

African Health Project

*Evidencing a Model of Working with
HIV Positive African People in Glasgow*

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Executive Summary

Background

In 2004, Waverley Care began providing support to Africans living with HIV in Edinburgh as a response to an identified gap in services at the time. Two years later, NHS Greater Glasgow and Clyde commissioned the African Health Project to respond to the needs of Africans living with HIV in Glasgow and to raise awareness within these communities.

In addition to support for Africans living with HIV, the project also delivers sexual health and HIV prevention within the wider African community. The community based work has required the need to take account of the broader health and social concerns of Africans living in Scotland.

Although there has been great progress in terms of HIV prevention and support for people living with HIV/AIDS worldwide, including Scotland, the number of newly infected people still represents a public health concern for the Scottish Government (Scottish Government, 2015), particularly among African communities (Zirra & Zimunya, 2015). The emergence of Africans as a community of significant numbers is relatively recent in Scotland. The 2011 Census showed that 30,600 people identified as African, a more than fourfold increase compared with 2001 (Scottish Government, 2014). The African community represents approximately 0.6% of the total Scottish population but continues to be disproportionately affected in terms of new HIV infections (Zirra & Zimunya, 2015). In Scotland, 2.58% of the black African population is receiving HIV treatment and care (NAT, 2014).

Service development for African communities has mainly been secured by third sector organisations. Since 2006, Waverley Care's African Health Project has focussed on developing a service that meets the needs of African communities. This report aims to explore what has worked in the delivery of that service. Additionally, this report aims to evidence the approaches used by African Health Project staff when providing information, care and support to HIV positive African people.

Methodology

A qualitative perspective of methodology was used, supported by a descriptive phenomenological method. Semi-structured interviews were conducted to collect data. A purposive sample strategy was composed by six members of staff from Waverley Care's African Health Project. Data was analysed under a simple thematic approach and followed all the steps as stated by Braun & Clarke (2006).

Findings

Three main themes have emerged from the findings, which have been further classified into sub-themes:

Challenging issues for staff

- Stigma
- Immigration/asylum seeker/refugee status of clients
- Poor English language skills
- African culture and religious attitudes toward sexual health
- Generating evidence to sustain project funding

Africanisation¹ of staff

- Diversity of African nationals working as staff, supporting HIV positive African people
- Constantly shifting approach to engage with HIV positive Africans
- Partnership/collaborative work with other organisations, particularly with faith leaders

Job satisfaction factors

- The gradual change of African community attitude toward HIV and sexual health
- Progress toward clients' confidence, capacities, skills and trust building
- Supportive managers and colleagues to talk and share experiences with

Conclusion

The findings suggest that, although African Health Project staff are faced with a number of challenging issues in their work with HIV positive African people in Glasgow, they appear to be well equipped and resilient in overcoming the majority of barriers identified. Furthermore, the approaches used by Waverley Care are suitable for their particular service user needs and cultural background. Africanisation of staff seems to be the main approach used by staff and the key resource in their resilience in working with HIV positive African people.

1 Africanisation of staff is a title that emerged from the interview transcript, and refers to the diversity of African nationals working with HIV positive African people in Glasgow.

Sample comments from staff interviews

The following excerpts are taken from interviews with African Health Project staff and are indicative of the general themes which emerged during the research:

“Immigration Law is changing so much that ... we are seeing this problem affecting people ... because they don't have papers, they are driven into isolation ... And we have to go home visit, so our work is extended”

“The majority of our service users are asylum seekers and refugees and they have got many issues with immigration, that takes the priority for them rather than their health condition”

“When I came to this country my English was not very bad ... but ... some people do not speak a word in English, so I can just imagine how tough it is for them to start their life here”

“Issues around sexuality and gender impact amongst Africans ... we also realised that there were different issues for men and women in the community ... We decided to split the roles into male and female project workers to cover both community issues”

“It's evidence that brings more funding ... Some of the evaluation for projects have been a challenge in terms of how we evidence that there has been success, in terms of impact ... We can't always give people what they expect us to give them ... So when we ask people to evaluate our service, they say: 'what did you think?' It is like wasting their time”

“I think stigma is a huge issue. Stigma is a reason for not testing ... People say 'why are you talking to me about HIV? You think I have HIV?' ... Even in posters, people didn't like posters with Africans on them ... GPs would say, 'you know, it's good, it's inclusive to have images like that' ... So we have to shift how to approach things...”

“Often people look at Africa as a big continent and they say 'Africans'. It's not; it's like saying Europeans; Europeans are not the same... Our staff team is such that people are in touch with different cultural communities ... A service user who is from Eritrea we try to match them to have support from staff from that region, so that they feel they are at home”

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