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 in the particular 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 support and prevention of people living with HIV/AIDS worldwide, including Scotland (World Health Organization, 2015), the number of newly infected people still represents a public health concern for the Scottish Government (Scottish Government, 2015; Health Protection Scotland, 2016), 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. The African community represents approximately 0.6% of the total Scottish population but continue to be disproportionately affected in terms of new HIV infections (Zirra & Zimunya, 2015). HIV prevalence amongst Africans in Scotland is estimated to be 2.1%, which is higher than the UK average of 1.8% (Health Protection Scotland, 2016).

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
- Africanisation[7] 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.

[7]Africanisation of staff is a title that emerged from the interview transcript, and means the diversity of African nationals as staff working with diversity of 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 people on it…. 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"

Chapter 1: Introduction

1.1. Study Rationale

HIV in the UK continues to rise with MSM and black Africans the groups most affected. Health Protection Scotland's quarterly report to end March 2016 estimates that there are currently 6,158 persons living in Scotland who have been diagnosed HIV-positive.

Africans as a community of significant numbers is relatively recent in Scotland. The 2011 Census showed that 29,000 people identified as African, a more than fourfold increase compared with 2001.This increase is the result of the natural movement of people to work, study or visit and the movement of refugees within the UK. Scotland's cities showed the biggest increase, with the African population in Glasgow growing from 2,000 to 14,000.

Africans are disproportionally affected by HIV in Scotland; as at 31st December 2015 there were 986 individuals living with HIV in Scotland who identified as black African, with a further estimate of 404 who are undiagnosed (based on the HPA estimates for Africans living outside of London at 41%). In Scotland 1 in every 802 people is living with HIV and 1 in every 21 Africans is living with HIV.

People living with HIV face a number of physical, emotional and social challenges to do with living with a chronic long-term and highly stigmatised condition. In addition, many people experience multiple discrimination because of their sexuality, ethnicity or lifestyle. They are disproportionately affected by poverty due to both poor health and social disadvantage. This may be compounded by addiction, immigration issues and destitution. All of this can undermine people's confidence and skills in engaging with everyday life and can leave them isolated and excluded. African asylum seekers and refugees affected by HIV may be particularly marginalised, as they face financial and emotional pressures linked to restrictive immigration and asylum policies, inequalities in access to welfare, health and social care services, racial discrimination and wider narratives of social exclusion.

Greater Glasgow and Clyde is the NHS board area with the highest number of people living with HIV (1,569 at the end of June 2016). For the last ten years NHSGGC has had the most diagnoses of all of the Health Board areas in Scotland. The main route of transmission is sexual intercourse and over 70% of all heterosexual transmission occurred in sub-Saharan Africa.

Waverley Care has been delivering sexual health and Blood Borne Virus services to Africans in Scotland since 2002 and has been managing an African Health Project since 2004. The project currently has ten staff providing services in the NHS board areas Greater Glasgow and Clyde, Lothian, Forth Valley, Lanarkshire and a National Faith and Health post. The work includes support to Africans living with HIV as well as sexual health and HIV prevention with the larger African community. The community based work has required the project to take account of the broader health and social concerns for Africans living in Scotland. This is because sexual health and HIV are most often not the priority for Africans and because HIV has been a highly stigmatised condition within the community. There are a number of health and social issues and challenges facing Africans living in Scotland; these include employment, housing, immigration, mental health, primary health, isolation, gender, generational and cultural tensions and discrimination. Barriers to accessing services and support include not knowing what is available, not being confident about how to access what is available, and poor experiences of accessing services.

The Scottish Government Sexual Health and Blood Borne Virus Framework Update 2015-2020 identifies that the “Third Sector remains a critical partner supporting the implementation of the Framework, working with people on broader, holistic prevention and support issues beyond clinical care”.

There is limited research and information on work with African communities in Scotland and on targeted prevention and support work on HIV and sexual health with this community. This is new work in Scotland which is largely being developed and supported by third sector organisations. This report evidences a variety of strategic ways to approach HIV positive African people and improve the work done by third sector professionals.

1.2. Aims and Objectives

The aim of this research is to explore and describe the experiences of third sector staff delivering services to HIV positive African people in Glasgow in order to understand better the needs of staff and clients. To achieve these research aims the following objectives were designed:

1. To explore the experience of staff and to identify which issues are important for them when they describe providing care and support to HIV positive African people;
2. To seek to understand how staff feel about their experiences of working with HIV positive African people;
3. To explore what motivated them to work and support HIV positive African people in Glasgow.

Chapter 2. Literature Review

Whilst there have been studies conducted which look into the experiences of public sector staff working with HIV positive patients (Bharat & Mahendra, 2007; Karanwal, 2013) there is a significant gap in the literature when it comes to third sector staff (Berenguera et al., 2011; Kim, 2013). Within Scotland there is a lack of studies focused on African communities as the focus has been on MSM, gay men and people who inject drugs (Burthey & Hosie, 2007; Zirra & Zimunya, 2015). Following on from this, there are no studies that explore the experiences of third sector staff working with HIV positive Africans in Glasgow.

Studies conducted in the UK about HIV positive African people report that, different cultural backgrounds, immigration or asylum seekers status and language represent a concern for the health professionals as these factors negatively affect African people's relationship with the health care system (Burns et al., 2007). Due to these issues HIV positive Africans are less likely to engage with control and prevention interventions (Dodds et al., 2008; Ssentamu & Kamonji, 2013). Moreover, because the majority of immigrants and asylum seekers are affected by numerous other health inequalities, with emphasis on poverty, unemployment and housing conditions, engaging with health care systems is often their last priority (Cook et al., 2006; Souley et al., 2011; Whyte, 2016). This is a key challenge for the UK and Scottish public sector professionals when delivering their care and support to African persons living with HIV/AIDS (Dodds et al., 2008; Prost et al., 2008).

To overcome these problems, more training, education and health care framework strategies need to be developed in order to involve and respond to the needs of HIV positive African people living in the UK/Scotland (Maxwell et al, 2008; Karanwal, 2013; Scottish Government, 2015).

Although there is still stigma towards MSM, gay men and the bisexual population, advances have occurred in service provision to these groups. In particular, health care worker's relationship with them has undergone a significant positive development as compared to

African communities. (Burthey & Hosie, 2007). Additionally, special services have been designed with emphasis on approaches to reduce stigma and discrimination toward these populations since the publication of "Respect and Responsibility" policy by the Scottish Executive in 2005 (Burthey & Hosie, 2007). It could be anticipated that as Maxwell et al (2008) suggested, the way the health system framework is designed is likely to influence how culturally sensitive issues are incorporated and managed within health care provision (Maxwell et al., 2008; Kasengele & Baillie, 2011; Karanwal, 2013).

Third sector organisations like, Waverley Care, have been an exceptional (Scottish Government, 2015) public health sector partner in HIV interventions. For instance, Waverley Care in partnership with the NHS Greater Glasgow and Clyde has created an initiative called "African Health Project" which targets HIV positive Africans, and those at risk of contracting HIV, living in Glasgow (Zirra & Zimunya, 2015).

In Scotland, particularly Glasgow, due the diversity of African communities, one approach used by the third sector organization is informal conversations with people of different African backgrounds (Kasengele & Baillie, 2011). These informal approaches, normally take place on different occasions and scenarios including for example, church services, kitchen parties, birthdays, summer barbeques etc. (Zirra & Zimunya, 2015). There also is a strong strategy to approach and work with faith leaders as they represent one of the best vectors for African peoples' engagement with disease control and prevention (Kasengele & Ballie, 2011; Baker, 2015). African volunteers also play an important role in the strategies to approach and develop relationship with communities (Kasengele & Baillie, 2011). However, at some points their work with the community can be very challenging due to sex taboos, stigma and discrimination within African communities (Kasengele & Baillie, 2011; Zirra & Zimunya, 2015). In order to overcome these barriers and better approach the community, it is important to consider issues which are paramount for the community (Zirra & Zimunya, 2015). It also is helpful to gradually understand the culture and habits of ethnic groups previous to developing HIV/AIDS intervention initiatives (Zirra & Zimunya, 2015). However, staff are encouraged to be culturally sensitive in order to achieve an effective engagement (Zirra & Zimunya, 2015). Furthermore, the success of control and prevention initiatives is dependent on the community's sense of ownership (Zirra & Zimunya, 2015).

However, the third sector organisations work is very challenging and limited due to lack of resources to respond to the main service user needs (Berengueta et al., 2011; Kim, 2013). The most challenging situations are related to funding to support their work (Kasengele & Ballie, 2011). Often, the work undertaken by third sector professionals is not acknowledged or appreciated by public and private health and social care sectors (Berenguera et al., 2011). This increases the difficulties of funding and instigates third sector staff to constantly challenge and justify their work outcomes (Berenguera et al., 2011).

Exploring third sector staff experiences could be a potential way to discover approaches that better engage African communities. In addition, it could generate strategies towards not only a better work approach between third sector staff, but also between public sector health professionals and HIV positive African people.

Methodology

This qualitative research used a phenomenology approach that better explores the experiences of third sector staff working with HIV positive African people in Glasgow. Phenomenology approach is focused on how study participants make sense of their everyday social and personal experiences (Smith, 2015). It characterizes the individual as a conscious agent whose life experiences have to be explored from the first-person perspective (Smith, 2015).

Therefore, in this study a purposive sample strategy was used to recruit the population because the participants have a particular characteristic, which is that they work for an African Health Project focussing on HIV interventions, particularly delivering services to HIV positive Africans in Glasgow. Ultimately, a total of 6 staff members were willing to participate and took part in the interview.

Chapter 4. Findings & Discussion

4.1. Introduction

This study aimed to explore the experiences of third sector staff working with HIV positive African people in Glasgow. A total of six (6) participants were recruited and the staff represented a range of different African countries including Eritrea, Uganda, Zambia, Cameroun, Zimbabwe, Nigeria and Sudan. Their work with HIV positive Africans varies from three to nineteen years of experience. Their job roles included; general care and support to HIV positive Africans; raising awareness about HIV; fighting against stigma; advocacy for HIV positive people; community support and training/education for people living with HIV.

The following main themes and sub-themes emerged from interviews as illustrated in table 1.

Table 1. Main themes and sub-themes emerged from the semi-structured Interview

Main themes	**Main themes**	**Main themes**
Challenging issues presented in staff's experiences of working with HIV positive Africans in Glasgow	The importance of Africanisation of staff working with HIV positive Africans in Glasgow	Factors related to staff experience of job satisfaction and gratification
<u>Sub-themes</u>	<u>Sub-themes</u>	<u>Sub-themes</u>
Stigma	Diversity of Africans nationals as staff working with HIV positive African people	The gradual change of African community attitudes toward HIV and sexual health
Immigration/asylum seeker/refugees status of the clients	Constantly shifting approach to engage with HIV positive Africans	Progress toward clients' confidence, capacities, skills and trust building

Poor English language		Supportive managers and colleagues to talk to and share experiences with
African culture and religious believe toward sexual health	Partnership/collaborative work with other organisations, particularly with faith leaders	
Creating evidence to sustain project funding		

Theme 1:

Challenging Issues presented in staff's experiences of working with HIV positive Africans in Glasgow

Subtheme 1.1: Stigma

Stigma can be defined as "*bodily signs designed to expose something unusual and bad about the moral status of the signifier*" (Goffman, 1963, p.11). This means that anything perceived as different and abnormal for the society is identified as a danger and for this reason, cannot be tolerated and is thus rejected (Goffman, 1963). In relation to HIV, there are different types of stigma to be acknowledged: "self-stigma" (people often blame themselves and feel dirty); "perceived stigma" (fear to disclosure their status) and "enacted stigma" (discriminations/humiliations HIV positive people suffer from others) (Liampttong, 2013, p.3).

"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 people on it…. GP's would say, you know, it's good, its inclusive to have images like that" … So we have to shift how to approach things…"

These stigmas represent barriers for people's engagement with health care systems and to get themselves tested (Dodds et al., 2008). They may also contribute to the late stage presentations of HIV/AIDS (Burns et al., 2007).

Subtheme 1.2: Immigration/asylum seeker/refugees status of the clients

Irregular immigration or pending refugee status for the majority of HIV positive Africans living in Glasgow represents one of the most challenging and poignant issues when the staff are delivering their care and support to this population:

"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 got many issues with the immigration, that takes the priority for them rather than their health condition …."

Therefore, engaging with health care systems and with intervention to control and prevent HIV is their last priority (Burns et al., 2007; Dodds et al., 2008). It also challenges the work developed by the third sector organisations staff as they have to identify new and different mechanisms to engage with this population and thus their work is extended (Baillie, 2011).

Subtheme 1.3: Poor English Language

Poor English language skills has always represented a key problem for immigrants, asylum seekers and refugees in the UK (Ndirangu & Evans, 2009), particularly for the immigration papers, employment and health care. For HIV positive African people, this issue is even more challenging:

"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" …" A newly arrived asylum seekers, English is very basic … They are not able to communicate, so basically they are isolated". … People cannot speak English and they go out and have problem with immigration".

A language barrier also reduces HIV positive African people's relationship with health care professionals (Burthey & Hosie, 2007). Often, newly arrived asylum seekers face problems with emotional distress and frustration because they rely on an interpreter to describe their issues and often their main problems are not properly addressed (Guhan & Liebling-Kalifani, 2011).

Subtheme 1.4: African culture and religious believe toward sexual health

This represents a significant obstacle for the work done by staff as talking about sex or sexual health in some African cultures and religious beliefs is a considerable taboo (Ndirangu & Evans, 2009):

"Working with Africans who live with HIV is very challenging" …. Some cultural and religious belief around sexual health and even talking about sex in African community is kind of taboo, they feel themselves very shy or embarrassed to talk about it". …" Some people talked about the sexualisation of this community, they were finding it very difficult; TV is so sexualized, their children, the culture is different". …"

For instance, many African parents neglect giving information about sex and sexual health to their children, thereby creating a culture of "omission" toward sexual health issues that affect people (Dodds et al., 2008). This creates cultural distance and taboo toward sexual health as many HIV positive Africans lack confidence and are less likely to be open to discuss sexual issues affecting their health (Dodds et al., 2008; Ndirangu & Evans, 2009).

Staff have also acknowledged issues around sexuality and gender and as such they have had to develop services and strategies to differently engage with African women and men:

"Issues around sexuality and gender impacts amongst Africans". …" We also realised that there were different issues for men and women in the community… We decided to split the roles into a male and female role to cover both community issues".

There is a strong argument that within the African community, there are issues related to gender inequality, thereby creating different attitudes in the way African men and women perceive sexuality and issues related to HIV (Dodds et al., 2008). For instance, African men tend to ignore their health conditions more than African women. This is responsible for late stage presentation of HIV amongst Africans (Liampttong, 2013) and contributes to increased

HIV transmission. Gender inequality often limits the sexual autonomy (Dodds et al, 2008) for example women may find it difficult to negotiate safe sex in a patriarchal relationship.

Subtheme 1.5: Creating evidence to sustain project funding

Funding is an ongoing issue for the third sector; it can be particularly difficult to sustain projects beyond pilot funding. It is important to evidence the impact of the work in order to continue to fund it and it can sometimes be difficult to get feedback. This can be because people are preoccupied with the challenges and issues in their lives and the project may be limited in the changes it can support people with. For example, if a key issues for an African living with HIV is their long term struggle with immigration, this may override anything else that they may be helped with.

"It's evidence that brings more funding" … Some of the evaluation 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" …

This may be frustrating for the organisation as their work cannot exist without funding. However, to support their work, the staff have created a strategy called "give feedback for whatever you received":

"So we try and be creative in terms of how we get that feedback" … So there is something called "giving feedback for whatever you receive" … So, then we say, can you put that down in paper or in a way that can be measured?"

This shows a unique approach (Berengueta et al., 2011) with HIV positive African people as the organisation is frequently shifting the way they engage with people in order for them to evidence their feedback.

Theme 2:

The Importance of Africanisation of staff working with HIV positive Africans in Glasgow

Subtheme 2.1: Diversity of Africans nationals as staff working with HIV positive African people

The Scottish Government has been implementing effective policies and appropriated services to tackle HIV since 2005 (SG, 2015). The vast majority of interventions within African

communities are led by third sector organisations that felt there is a lack of approach to target HIV positive Africans. Additionally, the third sector organisation acknowledged that, there was a necessity for intervention to be "African staffed" in order to meet the need of the diversity of HIV positive Africans:

"… My work is in community support and based in Edinburgh" … "We began to see small numbers of black Africans living with HIV coming to our project" …" "And one of the most poignant things that I remember is a young woman from Malawi who had come here" …. "Died from HIV" … I thought, we need to do more, slowly we got more funding which meant we were able to start a project in Glasgow" … "Situation in Glasgow was even worse because greater numbers of refugees and asylum seekers sent to Glasgow" … We had lots of internal debates about, "we are a white organisation", how are we going to be received?", So some of that has been established by a project which is very African led and African staffed" … "And I think that has made a big difference" …

Most of the work done by the third sector organisations to fight HIV/AIDS amongst Africans, is carried out by African staff as they represent the key resource to build up African people's sense of ownership, confidence; trust and capacities; these are key factors to fight stigma not only in the general setting, but also within the African community (Burthey & Hosie, 2007; Dodds et al., 2008).

Additionally, different African staffed interventions with HIV positive Africans should consider and reflect different African countries as often, "Black Africans" are targeted as belonging to a single group (Aspinall & Chinouya, 2008):

"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"

Burthey & Hosie, (2007) assert that African staffed interventions with the African community should also support public health professionals with workshops that suggest more effective interventions with the African community. They emphasize that this seems to be the route to increase broader understanding, tolerance, acceptance and eliminate stigma toward African community cultural and religious issues.

Subtheme 2.3: Constantly shifting approach to engage with HIV positive Africans

The complexity around different Africans culture and religious beliefs led the third sector organisations staff to develop creative ways to approach and work with African communities. These creative strategies are "shifted" on an everyday basis of work and take into account what are the most important needs affecting the community at that time (Kasengele & Baillie, 2011):

"… So we often use things of working with people at their pace in this project as we can't plan our own agenda and say we to do this on that day" … "We have realised that to work successfully with communities you have to work on their platforms, not on your platforms" … "We always have something to give" … "Sense of partnership" … "Sometimes, there is a sense of Africans workers working with Africans is all about understanding their culture, but it's not really" … "You have to think through your approach" …

Berenguera et al (2011), states that there is a strong argument that approaches used by third sector organisations to engage with HIV positive people should be adjusted to the service user's needs. This is a strategy to build up trust, ownership and confidence in this population, before approaching them with initiatives of HIV support prevention. Findings of a study carried out by Kim (2013) also indicates that within third sector organisation intervention, the service users' needs are tackled under their perspectives and take into account their culture and religious beliefs. Although these studies were carried out in different European countries and tackled the general HIV positive population, the similarity of the findings suggest a margin for this research's transferability and generalisation in terms of approaches used by the Waverley Care African Health Project to work with HIV positive African people.

The "shifted" approach used by the third sector organisation staff also includes strategies like informal conversations or meetings to engage with people and build up their trust.

"We now use a strategy called "Stop Talk" which is just meeting women in the street and start talking to them, get to find out whether they are interested in a community group or in a faith group, so it's more about finding where I can meet them and organize workshop or training" … But I have had situations like rejection is sometimes", but I don't take anything

personal because I am representing an organization and people have the right to express how they feel" …

In addition to daily strategies to engage with HIV positive people, there are also groups and one-to-one approaches to tackle the service user's needs, build up the trust, confidence and engage them to prevent and take control over their disease (Ball, 2009):

"We have befriending, groups and one-to-one approach, to make sure that issues people have are tackled" … We also provide them with training for self-management, educational skills for employment" … We use a person-centred and non-judgmental approach" … "There are a lot of issues but we have to be resilient in our capacity, client capacity and understand people" … "It's just to understand who they are, what are the main barriers they are facing and take it from there".

Subtheme 2.2: Partnership/collaborative work with other organizations, particularly with faith leaders

Partnership and collaborative working can be defined as a process of sharing information and resources relevant to promote individual and community health and wellbeing (NICE, 2016). To boost their work with HIV positive African people, the third sector organisation use a strong approach to build up relationship with churches and their faith leaders (Zirra & Zimunya, 2015; Baker, 2015):

"… We really develop our work with African churches and African faith leaders because that's where people will hear a message and if we can get African faith leaders talking confidently and comfortable about HIV, about testing, about sex and condom use, then I think people will begin to pay more attention, and more you shift stigma about HIV the easier it becomes to talk about it" …

This type of partnership working represents one the most important resources for the work done by the third sector organisation. It is the key route for African community engagement with initiatives to prevent and control HIV (Kasengele & Baillie, 2011).

Others partnership resources to add on to the work developed by the third sector organisation include organisations like Universities and HIV Scotland:

"If we can't meet the client's needs we normally signpost them to the right organisations around the city, so that way, like I said, our work is more collaborative with other organizations" … "We work with researcher from Caledonian University; Edinburgh University to bring many issue around HIV into the fore" … "To challenge policy we work with organisations like HIV Scotland" …

NICE (2016) and Scottish Government (2015) assert that, interventions and policies to reduce health inequality and promote people's health and wellbeing must include various agencies and share ideas and knowledge.

Theme 3:

Factors related to staff's experience of job satisfaction and gratification

Subtheme 3.1: The gradual change of African community attitude toward HIV and sexual health

There have been gradual changes in stigmatised attitudes of African community toward sexual health and HIV control and prevention. Attitudes that were discriminated and stigmatized in the past are now more normalised:

"Stigma is probably one of the biggest issues, I think it has shifted a bit over and our community awareness prevention work is much easier now and it's much more owned" …." If I reflect back, I do think that things are changing". "Today, there is a shift because people are actually calling us and "oh", could you deliver our workshop, condoms are finished, would you bring us some more?" "At the time HIV is not something that faith leaders want to talk about". "People didn't want to touch condoms or listen to anything." "… I think we have travelled a long way". …I think it would be interesting to see how things change when we have a generation of young "Black Africans…"

These gradual changes may be a product of strategies that have been developed in order to build up trust, ownership and confidence with African community.

It is important to acknowledge that a change within African community attitude toward HIV and sexual health is crucial for the changes of stigmatised attitude of the general society and health care services (Burthey & Hosie, 2007). It is said that when communities are changed from the inside out, they are equipped with capacities and skills to deal with the outside world (Kretzmann & Mcknight, 1998).

Subtheme 3.2: There has been progress toward client's confidence, capacities, skills and Trust building

In delivering community interventions, capacity, confidence, skills and trust building are essential because they bring people together and instigate their attitudes to take actions to improve their health and wellbeing (Morgan & Ziglio, 2007). Progress toward these goals with HIV positive African people is one of the key aspects of staff job satisfaction:

"There are a lot of rewarding aspects of the job because you start from a person, who nearly lost hope in his life, but within our way of work journey these people are now confident and really looking forward in life, because they have accepted themselves".

Additional to these changes, there also is a progress toward people's social network and social capital for HIV positive African people:

… "They feel like, okay, I am not alone". When I see people talking to each other, building up their network, ownership and confidence, no one is crying anymore, I have satisfaction and that changes us inside as well, it makes the resilience to come out and so you can help people" … "Some of this people are at University now, they are in education".

These resources also are important to build up people's self-efficacy which is crucial for them to manage their disease manifestation (Handanagic et al., 2014). Social capital, which can be defined as individual-level asset and community network (Morgan & Ziglio, 2007), is a multidimensional resource that instigates community development and increases health outcomes (Banks et al., 2013).

Subtheme 3.3: Supportive managers and colleagues to talk and share experiences

Having supportive managers and co-workers to share everyday experiences of working with HIV positive African people is one of the rewarding factors of staff job experience:

"We have lots of support amongst ourselves as a staff team, I have always had very supportive managers…So having African colleagues to share things with, to understand things with who have the same" …. my colleagues in other departments also have lots of challenges, and we share experiences to build up our resilience". "We have this strong sense of leadership from the bottom" … "We have these one-to-one meeting every 4 to 8 weeks with staff to support us" …

It is said that working in the HIV/AIDS field, requires leaders and colleagues that recognise the importance of building trust between each other (Wolitski, 2007). These strategies support the intervention on education, skills and behaviour change (Kelly et al., 1991). Caring, informing and being professional represent the foundation of support to staff and promote their job satisfaction (Beattie, 2006) For instance, supervision provides regular opportunities

for development of reflective behaviours, interactions and promotes an integrative approach between the staff (Beattie, 2006).

Chapter 5. Conclusions & Recommendations

5.1. Introduction

This qualitative study aimed to explore the experiences of third sector staff working with HIV positive African people in Glasgow. Having presented the themes which emerged from the six (6) interviews conducted with staff from Waverley Care, this chapter will summarize the study findings in line with objectives designed and offer a conclusion; additionally, it will discuss the study limitations and implications for practice and will make recommendations for future studies

5.2.1. Important issues when providing care and support to HIV positive African people.

There are many challenging issues which impact on the experiences of third sector staff working with HIV positive African people. These challenging issues include: stigma, immigration/asylum seekers /refugee's status of the clients, poor English language skills; African culture and religious believe towards sexual health and funding. The issue of stigma is therefore multifaceted (Liampttong., 2013) as it varies from African, European and between the public sector and third sector staff context. Whereas in Africa the stigma challenge of working with HIV positive people is related to health care workers job stigmatization (Haber et al., 2011), in Europe and within public sector staff context, stigma is related to fear of infection, lack of appropriate intervention and a lack of understanding of the African community (Hodgson, 2006; Burthey & Hosie, 2007). The latter can contribute to difficulties in building relationships between public sector staff and HIV positive African people as their goals toward HIV care and prevention interventions often differ (Dodds et al., 2008). In addition, stigma issues can be related to HIV positive African people's self-stigma and stigma within the African community (Ndirangu & Evans, 2009). Immigration/asylum/ refugee status of the clients also is a challenging issue for staff working with HIV positive African people, as their interest in engaging with care and prevention initiatives are reduced (Ball, 2009). The poor English language skills of clients is a barrier to working with HIV positive Africans because

it impacts not only on their immigrations/asylum/refugee status being successfully granted, but also on their ability to integrate into Scottish society.

The diverse African cultural backgrounds such as religious and spiritual beliefs are other challenging issues faced by both Waverley Care and public sector staff in their relationships with African people living with HIV and their attitudes towards sexual health. (Burns et al., 2007; Dodds et al., 2008; Ball, 2009).

Accessing adequate funding appeared as another challenging issue. It is interesting to mention that the study findings revealed that a key issue with access to funding was related to the difficulties in collecting needed feedback from service users and staff had to think creatively around how to motivate service users to give feedback needed by funders. The more usual funding mechanisms, reporting processes and evidences are not those which apply necessarily to this community. This may help to demonstrate that funding organisations who wish for third sector organisations to tackle African community issues may be further hindered by the lack of adequate evidence to support the continued need for attention.

There were also other issues recognised as important for staff working with HIV positive African people. These included: the need for diversity of African nationals as staff working with HIV positive African people (Africanisation of staff); a constantly shifting approach as a way to engage with clients and partnership/collaborative work with faith leaders and other organisations. It is observed that, there are consistencies between these study findings and the literature review about a "shifted" approach (Berenguera et al., 2011) and partnership/collaborative work with faith leaders and other organisations (Kasengele & Baillie, 2011). The partnership working, particularly with religious leaders is a key resource in engaging with African communities for HIV care and prevention. Partnership working with other organisations such as universities and policy organisations such as HIV Scotland also are key resources in fighting for HIV positive people's rights.

Whilst the literature review revealed similarities regarding "shifted" approaches and partnership working, there was no identified evidence in the literature about Africanisation of staff working with HIV positive African people in Glasgow or elsewhere in Europe. The majority of staff consider that the Africanisation of staff working with HIV positive African

people, seems to represent the right way to eliminate the complexity around stigma and improve relationship between HIV positive Africans and other services.

5.2.2. How staff feel about their experiences of working with HIV positive African people.

While the literature review showed that there are experiences of stress, risk of burnout and emotional and physical exhaustion amongst staff members in Africa and amongst public sector staff members in Europe (Hodgson, 2006; Campbell et al., 2011), the findings of this study suggests that the African Health Project staff in Waverley Care, have found mechanisms to be resilient to these issues. Although they also face many challenges in working with HIV positive African people, there is a strong sense of dealing and managing with these issues. However, it is crucial to mention that, in comparison to the public sector staff in the UK, perhaps the resilience between third sector staff in working with HIV positive Africans in Glasgow is a result of their better understanding of different African cultural backgrounds of HIV positive people and the use of a "shifted" approach as already acknowledged.

5.2.3. Motivations and interests in providing care and support to HIV positive African people in Glasgow

Comparable to some evidence of literature reviews in Africa (Campbell et al., 2011), being indirectly affected by HIV and AIDS and opportunities for career development are some motivational factors related to working in the HIV/AIDS field. However, the main motivational factors of working with HIV positive Africans were found to be associated with the fact that, African community attitudes toward HIV and sexual health is gradually changing; there has been progress toward people's confidence, capacities, skills and trust building; and there is a strong culture of supportive managers and colleagues to share the work experiences. Furthermore, some of these motivational factors are due to staff's understanding of different African cultures.

5.3. Study Limitations

The main limitations of this research study was possibly in the time limited nature of the study and the small number of staff interviewed and confirmability of data obtained from the interviews. The small size sample (Trotter, 2012) and the fact that this research was focused

in Glasgow, could have an impact on the study transferability and generalisation. However, the use of a purposive sample increased the opportunity for study generalisation (Davies & Hughes, 2014). Therefore, it was noted that the practices and approaches in the African Health Project in Glasgow were similar to those practiced in other parts of Scotland where the African Health Project exists.

Additionally, the lack of literature review could have influenced the researcher preferences in terms of studies selected and thus could have caused bias (Davies et al, 2009). However, there was enough effort in terms of inclusion and exclusion criteria of the studies selected. Issues around data description could have also been influenced by the researcher personal values because the researcher identifies "themselves" as African (Baker et al., 2015). However, audit trial (Braun & Clarke, 2006) has minimized possible study bias.

5.4. Study Recommendations

5.4.1. Implications for practice

- ✓ To overcome the complexity of stigma related issues which represents one of the main barriers to the work with HIV positive Africans and African communities in general, it is necessary to continue with the development of partnership working with religious leaders and National Health Service professionals. This could help reduce the stigma within African communities and reduce the stigma and increase understanding of public sector professionals toward African communities. In relation to HIV positive people and self-stigmatisation, it is helpful for the staff to continue with strategies to promote people's confidence towards self-management of their diagnosis, develop ownership of care approaches and build up the skills and capacities for them to look at the outside world differently.
- ✓ It is important to acknowledge that the approach the African Health Project staff use to work with HIV positive Africans and African community in general may represent the mainstream and most progressive care and support to HIV positive Africans.

  This could also be beneficial towards creating more opportunities to share knowledge with public sector professionals about the approaches they use towards engaging with a client's cultural background. It also may represent a way to provide them with knowledge

to better tolerate, understand and manage culturally sensitive issues associated with providing care and support to HIV positive Africans and the wider African community. This sharing of expertise developed within this specific sector over years of frontline engagement could also be viewed as an opportunity to further acknowledge and embrace the changing needs due to the increasing diversity of cultures, in their own service development for HIV positive people.

- ✓ To minimise the barrier created by client's irregular immigrations/asylum seekers or refugee status, it also is important to maintain partnership working with different organisations including HIV Scotland, the Refugee Council, Migrant Rights organisations, human rights and equality groups as well as different Universities.
- ✓ It also is important for the third sector professionals to continue with the "constantly shifting approach" to care priorities, as a strategy to engage and work with HIV positive people from the African community due to the diversity of African cultural issues. This may open up opportunities for the staff to think more creatively, therefore building up client's confidence, trust and ownership of the service provision. It also is a way to increase client's commitment to engage with ongoing interventions for HIV care and prevention.

5.4.2. Recommendations for future studies

- Develop further studies to explore the importance of partnership working with faith leaders to reduce HIV stigma within African communities and HIV positive Africans self-stigma.
- Develop a research focused on the effectiveness of a "shifted" approach to engage HIV positive African people in interventions to provide prevention interventions and support in Scotland.
- Conduct a comprehensive research about the Africanisation of staff working with HIV positive African people in Scotland.
- Due to the time constrains associated with this research, it would be beneficial to conduct a further and more comprehensive study about the experiences of third sector staff working with HIV positive African people across Scotland.

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