

Challenging Glasgow's HIV outbreak through support, prevention and care

An Evaluation of Waverley Care's HIV Street Support Project

Authors: Linda Robertson, Thomas Petersen,
Scott McMurray, Jennifer Goff



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Thank you to all of our participants who shared their experiences, knowledge and views. Their time and contribution will help make sure the future of the HIV Street Support Project is one that grows in line with the needs of those who need it most. We commit to using the findings to review and develop the HIV Street Support Project's service provision.

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1. Background

Since 2015, Glasgow has seen the largest HIV outbreak in the UK within the last 30 years. Prior to this time, there was a low prevalence rate among people who inject drugs, meaning much of the focus in HIV prevention and care centred on other population groups at risk of HIV. This oversight came blended with socio-economic, health and behavioural factors unique to Glasgow, each contributing to an environment from which the HIV outbreak emerged.

Glasgow city has some of the highest rates of local area deprivation in Scotland with 44% of data zones within the 20% most deprived across the country (Scottish Government, 2020). This translates to a large population experiencing socio-economic and health consequences associated with living in areas of high multiple deprivation (Charlton et al., 2013; Glasgow Centre for Population Health, 2016). The rise in new HIV infections has also been associated with sexual contact (Metcalf et al., 2020), homelessness (Arum et al., 2021), incarceration, and a major shift to injection of cocaine (McCauley et al., 2019). As a result, the emergence of the HIV outbreak affected a population group already impacted by multiple inequalities, as demonstrated by the city's metrics:

- Since 2015 there have been 189 diagnoses of HIV among people who inject drugs in Greater Glasgow and Clyde, compared to an average of 10 per year prior to 2015. Around half of those diagnosed in 2019 acquired HIV recently, indicating that the outbreak is ongoing.
- Between 2019 and 2020, Glasgow had the highest number of homeless households at 5,262 in total. This is an increase of 579 (12%) from 2018/19, and represents 17% of the total number of homeless households in Scotland (Scottish Government, 2020).
- The most recent National Drug Prevalence survey carried out in 2015/16 found that Glasgow had the highest prevalence of estimated problem drug users aged 15-64 among Scottish cities (2.8%) (ISD Scotland, 2019).

Since 2015 a system of HIV care, treatment and education has developed to address the often complex needs of people affected by the outbreak. While this system of care cannot directly address inequalities stemming from socio-economic determinants, it works toward reducing new HIV infections through testing and harm reduction services. It also supports those living with HIV to live well while adhering to treatment (Falagas et al., 2008). The HIV Street Support Project works within this system, contributing to HIV prevention and support. In recognition of the severity and continuing impact of the outbreak, this evaluation aims to ensure the HIV Street Support Project is effectively meeting the needs of those most affected.

1.1. About the HIV Street Support Project

Waverley Care's HIV Street Support Project is a service that provides street-based outreach and support to people who inject drugs, are homeless or in temporary accommodation, and are living with or at risk of HIV. First funded in 2018 by the National Lottery Community Fund, the service was set up in response to the HIV outbreak.

The service aims to:

- help people who inject drugs, who are living with or at heightened risk of HIV, to have an increased knowledge of HIV
- provide people who inject drugs, who are at heightened risk of HIV, with access to HIV testing
- provide people who inject drugs and are living with HIV, with access to services that can help them live well
- help address social isolation by supporting people who inject drugs and are living with HIV

The service meets these aims by:

- providing intensive, individualised support, addressing the complex needs of people accessing the service
- delivering outreach through street work in Glasgow city centre to engage with people living with or at risk of HIV
- providing harm reduction education through street work and one-to-one support
- providing HIV testing opportunities through street work and one-to-one support
- providing active support and advocacy, enabling people to access services that meet their holistic needs
- supporting people to find ways of reducing social isolation that work best for them

The HIV Street Support Project staff team is made up of four roles, including: Health Improvement Manager managing the project; Health Improvement Coordinator focused on delivering testing; Health Improvement Coordinator focused on coordinating street work; and Health Improvement Coordinator focused on supporting women. All staff within the project deliver outreach and support services.

2. Methodology

The evaluation was carried out by a team of peer researchers and staff from Waverley Care's Research and Engagement Project. The Research and Engagement Project is funded by the Scottish Government to carry out blood borne virus and sexual health research activities, with a focus on using peer-led methodologies. The purpose of the evaluation was to gather the views and experiences of people accessing services from the HIV Street Support Project. The data gathered will inform the development and delivery of the project, as well as ensuring the service is meeting the needs of people it engages with.

The evaluation used a mixed method approach, combining peer-led service user interviews with an online partner survey.

Peer-led interviews

The interview design used a peer research methodology, including a series of qualitative questions asked by peer researchers as part of a semi-structured interview format. The questions were designed by peer researchers with the support of staff from Waverley Care's Research and Engagement Project.

Peer research is a method used to gather more reflective and fuller information about the experience of communities. The peer researchers who carried out the evaluation identified as members of a community who have personal experience of problem substance use. This enabled the peer researchers to carry out interviews in a way that allowed participants to feel safe when sharing their views and experiences.

Interviews were carried out remotely over the phone and audio recorded using dictaphones. Participants were provided with £15 shopping vouchers as remuneration for their time and contribution.

Once interviews and transcriptions were completed, peer researchers coded, themed and analysed the data gathered. Following the process of data analysis, peer researchers made a series of recommendations to the HIV Street Support Project.

Survey

The survey design included a combination of qualitative and quantitative questions assessing the views of partner services about the HIV Street Support Project's service provision. The inclusion criteria for 'partner services' was any practitioner or service that had collaborated with staff from the HIV Street Support Project when engaging with service users. The survey was designed by staff from Waverley Care's Research and Engagement Project, and hosted on SurveyMonkey. Data gathered through the survey was analysed by staff from the Research and Engagement Project.

2.1. Challenges

The most significant challenge faced during the evaluation was the Covid-19 pandemic. The evaluation first commenced in January 2020, with service user interviews scheduled to take place during March 2020. However, the project was paused in March 2020 due to the emergence of the Covid-19 pandemic. The project recommenced in February 2021, with service user interviews taking place remotely during that month. An online partner survey

also took place during March 2021. Although the challenges presented by the Covid-19 pandemic were addressed, it resulted in a 12-month delay to conducting the research.

2.2. Limitations

While our peer-led interviews and survey aimed to be representative, the degree to which the data is representative is largely influenced by those who have consented to participate in the research. The evaluation included a total of 13 service user participants and seven partner participants. As a result, interpretation of the data gathered was limited by the data sample size.

Furthermore, the data indicated some confusion among service user participants as to which service they were discussing. This is in part due to the presence of a number of street teams providing general support services in Glasgow city centre. While this amounts to a finding on improving the communication of the HIV Street Support Project's remit to people engaging with the service, it may also affect the accuracy of the research findings as they relate to perceptions of the HIV Street Support Project's general service provision.

2.3. Participant Characteristics

In total, 13 people accessing the HIV Street Support Project participated in the interviews. The characteristics were as follows:

- Three participants identified as women.
- 10 participants identified as men.
- Three participants had received short-term support from the HIV Street Support Project.
- 12 participants had received long-term support from the HIV Street Support Project.

Seven respondents completed the partner survey online, the characteristics of which were as follows:

- Four respondents detailed their field of work, including: one respondent from the substance use education; two respondents from nursing; and one respondent from service management. One respondent detailed their position as 'observant' and two respondents chose not to disclose their position.
- The survey asked respondents how often they worked with the HIV Street Support Project. Four respondents stated frequently, two respondents stated occasionally, while one respondent stated very rarely.

3. Service User Interview Findings

The evaluation data was gathered from 13 interviews with participants sharing their views and experiences of accessing services with the HIV Street Support Project. The data is summarised within six themes:

- Support
- Engagement
- Awareness of service remit
- Service reputation
- Areas for development
- HIV

All names and identifiable characteristics used in the following quotations are changed to protect the anonymity of participants.

3.1.Support

Summary

Overall, services users view the support they receive from the HIV Street Support Project as beneficial. Providing social, emotional and practical support helps service users with their needs as a whole.

Data

Holistic Support

Seven participants described viewing the support they had received from the HIV Street Support Project as effective because it was holistic, or in other words, it helped with their social, emotional and practical needs as a whole.

“Nd*, you get everything kinda in the building to help you, with everything. From your medicine to hospital appointments, to housing. Aww, that’s what they’ve done for me.” – Jade

Two participants described benefiting from staff check-ins for the purpose of making sure they were well. Three participants stated they benefited from being able to approach the HIV Street Support Project to ask for help when they needed it.

“Naw eh, like if you’re needing something or if there’s one particular thing you’re needing done then they will dae what they can, as much as they can. So, I’m just grateful for that.” – Gordon

Practical Support

11 participants mentioned benefitting from accessing practical support with the HIV Street Support Project. Types of practical support referred to included: five participants mentioned accessing help with finances; three mentioned help with housing; two mentioned help with travel; two mentioned help getting clothing; one mentioned help getting injecting equipment; and one mentioned help getting food.

* A glossary of colloquial terms is provided in Appendix 5.

“Anything I’ve ever asked for, they’ll move heaven and earth for you. Every other service I’ve worked with, they just nod their head and go, “yeah, yeah, yeah.” Waverley Care is the one that will help you if you need stuff. They’ll tell you where foodbanks are. If you’re needing a taxi for going in and out of [clinics].” – James

Three participants mentioned being provided with information about other services they could access, while two participants mentioned having received active support to access other services.

“Aye, they tell you obviously about like the Crisis Centre [and], like the outreach team and the street team and the Hub and the Simon Community and all that. They tell you quite a few things, yeah.” – Graeme

Emotional Support

12 participants described benefitting from accessing emotional support with the HIV Street Support Project. 10 participants specified accessing emotional support in the form of being listened to by the project’s staff team.

“They stay as long as you need them, d’you know what I mean? They will sit there and listen to you, and they will always answer your questions. Yeah, they will take time and they’ll sit, and they’ll wait. They’ll take as long as it really needs to be honest. So, if I need them to be there an hour, then they’ll be there an hour.” – John

Four participants described accessing emotional support with building their personal confidence.

“[They] made me feel like, ‘well, you’ve still got a life now [after the HIV diagnosis], you are only young, and you are so bloody strong.’” – Annie

Five participants described accessing emotional support by staff calling them for wellness check-ins, or in other words, checking in with participants to ask about their wellbeing and support needs.

“Well I do well because of [my workers] as well. Because they just phone me and go, “Y’alright? You want to do this today? You want to do that?” And I’m like, ‘Aye, go for it!’” – Susan

3.2. Engagement

Summary

Service users view the HIV Street Support Project’s service as reliable, warm and compassionate. The project’s outreach street work is visible in Glasgow city centre, ensuring the staff team is locally known.

Data

Approach

Participants were asked about their experience engaging with and receiving support from the HIV Street Support Project’s staff team. 13 participants commented on the HIV Street Support Project’s approach to providing support, nine of whom described the staff who supported them as reliable:

“The care has been very consistent plans for me. Just like, [Annie] you just need to. And [my worker] been totally right through it all, and so has [my other worker]. They are like, ‘Aye, you can have a sex life again, you can have a life again, this isn’t the end of your world.’” – Annie

Four participants described the staff who supported them as warm:

“Aye, they are a good service, and they are welcoming and all that.” – Jackie

Six participants described the staff who supported them as compassionate:

“They’ve been really good, helpful. Really caring. Brilliant. Couldnae* have asked for anything better. Really nice.” – Jade

Street Work

Participants were asked whether they had engaged with the HIV Street Support Project’s staff team during street work outreach. Seven participants agreed they had seen the HIV Street Support Project staff team carrying out street work. One participant describes the benefit of carrying out street work:

“Yeah, when I was out with [my worker], I seen her give out her cards. And her and [my other workers], they provide a great service for me, son, because I dae* know quite a lot of my friends are still homeless. And a lot of people are still on the drugs. And they are all, in Glasgow central bit. I mean, [my worker] does like the street work, she calls it. And so does [my other worker]. They give out their cards. And it’s just to try and get people more aware because it’s easy getting tested. It’s only a finger prick.” – Mary

3.3. Awareness of Service Remit

Summary

Most service users are unsure what the HIV Street Support Project’s remit is. Some service users are aware the service has an HIV testing and blood borne virus remit.

Data

When asked to describe what kind of services the HIV Street Support Project provides, nine participants responded. Five participants were aware the service’s remit included HIV testing and support with blood borne viruses.

“Well, obviously I know that they obviously do HIV tests and help you in the streets and that. They are a good service.” – Em

Nine participants were unsure of the service’s remit more broadly.

“I just know [my worker] personally. She hasn’t really explained what she does.” – Davie

3.4. Service Reputation

Summary

Service users would recommend the HIV Street Support Project to their peers.

Data

Participants were asked if they would recommend the HIV Street Support Project as a support service to their peers. Six participants responded that they would recommend the HIV Street Support Project to their peers.

“Would you recommend Waverley Care? ... Aye, I definitely would. Definitieily would.” – Susan

Seven participants did not provide an answer to this question.

3.5. HIV

Summary

Some service users have accessed HIV testing within the last four months. Most service users have accessed HIV testing more than a year ago. Most service users have some knowledge of HIV having been provided with information from the HIV Street Support Project. Most respondents know where to access injecting equipment and condoms. Most respondents are not aware of PrEP but are aware of the ongoing HIV outbreak.

Data

HIV Testing

Participants were asked about their HIV testing history. Three participants did not detail their last HIV test as they were already diagnosed HIV positive. One participant did not provide a response to this question. The remaining nine participants' history of accessing HIV testing was as follows: three participants had received an HIV test in the last four months; three participants had been tested two to three years ago; one participant had been tested more than 10 years ago; and one participant was not sure and therefore reported having been tested in an unspecified time frame.

"Waverley Care? Oh, are youse* doing [HIV] testing as well? I've always just done it through my CAT team. So, I know my CAT team's always done it." – Susan

"I've been tested for [HIV], aye. Two days ago. It was [negative?], so [I'm feeling] alright." – James

HIV Knowledge

Participants were asked a number of questions exploring their knowledge of HIV. Firstly participants were asked to describe what they broadly knew about HIV. 13 participants responded, two of which shared detailed information about HIV:

"It's a disease that breaks down your immune system and makes you more liable to pick up infections a lot quicker than anybody else. So, by taking your anti-virals it makes sure your blood stays clean, keeps the HIV at bay so that your body builds back up its immune system and if you forgot to take the tablets then your body will just break down.

And who is that gonnae* help? Naebody." – Mary

"It's a blood borne virus. So, you can catch it through sex. You can catch it through various things of catching it but mainly through needles exchange.

That's how I got it, through exchanging needles." – Graeme

Nine participants reported having some knowledge of HIV:

"I know it's a disease and that there is medication that can cu-, not cure it but slow it very rapidly and give you a longer life, rather than having full blown AIDS." – Em

"Obviously, [my workers] and that, they obviously tell you about the risks of injecting and having unprotected sex and ehm, similar to that. And there are posters about awareness and yeah, quite a bit." – John

Three participants reported having limited or no knowledge of HIV:

"Eh, I don't really know much about it, myself. I just know it's an illness that (?) And if I didnae* get it on time, just in the nick of time that they got it, it would of developed into most

likely AIDS. Eh, that's all I know. I don't really know much about it. I've not asked, I've not really spoke about it yet, and things like that. I've not really had time to sit down and actually (-) it's not really sunk into me to be honest with you." – Jackie

"Aww I didnae* know, I didnae* know you could treat HIV. I knew you could treat hepatitis but I didnae* know you could treat HIV, naw." – Susan

Secondly, participants were asked if they had been provided with information about HIV from the HIV Street Support Project's staff team. Eight participants stated they had been provided with information about HIV.

"I've had plenty of information from them, yip. And leaflets, yip." - Graeme

Two participants stated they had not been provided with information about HIV.

"Ehm. Obviously, it has affected me and that, in its own way but, obviously. Because it came back negative they didnae* really say much about it, naw to be honest." - Jackie

Three participants did not provide a response to this question.

Finally, participants were asked if they knew where to access injecting equipment and condoms. One participant did not provide a response to this question. 12 participants stated they knew where to access injecting equipment and condoms.

"[You can get them at] the chemist, West Street erm, most chemists and West Street anaw*." - James

PrEP

Participants were asked if they were aware of PrEP (Pre-Exposure Prophylaxis). One participant did not provide a response to this question. Two participants responded that they were aware of PrEP.

"Aye, to help you didn't get [HIV]? I found out about it too late." - Susan

10 participants responded that they were not aware of PrEP.

Glasgow HIV Outbreak

Participants were asked if they were aware of the ongoing HIV outbreak in Glasgow. Four participants did not provide a response to this question. Six participants stated they were aware of the HIV outbreak.

"Aye. Yeah I do. As I said, that's how I got it." - Graeme

Three participants stated they were not aware of the HIV outbreak.

4. Partner Survey Findings

The following data describes the views and experiences of partners working with the HIV Street Support Project. The data is summarised within three themes, detailed as follows:

- Perception of service provision
- Recommending the HIV Street Support Project
- Service development recommendations

4.1. Perception of Service Provision

Summary

Some partners rate their experience working with the HIV Street Support Project as good, while others rate it as poor.

Data

Partnership Working Experience

Respondents were asked to rate their experience working with the HIV Street Support Project on a scale of 'very poor' to 'very good'. One respondent rated their experience working with the HIV Street Support Project as 'very good'.

"Overall, a fantastic, caring staff team who understand the core issues people are faced with, and work with where people are at."

Two respondents rated their experience as 'good', describing the HIV Street Support Project's staff team as passionate and supportive. One respondent stated they were 'not sure'. Two respondents rated their experience 'very poor', describing being unsure about the service's remit.

"Is there an actual role or outline of the work they do, not what is written on paper but what they are actually doing? Many people don't know what the staff look like as the engagement is usually support for gas and electricity and done over the phone."

Referrals

Respondents were asked how likely they would be to refer someone living with or at risk of HIV to the HIV Street Support Project. Three respondents stated 'very likely', one respondent stated 'unlikely', two respondents stated 'very unlikely', and one respondent did not provide an answer.

When asked to explain why respondents would be likely or unlikely to refer someone living with or at risk of HIV to the HIV Street Support Project, three respondents described the service as being trustworthy and useful for service users.

"I would trust that the person I was referring to the street team would receive excellent care and support."

One respondent who stated that they would be 'unlikely' commented that they were unsure of the services role and remit. Two respondents who stated they would be 'very unlikely' commented that they had concerns about the reliability of the service.

4.2. Recommending the HIV Street Support Project

Summary

Some partners state they are likely to recommend the HIV Street Support Project to professionals or service users, while others state they are unlikely to make a recommendation. One partner stated they are unsure.

Data

The survey asked respondents to state how likely they would be to recommend the HIV Street Support Project to professionals or service users. Two respondents stated 'very likely', one

respondent stated 'likely', two respondents stated 'not sure', and two respondents stated 'very unlikely'.

When asked to explain why respondents would be likely or unlikely to recommend the HIV Street Support Project to professionals or service users, three respondents chose not to answer and five respondents provided further details. Those who stated 'very likely' commented:

"The team are knowledgeable and provide a very good service to service users."

Respondents who stated 'likely' commented:

"A knowledgeable, caring team that can add value to most situations."

Respondents who stated 'not sure' commented:

"Not because any particular concerns about the project but it would depend on what the request was for."

Respondents who stated 'very unlikely' commented:

"I'm not sure of their role."

4.3. Service Development Recommendations

Summary

Partners suggest developing the HIV Street Support Project's service provision by improving communication, geographical reach, practical support and testing opportunities. Partners also suggest mitigating staffing gaps and improving collaborative working relationships with clinical services.

Data

Respondents were asked what they would like the HIV Street Support Project to do more of. Six respondents provided an answer, detailing the following recommendations:

- Better communicate the HIV Street Support Project's service and remit, including providing information cards.
- Widen the service's geographical reach beyond Glasgow city centre.
- Increase the focus on providing service users with practical support to appointments.
- Increase testing opportunities for service users.

The survey asked respondents for any other comments or suggestions that would help in the improvement of the HIV Street Support Project's service provision. Three respondents chose not to answer this question while four respondents provided an answer, detailing the following recommendations:

- Find ways to moderate the impact of staffing gaps.
- Improve collaborative working relationships with clinical staff.

5. Discussion and Recommendations

The needs of people affected by Glasgow’s ongoing HIV outbreak are often complex, underpinned by severe and multiple inequalities. This report evaluated the HIV Street Support Project to ensure the service is providing outreach and support in a way that best meets the needs of people accessing the service.

The following sections discuss findings from the evaluation data on the themes: support; engagement; awareness of service remit; service reputation; and HIV. Each section includes recommendations provided by the project’s peer researchers, complemented by recommendations from the partner survey.

5.1. Support

The support provided by the HIV Street Support Project is viewed as beneficial by all service users interviewed and more than half of partner survey respondents. This demonstrates that the support provided is meeting general holistic needs of people accessing the service.

Based on the experiences service users shared during the interviews, the project’s peer researchers assessed the holistic support provided as of good quality. They made the following recommendations for service developments:

- **HIV specific support should be provided as the first priority, followed by addressing wider holistic support needs.** Data gathered indicates service users may not know the HIV Street Support Project is there to support them as a specialist HIV service rather than generic support service.
- **Make better use of referrals to other services to allow for more focus on HIV-specific support.** Service users mentioned HIV-specific support infrequently, indicating it may not often be the focus of support.

“It would be easier if there was a clear referral system so the street team can focus a bit more on what’s needed for the treatment and support side of things.” – Peer researcher

- **Where people have received a new HIV diagnosis, carry out regular check-ins about HIV specifically.** People who are newly diagnosed need time to process the diagnosis and may not know what HIV information or support they need from the outset.
- **Peer support workers should be employed within the service.** Some support, such as coping with a new diagnosis, may be more impactful and reassuring if delivered by someone with lived experience.

The partner survey respondents made the following recommendations for service developments.

- Increase the service’s focus on providing service users with **practical support to HIV appointments**. This will help service users attend appointments and adhere to treatment.

5.2. Engagement

The HIV Street Support Project's approach to engagement was described by service users as reliable, warm and compassionate. This mirrored feedback from some partner survey respondents, while other respondents raised concerns about the service's remit being unclear. Together these findings illustrate where service provision is meeting the needs of service users, as well as how communicating the service's remit can improve engagement with partners and service users.

Based on the experiences service users shared during the interviews, the project's peer researchers viewed the service's approach as professional and compassionate. They made the following recommendations for improving the services engagement:

- **Communicate the service's remit at the outset of engagements.** While service users found the service's approach to be beneficial, data gathered was difficult to conclude. This was due to service users reporting a lack of clarity on what the service provides in relation to HIV specific support. Ensuring service users are clear on what the service provides from the outset will make certain they are aware they can access HIV-specific information and support.

The partner survey respondents made the following recommendation for improving the services engagement:

- **Widen the service's geographical reach** beyond Glasgow city centre to include other areas where HIV infection rates are increasing. This might include areas such as the Victoria Road in the south of the city or Byres Road in the west.

5.3. Awareness of Service Remit

The majority of service users reported being unsure of what the HIV Street Support Project's remit is. Similarly, some partner survey respondents commented on the lack of clarity on the service's remit. In combination, these findings indicate that better communicating the services remit is a significant area of development required of the service.

Based on service users reported awareness of the service remit, the project's peer researchers raised concern about the potential impact this might have on the support and information service users can access.

- **Remind service users what the service's remit is.** Service users often have other priorities that come before HIV. Reminding people during support can ensure they are getting the HIV-specific support and information they might need.

"The street team need to actually nail down why they're there first and foremost and what their job is." – Peer researcher

- **Provide leaflets and cards explaining the service remit to service users and during street work.** This will provide service users with a reminder of what support and information they can access from the HIV Street Support Project staff team.

The partner survey respondents made the following recommendations for improving awareness of the service's remit:

- Find ways to better **communicate the service's remit to service users.** This might include strategies such as providing information cards.
- Find ways to better **communicate the service's remit to partners.** This might include providing information on the kind of outreach and support the service provides.

5.4. Service Reputation

All service users agreed they would recommend the HIV Street Support Project to their peers. Half of partner survey respondents agreed they would recommend the service to service users or professionals. The remaining half of partner survey respondents would not recommend the service or were unsure due to concerns about the service's remit. These findings indicate the experiences of service users and partners may have some divergence, where understanding the service's remit was important to partners while the quality of support was important to service users.

Based on service user's agreement on recommending the service, the project's peer researchers made the following recommendations:

- **Support people with HIV as the first priority, followed by prioritising wider blood borne virus and sexual health support.** This will ensure people are accessing the service for specific support rather than accessing it as a service for general support. A suggested criteria is.
 - Clearly define and communicate specific issues that the team is there to support people with.
 - If someone needs support with an issue outside these areas, refer them to a service that provides the specific support.
 - If there is no service available for an issue, but it needs to be addressed in order to support with blood borne viruses and sexual health, then support can be provided from the HIV Street Support Project.

The partner survey respondents made the following recommendations for improving the service's reputation:

- Identify ways to **moderate the impact of staffing gaps**. This ensures the service provision is not impacted by changes in staffing.
- Identify ways to **develop or improve collaborative working relationships** with clinical staff. This enables service users to receive better linked-up care.

5.5. HIV

A majority of service users had some knowledge of HIV, knew where to access clean injecting equipment, and knew where to access condoms. Most service users had accessed testing more than a year ago and were aware of the outbreak. Most respondents were unaware of PrEP.

Based on service user's varying knowledge related to HIV, as well as having accessed HIV testing infrequently, the project's peer researchers made the following recommendations:

- **Provide HIV information, including HIV testing, at the beginning of the working relationship. Follow this up with regular reminders of the information and testing.** This is because people the service engages with have a number of other priorities so may only take away a limited amount of information during an engagement with the service's staff team. Focusing on HIV support also communicates the severity of the outbreak.

- **Be creative about showing the value of testing and treatment.** Information and testing can be provided in more engaging ways. For example, host movie nights showing films about HIV alongside discussion.
- **Provide HIV information and support to other services.** It is likely that no service is able to engage every person affected by the outbreak. By providing information and support to other organisations, there can be multiple contact points for delivering information and making support options known.
- **Prioritise PrEP awareness in HIV-specific support.** There is a significant lack of awareness of PrEP availability, meaning there may be people who are eligible, at risk of HIV but unaware of the available prevention method. By prioritising HIV-specific support, there can be more focus on PrEP.

“People have took their eye off the ball a bit with PrEP, it’s just trying to get it normalised.” – Peer researcher

The partner survey respondents made the following recommendation for improving the service’s HIV outreach and support activities:

- **Increase opportunities for service users to get HIV testing.** This will help prevent new infections, normalise testing and increase awareness of the outbreak.

5.6. Conclusion

In sum, this evaluation used a mixed methods approach to explore the HIV Street Support Project’s service provision. A number of areas were identified where the service can better meet the needs of service users and people affected by Glasgow’s HIV outbreak. The most significant area of which is to prioritise better communication of the service’s remit to stakeholders. The service was however viewed as providing effective holistic support, with service users reporting that they gained substantial benefit from its approach. Together these findings indicate the building blocks are in place to allow the HIV Street Support Project to further develop its services and hone its remit.

6. References

- Arum, C., Fraser, H., Artenie, A.A., Bivegete, S., Trickey, A., Alary, M., Astemborski, J., Iversen, J., Lim, A.G., MacGregor, L., Morris, M., Ong, J.J., Platt, L., Sack-Davis, R., van Santen, D.K., Solomon, S.S., Sypsa, V., Valencia, J., Van Den Boom, W. and Walker, J.G. (2021). **Homelessness, unstable housing, and risk of HIV and hepatitis C virus acquisition among people who inject drugs: a systematic review and meta-analysis.** *The Lancet Public Health*, [online] 6(5), pp.e309–e323. Available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00013-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00013-X/fulltext) [Accessed 19 Jul. 2021].
- Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Kittlewood, M., Frew, C., Bashar, T., McIntyre, K., and Johnsen, J. (2019). **Hard Edges Scotland.** [online] Available at: <https://lankellychase.org.uk/publication/hard-edges-scotland/> [Accessed 19 Jul. 2021].
- Charlton, J., Rudisill, C., Bhattarai, N. and Gulliford, M. (2013). **Impact of deprivation on occurrence, outcomes and health care costs of people with multiple morbidity.** *Journal of Health Services Research & Policy*, [online] 18(4), pp.215–223. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3808175/> [Accessed 31 May 2021].
- Falagas, M.E., Zarkadoulia, E.A., Pliatsika, P.A. and Panos, G. (2008). **Socioeconomic status (SES) as a determinant of adherence to treatment in HIV infected patients: a systematic review of the literature.** *Retrovirology*, [online] 5(1), p.13. Available at: <https://link.springer.com/article/10.1186/1742-4690-5-13> [Accessed 21 Jul. 2021].
- Glasgow Centre for Population Health (2016). **Trends in earnings and income inequalities in Scotland and the UK 1997-2016.** [online] Available at: <https://www.gcph.co.uk/publications/871> [Accessed 31 May 2021].
- ISD Scotland. (2019). **Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates.** [online] Available from: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Summary.pdf?41047304869> [Accessed 31 August 2021].
- McAuley, A., Palmateer, N.E., Goldberg, D.J., Trayner, K.M.A., Shepherd, S.J., Gunson, R.N., Metcalfe, R., Milosevic, C., Taylor, A., Munro, A. and Hutchinson, S.J. (2019). **Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis.** *The Lancet HIV*, [online] 6(5), pp.e315–e324. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S2352301819300360#!> [Accessed 19 Jul. 2021].
- Metcalfe, R., Ragonnet-Cronin, M., Bradley-Stewart, A., McAuley, A., Stubbs, H., Ritchie, T., O’Hara, R., Trayner, K., Glover, C., Laverty, L., Sills, L., Brown, K., Gunson, R., Campbell, J., Milsoevic, C., Anderson, P. and Peters, S.E. (2020). **From Hospital to the Community: Redesigning the Human Immunodeficiency Virus (HIV) Clinical Service Model to Respond to an Outbreak of HIV Among People Who Inject Drugs.** *The Journal of Infectious Diseases*, [online] 222(Supplement_5), pp.S410–S419. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7467274/> [Accessed 19 Jul. 2021].
- ScotPHO (2021). **Scotland and UK - ScotPHO.** [online] Available at: <https://www.scotpho.org.uk/health-wellbeing-and-disease/hepatitis-c/data/scotland-and-uk/> [Accessed 16 Jun. 2021].
- The Scottish Government (2020). **Homelessness in Scotland: 2019 to 2020.** [online] Gov. scot. Available at: [https://www.gov.scot/publications/homelessness-scotland-2019-2020/pages/4/#:~:text=Glasgow%20had%20the%20highest%20number,12%25\)%20from%202018%2F19.](https://www.gov.scot/publications/homelessness-scotland-2019-2020/pages/4/#:~:text=Glasgow%20had%20the%20highest%20number,12%25)%20from%202018%2F19.) [Accessed 31 May 2021].

7. Appendices

Appendix 1: Service User Interview Pro-Forma

Introduction

'Hello my name is **YOUR NAME**. Thank you for agreeing to speak to me today. I'm just letting you know that I am going to put the Dictaphone on now, if that is ok'

TURN ON DICTAPHONE

Impression of Waverley Care

To start off, could you tell me what you know about Waverley Care and the services they provide?

Did you know about Waverley Care before you started getting support from them?

- What's your impression/what do you think about what they do?
- Do you see the team regularly walking on the street?
- Do you know what they are doing when they are walking on the street?
- Do the team give you information about other services or help you can get, like the Simon Community?
- Do the street team provide you with support different to that of the other street teams?

HIV knowledge

Explain that one of the reasons we're doing the interview is to find out about people's knowledge of HIV and how we can help people to learn more about it.

Could you tell me a bit about what you know about HIV?

- Explore here: knowledge of modern treatments for HIV, fact that it can't be passed on through sex if the person has an undetectable viral load

Do you think other people you know have good awareness about HIV?

Did you know that there is an HIV outbreak going on in the city centre at the moment, among people who inject drugs?

Has Waverley Care given you any information about HIV?

- If so, has that been useful?

Avoiding HIV transmission

If appropriate to ask: do you mind telling me what you're using?

Do you know how to keep yourself safe from HIV?

- Could you tell me a bit about how you or other people you know do that?
- Do you know where to get clean equipment?
- Do you know where to get free condoms?

Have you heard of PrEP before?

- If no: explain that PrEP is a medicine an HIV negative person can take to stop them getting HIV through sex.
- If yes: where did they hear about? What do they think about it?

Has Waverley Care helped you with any of the things we've talked about? For example, getting clean equipment or condoms?

IF THE PERSON WANTS TO LEARN MORE ABOUT ANY OF THE TOPICS RAISED, YOU CAN ASK SOMEONE FROM THE STREET TEAM TO SPEAK TO THEM AFTER THE INTERVIEW

Testing

If you don't mind me asking, have you ever been tested for HIV before?

- If no: Do you know where to get tested if you want to?
- If yes: Could you tell me a bit more about that (e.g. where, how long ago, what was it like)
- If yes: Do you regularly get tested?

Do you think it's common for other people you know to get tested?

IF SOMEONE WANTS TO TAKE A TEST, YOU CAN ASK THE STREET TEAM TO SPEAK TO THEM AFTER THE INTERVIEW

Waverley Care Staff

Explain that we'd also like to find out a bit about the persons' experiences of working with WC staff, so we can see if there are any ways to improve the service

What's been your experience of speaking with WC staff (Mhairi/Collett/Jenny)?

Do you feel listened to?

Have they been able to help you with issues you've raised?

Would you recommend Waverley Care to other people you know?

Testing

That's everything I wanted to ask today. Is there anything else you wanted to tell me or anything I can help you with (refer to service guide).

Thank you very much for taking the time to speak to me.

Appendix 2: Service User Consent Form

Consent form

Service User Views about Waverley Care

1. The participant understands why the peer interviewer wants to speak to them on the phone today and what this will involve.	
2. The participant knows that they can stop the conversation with the peer interviewer at any point and they don't have to answer any questions they don't want to.	
3. The participant knows that if they decide to stop the conversation or don't want to answer a question, this will not affect their relationship with any of the Waverley Care staff or the support they give them.	
4. The participant understands that the peer interviewer will use what we talk about today to write a report about the Waverley Care Street Team. They know this report will be shared with other people and organisations.	
5. The participant knows that their identity will be kept anonymous in the report and that their confidentiality will be protected, unless they or another person is at immediate or significant risk of harm.	
6. The participant agrees that the conversation can be recorded and knows that the recording will be destroyed immediately after it is typed up.	

Participant name:

Does the participant consent to being interviewed? Y/N:

Date:

Staff name:

Signature:

Date:

Appendix 3: Service User Information Sheet

Your Views about Waverley Care: Information sheet

Who are you?

We are a team of peer researchers with Waverley Care. We work on a project called You Matter. We all have personal experiences of substance use and recovery. Our roles at Waverley Care involve talking to people to find about their experiences, to find out if there are any improvements we can make to our services.

Why do you want to talk to me today?

We would like to talk to you because you have received help or support from Waverley Care's Street Support Team (Mhairi, Jenny, Collett and Wendy). The Street Team have asked us to gather feedback about their work. We would like to find out about any positive or negative comments you have about the Street Team. We'd also like to find out what you know about HIV and how to reduce your risk of getting HIV.

Why are you doing this?

We are doing this so that we can make sure the Street Team are giving people the help and support that they need. We will use the information you give us to tell the Street Team what they are doing well and if there any improvements they could make. We'll also use it so that we can develop the way we share information with people about HIV.

What will taking part involve?

If you decide to take part, this will involve talking to a peer interviewer for around 30 minutes about Waverley Care's Street Team. We would do this over the phone. You can do this in a location of your choice, or at a room in the Simon Community Hub.

You will also receive £15 in cash as a thank you for taking part. You will receive this no matter how much information you tell us, or even if you start the interview but then decide you no longer want to take part.

If you decided to take part, you can stop the conversation at any time and you do not need to answer any questions if don't want to. If you decide you don't want to take part or to answer a question, this won't make any difference to your relationship with the Street Team staff or the support you get from them.

With your consent, we would like to use a Dictaphone to record the conversation. This will be typed up and then the recording will be deleted.

What will you do next?

We will use the information you and other people have told us to write a report about the Waverley Care Street Team. We will also write a short two page summary about what we have found out about people's knowledge of HIV. We will share both of these documents with staff at Waverley Care and with some of the other people and organisations we work with.

How will you protect my anonymity and confidentiality?

We will not use your real name or any other information that could identify you in our written report. We will keep a note of your name in a password protected document for 6 months, so that we can contact you to tell you about what we have learned from doing these conversations.

We will only share identifiable information about you with someone else if we are worried that you or another person is at immediate or significant risk of harm.

What if I no longer want you to use what I have said in your report?

We can remove your comments from our report up until the point that we share it with other people, which will be in December 2021. Up until then, you can contact us using the details given below.

What if I want to complain about this project?

You can call Jennifer Goff, Engagement and Development Manager, who is managing the project. Her contact details are: Jennifer.goff@waverleycare.org or 078 6070 3581

Appendix 4: Partner Survey

Preamble

What is this survey about?

The purpose of this survey is to evaluate the service provided by Waverley Care's HIV Street Support Project to people who are affected by Glasgow's HIV outbreak.

First funded in 2018, staff from Waverley Care's HIV Street Support Project deliver HIV testing and support, as well as Naloxone and IEP (Injecting Equipment Provision) services in Glasgow city center and community venues, such as the Simon Community Hub. We are now evaluating the service to make sure it is meeting the needs of those accessing support. To date we have carried out a series of interviews with people who have received long-term and short-term support from the project, and we are now gathering the experience of partners who have worked with the service.

You can complete the survey if you have worked with the HIV Street Support Project. All of the questions are optional and you can skip any that you do not want to answer.

Who is running the survey?

Waverley Care is running the survey. You can find out more about us here: <https://www.waverleycare.org/>

What personal data will the survey collect?

The survey can be completed anonymously, or you can choose to enter personal data (your email address). We will only use your email address to contact you about a follow up interview. If you include your email address, you will be asked at the end of the survey if you consent to it being used for this purpose.

How will you use the information I provide?

Your survey response will be collated and analysed by Waverley Care's research and engagement staff. We will use the information you provide as part of a report and to inform any changes to the HIV Street Support Project's service provision. We will share the survey findings publicly, including via social media and in published articles. We will not share any information that could identify you or other people.

How will you store the information I provide?

Your survey response will be stored using password protection. Your personal data will be deleted by 31 April 2022 and we will only keep your anonymised survey response.

Can I withdraw my survey response?

If you decide you do not want your survey response to be included in the evaluation, you can contact researchengagement@waverleycare.org. If you have completed the survey anonymously, we may not be able to identify your response, but we will try to do this. If we can identify your response, you will be able to withdraw it until the point we publish the survey results, which will be around mid-July.

Who can I contact if I have questions about the survey or I want to make a complaint?

If you have questions about the survey, you can contact researchengagement@waverleycare.org.

If you would like to speak to someone who is not involved in the survey, you can contact:

Rachel Hughes, Head of Corporate Services, Waverley Care rachel.hughes@waverleycare.org

Survey

1. What is your name?
2. What is your position?
3. In what organisation do you work?

4. In what service, project or department do you work?

5. How often do you work with the HIV Street Support Project?

Very Frequently

Frequently

Occasionally

Rarely

Very Rarely

Never

6. How would you rate your experience working with the HIV Street Support Project?

Very good

Very bad

7. Can you explain why you chose your rating?

8. How likely is it that you would refer someone living with or at risk of HIV to the HIV Street Support Project?

Very likely

Likely

Not sure

Unlikely

Very unlikely

9. Can you explain why you would be unlikely to refer someone living with or at risk of HIV to the HIV Street Support Project?

10. Can you explain why you would be likely to refer someone living with or at risk of HIV to the HIV Street Support Project?

11. How likely are you to recommend the HIV Street Support Project to professionals or service users?

Very likely

Likely

Not sure

Unlikely

Very unlikely

12. Can you explain why you would be unlikely to recommend the HIV Street Support Project to professionals or service users?

13. Can you explain why you would be likely to recommend the HIV Street Support Project to professionals or service users?

14. What would you like the HIV Street Support Project to do more of?

15. What would you like the HIV Street Support Project to do less of?

16. Do you have any other comments or suggestions that would help us improve the HIV Street Support Project?

End of survey

Thank you for taking the time to enter this survey.

This survey is the one part of a wider evaluation of the HIV Street Support Project. If you would like to receive a copy of the final evaluation report please include your email address in the box below:

Appendix 5: Colloquial Language Glossary

Aff - off

Anow/anaw - and all or and everything or as well

Aye - Yes

Bottle of ginger - juice/fizzy drinks

Cannae/canny - can't

Da - dad

Dae - do

Daein - doing

Deid - dead

Didnae - Didn't

Dug - dog

Fae - from

Fooked - fucked

Gie - to give

Giro - living benefits/allowance

Gonnae - going to

Greet - cry

Haund - hand

Havnae - have not

Heid - head

Hen - affectionate name given to women, like honey or darling

Hingmy - filling in word, sometimes means 'something'

Init - isn't it

Lassie - young woman/girl

Lavvy - toilet

Ma/Mammy - mother

Mare - more

Maw - mother

Nae - no

Naebody - nobody

Naw - no

Nd - and

No - sometimes used to replace not

Sare - sore

Shouldnae - shouldn't

Telt - told

Thingmy - word used when a word is unknown or forgotten

Uhuh - yes or agreeing

Yano - you know

Youse - you (collective)

Weans - children

Wee - small, little, young (can also refer to short. for example, 'a wee walk, might refer to the short length of the walk). 'Wee' can also be put into sentences without any real meaning i.e. 'a wee cake' might not actually reflect any small size of the cake.

Wrang - wrong

Wur - was

Wussnae - wasn't

If you have any questions regarding this research,
you can contact us with the following details:

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Engagement and Development Manager
Waverley Care

☎ 0141 332 2520

✉ jennifer.goff@waverleycare.org

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