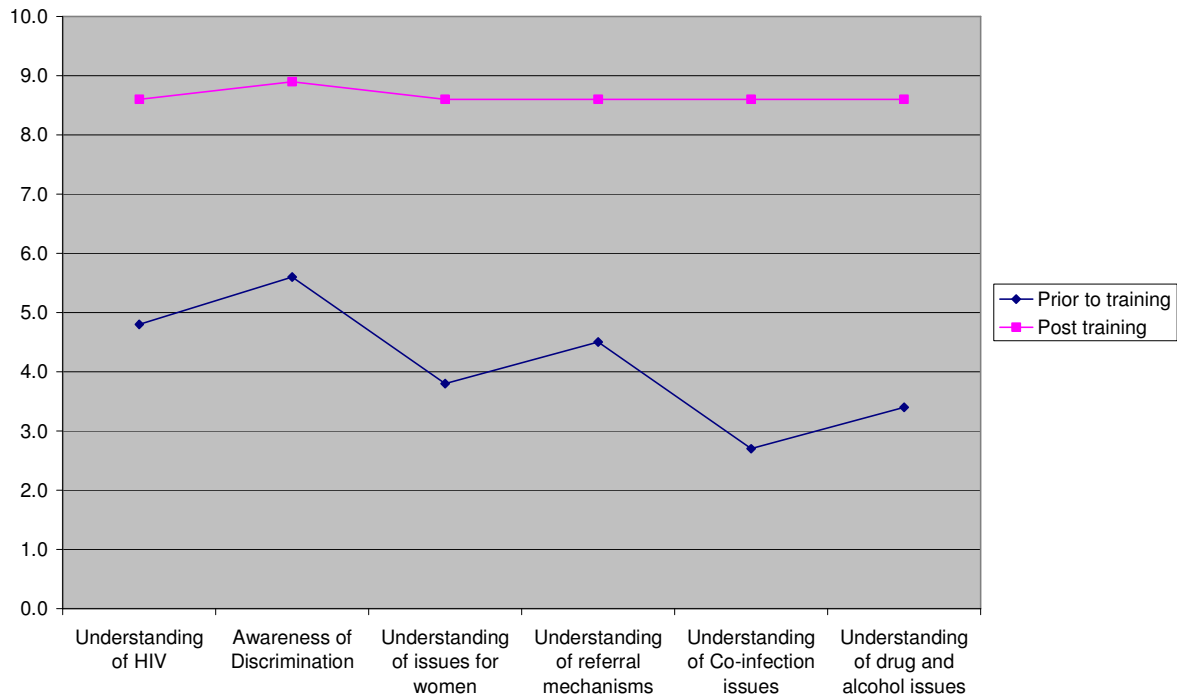


Figure 2: Average scores of participants' awareness of issues pre and post attendance at training

This response was borne out by the comments on the evaluation sheets and in the telephone interviews conducted with a sample of participants on the training course. All of the sample of participants interviewed found the training to be excellent and all commented on the quality of the trainers and the training materials. The comments from participants below clearly support these findings:

Given me an excellent understanding of the issues surrounding HIV

Training Participant: Surrey

Great training day and brilliant trainers

Training Participant: Oxford

Have learned a lot today and cleared up a lot of myths attached to people with HIV; was good to hear from someone with personal experience of HIV

Training Participant: Cornwall

[introduced to] lots of agencies I didn't know about

Training Participant: Cornwall

The honesty of the trainers in disclosing their HIV status was also particularly remarked on by participants, all of whom found it to be a particularly innovative and powerful way of underlining the messages of the training. All participants felt that they had increased their awareness of issues surrounding HIV, many expressed themselves as surprised by the level of ignorance of HIV that they had had prior to the training.

Importantly, all of the participants interviewed said that they had felt much more able to support HIV positive service users than they had prior to the training. Similarly, all felt much more informed about the HIV specific services to which they could refer their service users - and one had already referred a service user to Positively Women.

I have a much better knowledge of the issues, especially surrounding disclosure and I feel much more confident that I can support and signpost my clients.

Training Participant: Basingstoke

Even those participants who felt they had a reasonable level of HIV awareness prior to the course past found this training to be particularly useful:

I felt I had quite a good level of awareness before the training but the course brought the subject alive for me in a completely different way. The fact that the training was person-centred made it especially valuable - the information was factual but the approach was personal.

Training Participant: Cornwall

Although the participant interviews followed quite closely to the training course, there were already many examples of how the training was becoming embedded in the participants' organisations. Similarly, all the participants interviewed had shared the materials with colleagues and service users. Some had given briefings on the training at staff meetings; others had discussed it with colleagues and explored how it might be disseminated in their projects:

Ideally everyone in the region would go on the training but we have discussed what we learned at our meetings and made sure that everyone knows that we have materials available

Training Participant: Surrey

We are looking at putting it on the agenda at our team meetings to make sure we keep it front of mind

Training Participant: Hampshire

Most said that they had reflected on their own work practices in dealing with service users, especially in the light of their understanding of the difficulties around disclosure of HIV status.

I often have to place HIV positive clients in shared accommodation. I now have a much better understanding of the misconceptions of other service users and feel more equipped to challenge them now I have a much greater awareness of the issues myself.

Training Participant: Oxford

I have used what I learned already in my interaction with clients and have been able to share what I learned about HIV and sexual health.

Training Participant: Leatherhead

All participants had ensured that the training materials were held centrally and could be easily accessed by staff and service users alike.

We keep all our material centrally so anyone can access it

Training Participant: Basingstoke

The material has been circulated in the refuges for women and passed on to clients - especially in our sexual health awareness work with young people.

Training Participant:

There is clear evidence, then, that the training course has already had a significant impact in the organisations who attended it. It was always envisaged that the success of the project would be determined by an increase in awareness of participating organisations and that this would translate into a more supportive environment for service users to feel able to disclose their HIV status. The greater understanding of referral routes and the reflection of the issues surrounding disclosure in particular have enabled many participants to feel more equipped to support their service users. It is clear that, in those organisations which participated, there is enhanced capability to support HIV positive service users within non-HIV specific support services.

4.2 HMP Downview Workshops

The evaluation for the HMP Downview workshops was done as part of a group feedback session at the end of the workshop. Some clear themes emerged which indicated the increased awareness of beneficiaries in the Media for Development project of the presentation of HIV in the media. Below are a number of key points which emerged from the group training exercise and which beneficiaries felt they would take away from the training:

- The realisation that the Media does not get it right all the time
- That there have been changes in public attitudes and perceptions to HIV as opposed to before. Great improvement
- Positive approach to HIV today, the need to educate public and that the concept of HIV changed
- The session has changed my perception of what people living with HIV are like – from seeing [the trainers] Silvia and Angelina

- That Media portrayal Influences public opinion greatly
- That journalists have a duty of care to public due to the influence they have over public perceptions.
- That it is important for journalist to get facts when reporting or covering HIV articles

Group Feedback captured at HMP Downview Workshop

4.3 Transnational Workshop

The transnational workshops were similarly well received with participants stating that they had greater understanding of the issues affecting women living with HIV. Further, a Positively Women volunteer co-facilitated the session. It was the first session that the volunteer, a woman living with HIV had presented. The event thus provided an excellent opportunity for the training and mentoring of the volunteer and she was subsequently very keen to be involved in further workshops and continue to develop her skills.

The feedback from workshop participants was captured as part of the session and is reproduced in the table below:

Country	Comment
Slovakia	<ul style="list-style-type: none"> • It opened up a valid debate, as to the resources that were in this partner's country. She stated that the country only had this resource for sex workers and that people were unaware of it even being there. She found the workshop provided her with ideas to take back to her country and it was of great interest.
Poland	<ul style="list-style-type: none"> • The workshop was very interesting and that it opened up their eyes to this issue. • It is something that is not really addressed and they were going to seek to find the resources such as these identified by positively women in there own country. • One partner suggested that this could be an idea of the next round of funding within their own country to do a

Country	Comment
	project which focused on these people in their society
France	<ul style="list-style-type: none"> • Very interesting and a good discussion • Very detailed and reflected similar issues in their own country
UK	<ul style="list-style-type: none"> • I found that this workshop especially the case studies were very informative and addressed real issues that relate to women. • I came away thinking at least there is support and help for women as usually women they are the maintainer of the home and family. To include the family in the support plan must be very beneficial to them and the way that they progress through their lives.

4.4 HIV Awareness Training: Other Organisations

The HIV Awareness Training which was developed for Stonham was also extended during July 2007 to organisations external to the Development Partnership. Again, the training was consistently well received by all of the participants and the evaluation forms completed at the end of the training showed an exceptionally high satisfaction with all aspects of the training. The graph below shows the average scores for quality of facilitation, quality of materials and course content (out of a maximum of 5) across the three training courses delivered.

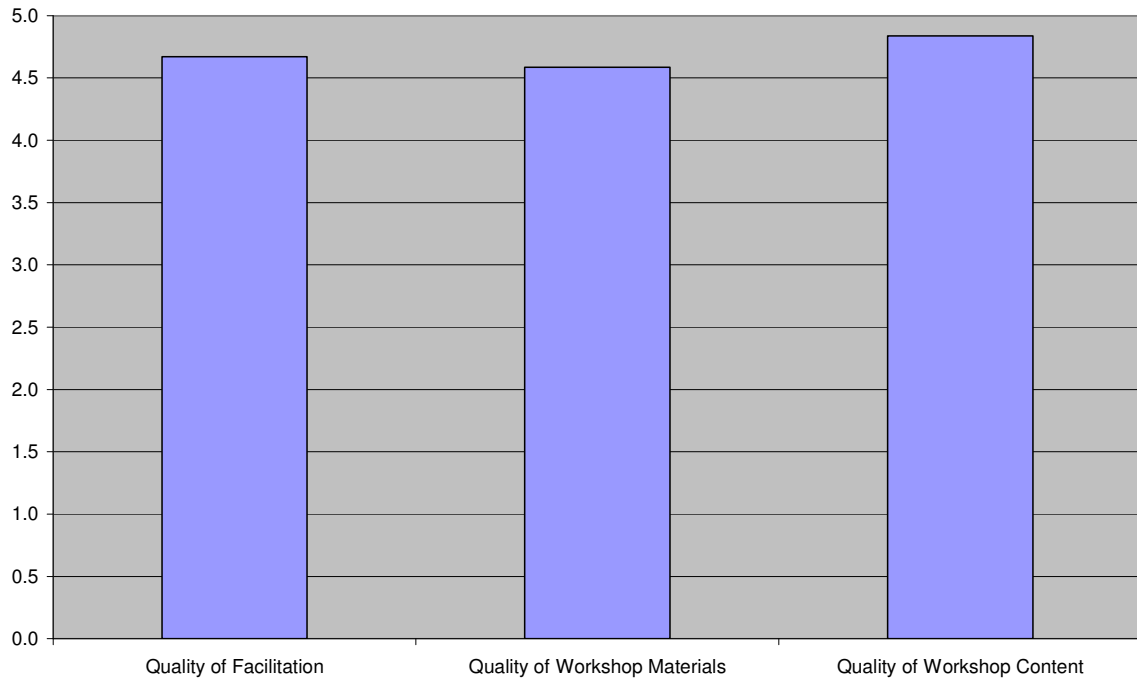


Figure 3: Average scores from Training Evaluations

The following graph shows average scores (out of a maximum of 10) of participants' understanding of issues around HIV prior to the training and after they had completed the training. Again, as with the Stonham training workshops, this clearly shows a marked and significant increase in awareness of all the issues following attendance at the training course.

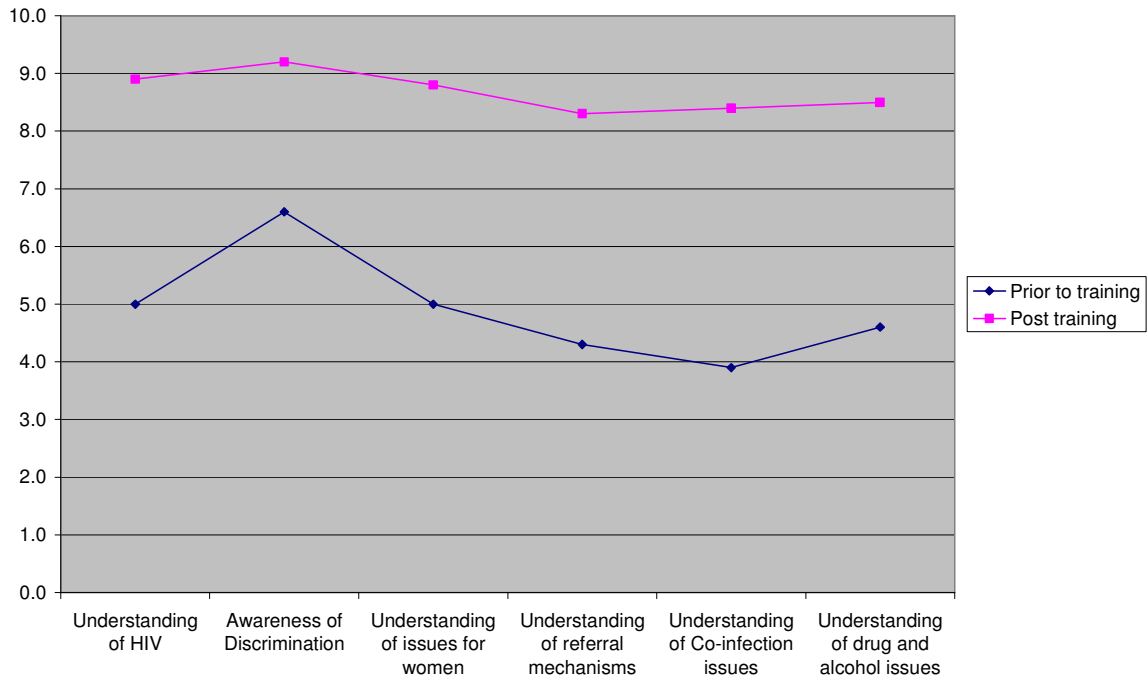


Figure 4: Average scores of participants' awareness of issues pre and post attendance at training

Again the positive evaluation scores were borne out by participants' comments on how useful, interesting and informative they had found the workshops

This was one of the most informative and interesting courses I have been on.

Training Participant: London

One participant also described finding the focus on women, particularly interesting:

When HIV is usually explained in the media usually focuses on men. Interesting to see it from female perspective.

Training Participant: London

The participants also reflected how they felt attendance at the course would be useful in work with services users in their own agencies:

Although I thought I knew most facts about HIV the workshop placed a more humane approach to how I would raise awareness/support young people

Training Participant: London

Other participants particularly raised the increase in awareness that the course had given them - particularly in relation to the issues faced by their HIV positive service users:

More familiar with how it directly affects HIV persons and problems they face everyday

Training Participant: London

Hadn't thought of some of the implications of a positive diagnosis e.g. strict medication regime, disclosure issues.

Training Participant: London

As for the Stonham workshops, participants expressed increased confidence in working with their own services users and were keen to share it more widely within their own organisations:

Feel more confident to discuss within my practice.

Training Participant: London

Now know who to refer to

Training Participant: London

A lot of information that is relevant in my field. All transferable.

Training Participant: London

I shall readily refer and relay what I have learnt to the rest of my team.

Training Participant: London

Again, it is clear from the feedback from these most recent workshops that the training had increased awareness of issues around HIV which would enable participants to better support their service users. The value placed on the training by the participants made them keen to share it more widely within their organisations thus encouraging the embedding and transferring of what participants had gained from their attendance at the training courses.

5.0 Equal Principles and Holistic Working

A specific requirement of the EQUAL projects is the incorporation of the EQUAL principles into project design and implementation. These principles being:

- partnership working
- innovation
- equal opportunities
- transnational co-operation
- empowerment
- mainstreaming

The two principles most significant for these evaluations are empowerment and innovation. The other key EQUAL principles are covered in more detail in the external evaluation of the programme, which looks at the *overall effectiveness* of the Women into Work: Moving On Development Partnership.

This section will additionally look at holistic working which, although not an Equal principle is a key theme around which the pilot projects were focused.

5.1 Empowerment

In looking at how the project has met its objectives around the principle of empowerment it is useful to look at some of the original aspirations of the project as expressed in the original tender document and revised contract outcomes and outputs. It was envisaged that empowerment would be by developing collective responsibility and capacity for organisations. Participating organisations would be empowered to build capacity to deliver services meeting the needs of women living with HIV. It was also the aim that

consultation would be undertaken with organisations to ascertain staff needs and that women living with HIV would lead the development of the training.

It is clear from the section on impact above that participants' attendance on the training courses have enabled their organisations to build capacity to deliver services which are supportive of the needs of women living with HIV. Further, all the training and workshops were delivered by women living with HIV. The ethos of empowerment through peer support was particularly evident in the empowerment of a Positively Women volunteer to be mentored to develop skills in training and presenting. Some of the aspects of the project which were felt by the project staff to be particularly empowering were:

- The challenging of assumptions about what women living with HIV are like and what they can achieve
- Project staff's increased confidence gained by being exposed to delivering training outside their accustomed world of HIV-specific organisations
- Demonstrating to participant organisations, the strengths of peer-led working

One of the project staff commented that empowerment was the ethos of the entire organisation:

[The training] is delivered by HIV positive women and it's a huge drive of the organisation that we provide these opportunities as we have with this project...Empowerment is a process...it starts with one-to-one support because you're too terrified to speak to anyone else...and you feel you're the only HIV positive woman in the world...[moving on] to group support, to volunteering then advocacy

5.2 Innovation

The innovative aspects of the project were also significant. Prior to the development of this training, there was no provision for training for groups and organisations to support women living with HIV within their existing structures. The entire project is underpinned by the innovative ethos that the provision of specialist support around HIV will enable women with multiple

disadvantages, including living with HIV to access and gain maximum benefit from non-specific HIV agencies.

Some particularly innovative aspects of the project which were highlighted by participants in the training and by project staff were:

- The preparation and delivery of the training by women living with HIV
- The 'experts' in the training environment were those directly affected by the condition
- The mentoring aspect of working with a volunteer to deliver the training and thus developing her employability
- Working with non-HIV specific organisations
- The development of flexible training materials adaptable to the training needs of the organisation
- The interactive approach to the training
- The delivery of a workshop to serving prisoners in HMP Downview

5.3 Holistic Working

This section looks at the extent to which holistic working is embedded within the project. In this project, the entire approach can clearly be seen to be holistic. The project encourages an approach which treats HIV and sexual health issues within the context of other issues, for example, housing, domestic violence, drug abuse. In building capacity in non-HIV specific organisations, the project embeds a holistic approach to meeting the needs of service users.

For many women it's not necessarily HIV that is the predominant factor [in seeking support] when they are coming out of prison so they won't necessarily come to HIV organisations but might be accessing rehabilitation projects.

Project Staff

The training itself is also holistic. The training courses and workshops do not look at HIV simply as a medical condition; they also look at all the elements of what it means to live with HIV. This was also particularly appreciated by some

of the training participants - especially in the areas of the training that looked at the issues surrounding disclosure.

5.4 Brief Discussion of Other Equal Principles

Reference has already been made to project activities that involve partnerships and joint working with other agencies, such as Stonham. As discussed, such partnerships have enabled an integration of support needs of women living with HIV within partner organisations' activities. Similarly, this has enabled the mainstreaming of such support within non-HIV specific organisations. The creation of the toolkit will also support such mainstreaming activity.

The Equal principle of transnationality has been discussed earlier in the report and has clearly been evidenced in the delivery of the transnational workshop which addressed specific issues for women living with HIV with partners from Slovakia, Poland, France and the UK.

The final Equal principle is Equal Opportunities which underpins the entire ethos of the project. The principle also relates to the internal employment practices of the organisation and their adherence to their organisational Equal Opportunities procedures. No concerns were raised in this regard in the course of this evaluation.

6.0 Conclusions

6.1 Major Successes of the Project

This section draws upon the responses and experiences of project staff, of participants in the training courses and workshops, and of the evidence examined on project activities to give an overview of what they considered to be the main successes of the project. These are indicated below:

- The embedding of the training within partner organisations such that the organisations feel confident in supporting HIV positive women beyond the life of the project

- The raising of awareness with organisations who would not normally have thought about HIV; embedding HIV awareness within these organisations
- The increased awareness of organisations within the DP and the development of policies within DP partner organisations
- The evidence of HIV positive service users' referral from organisations who had received the training
- The increased understanding of participants of the issues around disclosure and the difficulties associated with disclosing
- The creation of organisations who are equipped to support people who are HIV Positive
- The increased amount of signposting materials in participating organisations building a sense in service users that the organisations they are working with are supportive of people living with HIV

6.2 Major Barriers

This section examines the major barriers that the projects have encountered and again draws upon the experiences of project staff.

- The bureaucracy associated with Equal funded projects makes it difficult for small organisations such as Positively Women to be involved
- It was difficult to get the training off the ground initially. It had originally been hoped that involvement with Positively Women would be a requirement of all DP partner projects. However, it proved difficult to engage partners.
- The organisational restructure of the main partner, Stonham meant further delays in being able to organise the training
- A more central drive/encouragement of partners to become involved was envisaged
- Getting to the right people within organisations was problematical. People were enthusiastic when found but proved difficult to get to the right person
- The delays to the projects leading to the truncation of what was delivered and the loss of one to one support and peer mentoring aspects

- The training was undertaken in a short timescale and put a lot of pressures on the trainers
- The delays and restructuring of the programme, as described earlier meant that there was a smaller number of DP partners to work with

6.3 Recommendations

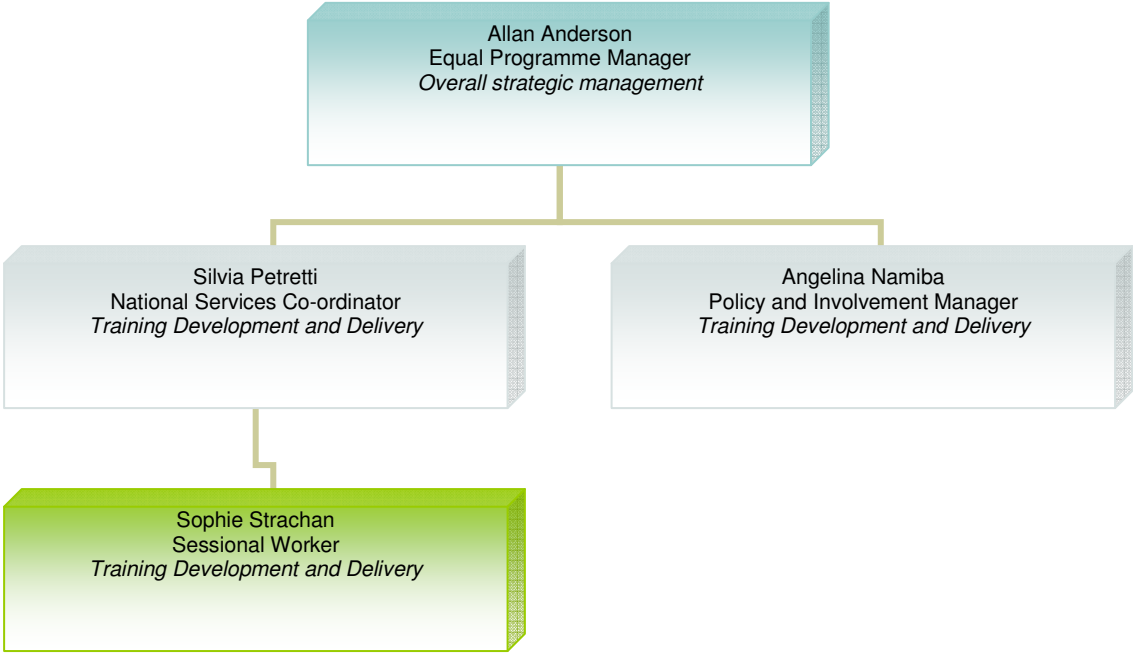
- The project has established a clear need for this type of training to be available within non-HIV specific organisation and the creation of the toolkit will enable this kind of support to be delivered beyond the life of this project
- Considerable learning has been gained about the needs of non-HIV specific organisations for this kind of training and this should be reflected in the design of the toolkit; it would be helpful if the experiences of the trainers about how to facilitate the interactive sessions were also captured
- Although the peer support and mentoring aspects of the project were discontinued as described above, the clear signposting back to Positively Women in the referral sources of the toolkit will encourage and support this activity within the existing Positively Women organisational framework
- The creation of the toolkit may be considered to provide a model for Positively Women and other DP organisations to disseminate training to a wider audience than would otherwise be reached.

6.4 Conclusions

This evaluation has shown that the project has been successful in supporting staff in organisations within the DP and beyond in developing mechanisms and systems to integrate the support needs of women living with HIV within their mainstream activities thus enabling women facing multiple disadvantages, including living with HIV to access and gain maximum benefit with contact from non HIV-specific agencies. The project has had demonstrable successes in achieving the delivery and embedding of HIV Awareness training within the partner organisations it has worked with. The project has been entirely positively received by those who participated and feedback has shown that

there is clear evidence of the success of the holistic and innovative approach in embedding HIV awareness in non-HIV specific organisations. Although the project delays have meant that the evaluation has followed closely on the delivery of the project's activities, there have already been examples of partner organisations creating a more supportive and HIV-aware environment for their service users. The materials from the training courses and other activities have been widely disseminated and it is envisaged that this will be helped by the creation and dissemination of the toolkit when it becomes available in August - thus enabling even greater mainstreaming of HIV support within non-HIV specific organisations.

Appendix 1: Project Management/Structure



Appendix 2: Training Needs Questionnaire



Training Questionnaire

Positively Women

Positively Women is the only national charity working to improve the quality of life of women and families affected by HIV and AIDS; providing specialist support, enabling women to make informed choices and challenging stigma and discrimination. The organisation began as a self-help group, formed by women living with HIV in 1987, publicising itself by placing hand-drawn posters in clinics and hospitals. Growth in service users led to Positively Women becoming a registered charity in 1992. Throughout this period, Positively Women has retained its original ethos of support *for* women living with HIV provided *by* women living with HIV. Services include: one-to-one and group support; specialist support for parents and children; training and volunteering opportunities; mentoring to involve HIV positive women in local and national policy making; information via our website, newsletter and workshops. The organisation has over 1,000 active service users from around the UK.

Training

A central part of Positively Women work focuses on supporting women in accessing more supporting services and returning to work or education. From research we conducted among our service users it was revealed that most of our service users wouldn't disclose their status to service providers or employers because of fear of discrimination. This fear could prevent them accessing services that may be helpful to them or even applying for a job or further education.

In order to make service providers more aware of the needs of women living with HIV Positively Women has developed a series of workshops.

Training will be delivered through a combination of presentations and group exercises. It is therefore recommended that the group have between 6 – 12 participants. If you have at least 6 staff members who would be attending the training we will be happy to deliver it at your premises. Otherwise we will conduct the trainings at our offices in London.

All training sessions would be led by a member of Positively Women Staff who is also HIV positive, thus able to offer their personal experience of living with, and managing an HIV diagnosis.

Please fill in the following brief questionnaire in order to identify in which area(s) you are interested in receiving training.

1. The name of your organization

2. Contact email address

3. Contact telephone number

- None – all volunteers**
- 1 - 5**
- 6 - 30**
- 30+**

5. Which London Borough or region do you work in?

6. Which area of training would interest your organization?

- Basic HIV awareness** – What is HIV? Routes of transmissions, medical monitoring and treatment.
- Co-infection of HIV with Hep B and C** – Implications for treatment and health management.
- Issues for women living with HIV** – Understanding the complex social issues that women living with HIV have to deal with.
- Issues for women living with from African communities** – Understanding the complex cultural and social issues faced by African women living with HIV.

- Managing health and HIV medications** – When to start or change HIV treatment, side effects, treatment in pregnancy and for children, self management tips.
- HIV and Drugs/Alcohol**
HIV treatment and drugs interaction as well as social issues for women who live with HIV and an addiction
- HIV within the prison system** - Issues for HIV+ women in prison and support available while in prison and on release
- Disclosure of HIV status** – Disclosure of HIV status is a very difficult issue for all HIV+ women. Training will focus on the implications of disclosure within different contexts.

Once questionnaires have been returned we will contact you to arrange a date for the training.

Thanks for completing our training questionnaire please return it to:

Silvia Petretti
Positively Women
347/349 City Road,
London EC1V 1LR

Spetretti@positivelywomen.org.uk

Appendix 3: Basic HIV Awareness Training: Aims and Objectives



BASIC HIV AWARENESS TRAINING

Aims of the training:

- Develop an understanding of basic medical facts around HIV.
- Increase awareness of the consequences of stigma and discrimination on day to day living with HIV.
- Enhance understanding of complex issues for women living with HIV.
- Looking at supporting strategies and useful referral mechanisms for people living with HIV.

Positively Women

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Training

A central part of Positively Women work focuses on supporting women in accessing more supporting services and returning to work or education. From research we conducted among our service users it was revealed that most of our service users wouldn't disclose their status to service providers or employers because of fear of discrimination. This fear could prevent them accessing services that may be helpful to them or even applying for a job or further education.

In order to make service providers more aware of the needs of women living with HIV Positively Women has developed a series of workshops. Training will be delivered through a combination of presentations and group exercises. It is therefore recommended that the group have between 6 – 12 participants.

All training sessions would be led by a member of Positively Women Staff who is also HIV positive, thus able to offer their personal experience of living with, and managing an HIV diagnosis.

Appendix 4: HIV, Drugs and Alcohol and Coinfection with Hepatitis: **Aims and Objectives**



HIV, DRUGS AND ALCOHOL AND COINFECTION WITH HEPATITIS

The training will include two sessions. In the morning it will focus on BASIC HIV AWARENESS; the afternoon will be dedicated to an in-depth look at HIV, DRUGS AND ALCOHOL AND COINFECTION with HCV.

Aims of the training:

- Develop an understanding of basic medical facts around HIV and coinfection with HCV.
- Increase awareness of the consequences of stigma and discrimination on day to day living with HIV.
- Enhance understanding of complex issues for women living with HIV; including women with addictions to drugs and/or alcohol.
- Looking at supporting strategies and useful referral mechanisms for people living with HIV and coinfection with HCV

Positively Women

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Appendix 5: Basic HIV Awareness Training Materials

Slide 1

POSITIVELY WOMEN
living with HIV... changing lives

HIV AWARENESS TRAINING

Silvia Petretti & Sophie Strachan


Equal 

Slide 2

POSITIVELY WOMEN
living with HIV... changing lives

THE BASICS

- **HIV**
Human Immunodeficiency Virus
- **AIDS**
Acquired Immune Deficiency Syndrome

Equal 


Slide 3

POSITIVELY WOMEN
living with HIV... changing lives

HIV Transmission

How is HIV transmitted?

- Unprotected sexual intercourse
- Sharing injecting equipment
- Infected blood transfusion or other blood product
- Mother to baby

Equal 


Slide 4

POSITIVELY WOMEN
living with HIV... changing lives

HIV Transmission

For HIV transmission to occur 3 conditions need to apply:

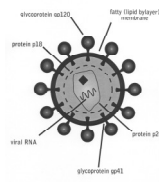
- Live virus in a contaminated body fluid or body tissue
- Sufficient Quantity of Virus Present.
- Virus gets into the body of the uninfected person through an established route of transmission.

Quantity, Quality and Route **Equal** 

Slide 5


POSITIVELY WOMEN
living with HIV... changing lives

HIV Virion



HIV is a virus. A virus is a microscopic germ that is unable to reproduce by itself. Instead viruses need to find and infect a cell that will act as a host in which new viruses can be made.

HIV is surrounded by a fatty membrane. When HIV is outside the body, anything that breaks down fats, such as heat, friction, detergents or bleach, will destroy it.


Equal 

Slide 6

POSITIVELY WOMEN
living with HIV... changing lives

The Immune System

- The Immune system protects the body against foreign objects
- The first line of defence is constituted by: skin, respiratory system, digestive system, reproductive and urinary system
- The second line of defence is constituted by immune cells


Equal 

Slide 7

POSITIVELY WOMEN
living with HIV... changing lives

The Immune System

- In adults, immune cells are produced in the bone marrow
- Immune cells circulate in blood and lymphatic vessels
- Immune cells are able to leave blood and travel into body tissue

Equal 


Slide 8

POSITIVELY WOMEN
living with HIV... changing lives

The Immune System Managers CD4 cells

- CD4 cells coordinate the immune system
- HIV uses CD4 cells as hosts
- HIV destroys CD4s cells and transforms them in factories for more HIV

When HIV destroys CD4 cells the immune system is disrupted


Equal 

Slide 9

POSITIVELY WOMEN
living with HIV... changing lives

Stages of HIV Infection

- CD4 count of HIV-negative men: between 400/1200/mm3
- CD4 count of HIV-negative women: between 500-1600/mm3
- **CD4 count 500 or above:** Asymptomatic Infection
- **CD4 count between 200 and 500:** Symptomatic Infection
- **CD4 count less than 200:** Opportunistic infections and Aids diagnosis

Equal 

Slide 10

POSITIVELY WOMEN
living with HIV... changing lives


Medical Monitoring

CD4 count Test:

- It does not measure the actual number of cells in the body, rather the number of CD4 cells circulating in the blood sample (a cubic millimetre or mm³).

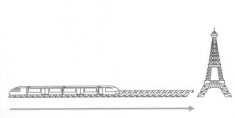
Viral Load:

- It is the amount of HIV RNA (HIV's genetic material) circulating in a *millilitre* of blood. Viral load tests can measure a range from below 50 copies to over 1 million copies.

Equal 


Slide 11

POSITIVELY WOMEN
living with HIV... changing lives



Imagine HIV is a train heading to Paris.


The time the train will arrive depends on both the speed of the train (viral load), and the length of the track left before Paris (CD4 count).

Equal 

Slide 12


POSITIVELY WOMEN
living with HIV... changing lives

Anti-HIV Treatment



- The aim of HIV treatment is to lower Viral Load to an undetectable level and to raise the number of CD4 cells.

THERE IS NO CURE FOR HIV

Equal 

Slide 13

POSITIVELY WOMEN
living with HIV... changing lives

Information only for HIV-positive people

drug chart

The screenshot shows a 'drug chart' interface with a grid of medication cards. Each card includes a name, a small image of the medication, and some text. The 'Equal' logo is visible in the bottom right corner.

Slide 14

POSITIVELY WOMEN
living with HIV... changing lives

Antiretrovirals (ARVs)

- There are five main types of antiretroviral drugs.
- Each class of drugs attacks HIV in a different way.
- Generally drugs from two (or sometimes three) classes are combined.
- It is vital to take HIV treatment as prescribed.

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Slide 15

POSITIVELY WOMEN
living with HIV... changing lives

Resistance

- Resistance develops when HIV continues to reproduce while anti-HIV drugs are being taken.

The diagram shows a graph with a horizontal line representing the drug threshold. The virus level dips below the line but then rises above it again, indicating that the virus is still reproducing despite the presence of drugs.


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Slide 16

POSITIVELY WOMEN
living with HIV... changing lives

RESISTANCE

- HIV resistant to one drug may also be resistant to other drugs which you haven't taken yet.
- Resistant strains of HIV can be transmitted

Equal 


Slide 17

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BHIVA (British HIV Association) Guidelines

Starting Treatment:

- Who has symptoms of HIV disease
- Who has a CD4 count below 200, regardless of viral load
- Who has a CD4 count between 200 and 350 if viral load is high, CD4 falling rapidly, has symptoms or is co-infected with Hep C

Equal 


Slide 18

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BHIVA (British HIV Association) Guidelines

When to change treatment:

- Treatment not suppressing viral load completely.
- Intolerable side-effects, or finding adherence difficult.

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Appendix 6: HIV Drugs And Alcohol And Co-Infection - Training Materials

Slide 1

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**DRUGS & ALCOHOL
HIV & HCV COINFECTION**

Silvia Petretti & Sophie Strachan


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Slide 2

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AGENDA

Quiz	15 mins
Presentation	40 mins
Break	10 mins
Case studies	35 mins
Closure and evaluation	15 mins


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Slide 3

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DRUGS & HIV: DOWNERS

- Heroin
- Opium Derivates: morphine, opium
- Methadone
- Barbiturates


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Slide 4

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HIV AND DRUGS: COMMON SUBSTANCES

- Alcohol
- Cigarettes
- Cannabis


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Slide 5

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DRUGS AND HIV: UPPERS

- Cocaine
- Crack
- Amphetamine


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Slide 6

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DRUGS AND HIV: PARTY DRUGS

- Crystal Meth
- Poppers
- Ecstasy
- LSD
- Ketamine


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Slide 7

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DRUGS, ALCOHOL & HIV: CONCLUSIONS

- Nobody can ever be sure of the composition of illegal street drugs and how they are going to interact with ARV's
- People who use drugs should discuss they drug use with the doctor so that they can find a combination therapy least likely to interact.
- Alcohol and Illegal drugs – as well as ARVs- are processed by the liver and can cause liver damage


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Slide 8

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THE LIVER

- Filtering Chemicals
- Storing vitamins, minerals and iron
- Converting nutrients into energy
- Helping to regulates levels of sugar and hormones
- Producing colesterol
- Creating bile (necessary for digestion)
- Creating clotting factors (stop bleeding)


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Slide 9

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HCV

- Blood borne virus (much more infectious then HIV)
- Between 15-45% people will clear it
- 80-55% will develop chronic HCV
- Very slow progression 20-40 years
- About 20-30% people with chronic untreated HCV will develop cirrhoses
- There is a cure for HCV (...but it doesn't always work...)

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Slide 10

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EFFECTS OF HIV ON HCV

HIV accelerate HCV progression


In the era of ARVs end stage liver disease is the leading cause of death among HIV+ people in the developing world.

EFFECTS OF HCV ON HIV

HCV does not worsen HIV

HCV makes HIV treatment more complicated

Coinfected people have more liver related side-effects.


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Slide 11

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MONITORING OF HCV

- Liver functions
- Genotype
- Viral load
- Liver scan
- Liver biopsy
- Fibroscan


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Slide 12

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TREATMENT OF HCV/HIV

- Only one HCV treatment Pegylated Interferone and Ribavirin.
- HIV treated first if CD4 count is below 200 or between 200-350
- Somebody with a good CD4 count (>500) may not need to treat HIV first
- Establish need of treatment HCV
- Willingness to be treated
- It is best not to start both treatments at the same time


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Slide 13

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Response rates to treatment

HCV undetectable after 6 months (SVR)	HCV monoinfection	HIV/HCV
Overall	56-61%	27-40%
Genotype 1	42-44%	14-29%
Genotype 2 and 3	70-82%	Up to 73%


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Slide 14

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SIDE EFFECTS

- Depression, Anxiety, and other psychiatric side effects
- Flue like symptoms
- Weight Loss
- Fatigue
- Anaemia, neutropenia and thrombocytopenia
- Women must not get pregnant


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Slide 15

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MANAGEMENT OF SIDE EFFECTS

- Close monitoring
- Antidepressants
- Drinking plenty of water
- Counselling
- Support networks
- Birth control
- Other drugs to control nausea/lack of appetite etc.


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MANAGEMENT of HIV/HCV

- Stop/ reduce alcohol & drugs intake
- Healthy eating
- Rest and Exercise
- Reduce stress
- Complementary therapies
- Support Groups/Counselling
- Treatment


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Slide 17

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CONCLUSIONS

- People who live with coinfection have to deal with a very complex medical condition
- People using drugs and alcohol and living with HIV and HCV may experience a lot of stigma and discrimination; including accessing health services.
- Decisions around treatment of coinfection are very difficult and a lot of support is needed,

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Appendix 7: HMP Downview - Workshop Objectives

POSITIVELY WOMEN

living with HIV ... changing lives

HIV and the Media Workshop – Downview Prison – 26 January 2007

About Positively Women

Positively Women is the only national charity working to improve the quality of life of women and families affected by HIV; enabling women to make informed choices and challenging stigma and discrimination.

All direct support is carried out by women who are themselves HIV positive and therefore have personal experience of the social and health implications of living with the virus. Positively Women often provide the first point of contact for a diagnosed woman with other HIV positive women. As well as offering emotional and practical support, staff are a clear demonstration that HIV positive women can continue to work and live fulfilled lives with HIV.

Workshop Objectives

- Participants to gain an understanding of the impact media reporting can have on either re- enforcing or challenging the stigma around HIV
- Participants to begin to develop a comprehensive approach to HIV reporting
- Participants to enhance their knowledge around accessing accurate information on HIV information including uptodate facts and figures

The workshop will last for last for approximately 2 hours (9.30-11.30) and will include group work and feedback sessions.

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EUROPEAN UNION
European Social Fund

Appendix 8: HMP Downview Workshop - Agenda

POSITIVELY WOMEN

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HIV and the Media Workshop – Downview Prison – 26 January 2007

Agenda

- **Welcome and Introductions** – SP; AN; PW (AN)
- **Ice breaker** - Film star! (AN)
- **Group work** - **Getting it wrong** (SP)

Looking at articles about HIV recently published

What is the impact on people living with HIV?

What is the impact on the general public?

What action is likely to follow?

How will this impact on behaviour and public health?

- **Feedback**

Break

- **Group work** - **Getting it right** (SP)
You have been asked to write an article for a magazine.
M is a woman living with HIV who has agreed to be interviewed for your article.
Group to feedback on how you would write the article, considering
 - What 3 messages do you want the article to cover?
 - How would you approach M
 - What questions would you ask her?
 - What other information would you put in the article?
- **Feedback**
- **Group evaluation** - **Flipchart** (AN)
What 3 things are you taking away from today?

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