‘Positive Voices’ Mid-term Evaluation Report

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An Independent Report by
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Key abbreviations

HIV = Human Immunodeficiency Virus

NHS = National Health Service

HCP= Healthcare Professional

EXECUTIVE SUMMARY

Background

Human Immunodeficiency Virus (HIV) weakens the immune system leaving individuals susceptible to infections. Effective medical treatment allows for long, healthy lives, with treated individuals unable to transmit the virus. However, persistent stigma and misperceptions contribute to challenges such as discrimination and isolation. Research consistently demonstrates that people living with HIV have lower quality of life, life satisfaction and more anxiety and depression than the general population. They also have high unmet needs for various types of psychological, social and health-related support.

Bristol (UK) is a large, multicultural city with a high prevalence of HIV. It is also a 'Fast Track City', committed to improving the lives of people living with HIV, ending HIV stigma and ultimately ending HIV. Brigstowe is a local charity providing support and services for people living with HIV. Brigstowe delivers 'Positive Voices', a set of services for people living with HIV which are delivered by other people living with HIV. It aims to improve their emotional wellbeing, social inclusion and HIV self-management. It also aims to reduce stigma by improving professional expertise and attitudes. 'Positive Voices' includes

1) One-to-one peer support in the community and at the local NHS HIV clinic
2) 'All In' Group peer support through educational and social events
3) 'Awareness Training' for organisations and communities

Evaluation methods

This evaluation explores the impact of Positive Voices, gathers learning for project improvement, investigates challenges and successes, ascertains the value it provides, and explores how it should continue and further develop. The evaluation was undertaken by an experienced independent health researcher and uses mixed methods. Quantitative analysis involved examining service delivery data, service user demographics, and survey feedback using descriptive statistics. Qualitative research consisted of online interviews with fourteen stakeholders, including mentees, mentors, Brigstowe staff, healthcare professionals, and an academic partner. Thematic analysis was used to analyse this data. Finally, qualitative and quantitative findings were synthesized to draw conclusions and formulate recommendations

Key findings

Positive Voices continues to be effective in achieving its four aims. Targets for the number of people living with HIV reached by peer mentoring, 'All In' and Awareness Training have been broadly met. Service users come from diverse backgrounds, including some traditionally underserved groups. Peer mentoring is a unique offering which positively impacts the psychological, social and physical well-being of people living with HIV, sometimes in life-changing ways. The service operates well with trained and supported mentors also benefitting personally from their involvement. Clinic mentoring serves as a valuable resource for individuals in crisis, and delivers a warm, personal introduction to Brigstowe's services. Addressing the current procedural challenges within the clinic setting should allow more people living with HIV to access and benefit from the service. 'All in' groups reach a wide range of people living with HIV and their family members. Sessions are positively rated, create a sense of community and improve HIV-related knowledge. However, a way to deliver group experiences that meet everyone's needs remains elusive.

‘Awareness Training’ receives outstanding feedback and improves knowledge and attitudes in most attendees. It is delivered to a range of organisations identified as strategically important according to Brigstowe’s Influencing Strategy. However, challenges remain in engaging with NHS trusts and influencing the policies of major organizations. Continuous improvement driven by reflective practice and user feedback and involvement is evident across all Positive Voices services.

Recommendations

Eleven recommendations have been proposed. These relate to optimising Positive Voices delivery and/or extending the impressive impact already achieved. The primary recommendation is that all Positive Voices services should continue and that funding must be found to sustain them. Other recommendations include refining clinic mentoring processes, developing follow-up procedures for mentoring withdrawals, piloting new approaches to group support and continuing efforts to reach underserved populations. It is also recommended that Brigstowe works with key collaborators and organisations to increase the reach and effectiveness of its ‘Awareness Training’, organisational policy review work and stigma-reduction initiatives. Finally, routine data collection should be extended in preparation for the final evaluation of Positive Voices in 2026.

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BACKGROUND

About HIV

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system by targeting CD4 cells, leaving the body more vulnerable to infections. HIV can be managed effectively with antiretroviral therapy, allowing individuals to live long and healthy lives with proper treatment. Being on optimal treatment also means that people cannot pass the virus on to others (undetectable equals untransmissible; U=U). Unfortunately, society's knowledge and attitudes have not kept pace with medical developments. Misperceptions and stigma about HIV persist and problems historically associated with HIV, such as discrimination, isolation and emotional distress remain challenging for many people living with HIV (people living with HIV).

A recently major national survey of 4540 people living with HIV highlighted that they are more likely to have lower life satisfaction and quality of life compared to the general population, and more likely to report anxiety and depression, with little sign of improvement since the previous (2017) survey. Experiences of discrimination and stigma remains high. The survey also highlighted many areas of high need and unmet need for services. This included access to peer support and social contact with others living with HIV, disclosure support, support to manage long-term health condition, information about living with HIV, treatment advice and adherence support (Aghaizu et al., 2023).

HIV in Bristol

Bristol is a multi-cultural city with a large and diverse population. It is also classified as having a high HIV prevalence with 2.5 per 1,000 people age 15-59 living with HIV and higher rates in inner city and deprived areas (Office for Health Improvement and Disparities, 2022). According to a 2021 analysis this equated to an estimated 925 people living with HIV in Bristol, with around 50 undiagnosed (UK Health Security Agency, 2022). High prevalence is partly due to advancements in treatment, enabling individuals to live longer with HIV. Additionally, it reflects patterns of economic migration into Bristol from countries and regions with high HIV prevalence. The Brecon HIV clinic at Southmead Hospital, North Bristol NHS Trust has reported large increases in patient caseload, with a particularly sharp rise in 2023. This is primarily attributed to 'transfers of care' into the clinic rather than new diagnoses.

Bristol is a 'Fast Track City,' part of an initiative uniting various organizations to end HIV. This commitment entails ensuring 95% of people living with HIV know their status, 95% are on treatment, and 95% achieve suppressed viral loads. Additionally, there's a dedication to ending new infections, stigma, discrimination, preventable deaths related to HIV, and enhancing the health, well-being, and quality of life of people living with HIV.

Brigstowe charity and 'Positive Voices'

Brigstowe is a charity based in Bristol, United Kingdom, that provides support and services for people living with HIV. They offer a range of services including practical and emotional support, advocacy, education, and outreach to help individuals and communities affected by HIV lead fulfilling lives. Additionally, Brigstowe works to raise awareness about HIV/AIDS and reduce stigma surrounding the virus.

Funded by the National Lottery Community Fund (initial funding 2016-2-21 then extension funding 2021-2026), Brigstowe has developed and implemented a programme called 'Positive Voices'. Positive Voices is led by and for people living with HIV and comprises three core components:

1. **Peer mentoring**. Delivered in the community (as one-to-one mentoring) and in the local NHS HIV clinic (where a mentor is available to talk to and to signpost into other Brigstowe services)
2. **Group support**. Via ‘All In’ peer-led groups which include HIV-focussed educational and social sessions.
3. **‘Awareness Training’.** Delivered to health and care professionals and featuring a ‘Positive Speaker’ (person living with HIV).

Through these three services Positive Voices aims to

- improve the emotional and mental wellbeing of people living with HIV
- improve the social inclusion of people living with HIV,
- enable people living with HIV to better manage their HIV diagnosis and long-term health
- improve professional and community expertise in HIV and reduce stigma.

EVALUATION AIMS AND SCOPE

Previous evaluations

Since its inception in 2016, Positive Voices has undergone two comprehensive evaluations as required by the funder, The National Lottery Community Fund. These are publicly available on the Brigstowe website. Both evaluations employed mixed methods and extensive qualitative research involving various stakeholders, including clients, staff, volunteers, and others.

Evaluation 1 (‘Midway’, 2019) aimed to monitor impact, gather learning for project improvement and produce recommendations, investigate challenges and successes and learning points, and consider how to make the service more sustainable in the future. This initial evaluation identified a wide range of benefits for people living with HIV (both those accessing and providing the services). It concluded that Positive Voices was delivering a powerful form of support, helping to break down stigma and helping people to live well with a HIV diagnosis. It further highlighted the involvement of people living with HIV as critical to the success of the service and to Brigstowe as an organisation. It produced a set of recommendations to further improve and extend the service.

Evaluation 2 (‘Final’, 2020) aimed to explore outcomes and provide future recommendations. The evaluation concluded that the Positive Voices project was overwhelmingly positively received and contributed to improving the emotional and mental wellbeing of people living with HIV, social inclusion for people living with HIV, successful self-management of HIV, and social cohesion (through improving knowledge about HIV and reducing stigma). It reported resolution and/or progress towards the mid-term evaluation’s recommendations and set out 17 recommendations, a combination of suggested improvements to Positive Voices and potential extensions and new ventures.

Current evaluation

Continuation funding commenced in June 2021, marking the start of Year 1 (2021-22), followed by Year 2 (2022-23), and Year 3 (2023-24). This evaluation covers the period from Year 1 to midway through Year 3 (October 2023). The evaluation mandate included:

- Examining the project's impact on clients, volunteers, Brigstowe, and partner organizations.
- Gathering insights for project enhancement and providing recommendations, with a focus on understanding the evolving needs of clients.
- Investigating challenges and successes of the project

- Identifying unexpected learnings
- Considering strategies for future sustainability and assisting Brigstowe in prioritizing areas for development.

The current evaluation considered the three components of Positive Voices as well-established services, having been in operation for over seven years and integrated as core offerings within Brigstowe's services. They have all also undergone considerable improvement and optimisation already. The evaluation therefore sought to extend learning from previous evaluations and from Brigstowe's routine monitoring of progress against delivery targets which is reported regularly to the funder. It aimed to provide both an update on previously reported findings and a 'deep dive' into areas where there had been significant change or where there was uncertainty, curiosity or concern.

To pinpoint such areas, the evaluator examined all recommendations from the latest (2020) evaluation report, discussing them with the Brigstowe Operations Manager and requesting supporting data where needed. Appendix 1 presents those recommendations with commentary on their fulfilment. While most were met, some were only partially fulfilled, and none were left unaddressed. It's important to note that many recommendations extended beyond the current scope of the Positive Voices service. Partially met recommendations were explored further through interviews and analysis of feedback datasets.

The evaluator also conducted a thorough review of various documents related to Positive Voices, including quantitative datasets and previous reports. Subsequently, potential areas for evaluation focus were discussed with Brigstowe's Operations Manager. Confidence was high in the effectiveness of mentoring as a unique service with diverse benefits for mentees, along with the well-organized training and support systems for mentees. However, areas of interest and uncertainty arose regarding the smooth operation of Clinic mentoring post-COVID and amidst significant staff changes. Additionally, areas of focus identified included the suitability of the current format and topics of 'All in' group sessions, especially concerning support for individuals nearing the end of mentoring. The effectiveness of the new (2022) Influencing Strategy (which relates to Awareness Training) was also deemed relevant to explore. The reach of Positive Voices, particularly its engagement with typically underserved groups was also highlighted as important.

METHODS

The evaluation was conducted by Dr Laura Dennison, an independent Evaluator who is an experienced researcher. She has 18 years of academic research experience exploring experiences of various health conditions and evaluating psychosocial health interventions. The Evaluator did not have HIV-specific expertise or affiliations with Brigstowe, the Bristol area or any of the organisations linked to Positive Voices.

The evaluation utilized mixed methods, including quantitative and qualitative approaches. Initially, the Evaluator conducted a document review, examining documents describing the Positive Voices services, national and local HIV contexts, two previous evaluation reports, and the Positive Voices funding applications. Subsequently, existing quantitative data sets were explored and analysed. These covered the time period form the beginning of the current funding (June 2021) to the beginning of the evaluation (Oct 2023). Finally, qualitative interviews were conducted to gain a comprehensive understanding of the Positive Voices services. These took place between November 2023 and February 2024.

Ethical considerations

As a Health Psychologist, the Evaluator conducted the evaluation in accordance with the British Psychological Society's Code of Human Research Ethics. Since the evaluation was independent of academic or NHS institutions, no external ethics committee review was sought. However, the Consultant meticulously reviewed ethical considerations, conducted risk assessments, and implemented procedures to ensure ethical conduct before commencing the evaluation. This included:

- ensuring that those involved were offered the chance to participate but not coerced or pressured to be involved
- ensuring that consent to participate was given and that this was fully informed
- ensuring participants could withdraw at any time (without concern for an impact on their volunteer role or relationships within the service)
- considering and mitigating possible harms from participating (especially with regard to covering sensitive and personal topics)
- having a plan for dealing with disclosures raising concerns about risk of harm to self or others
- ensuring confidentiality and safe storage and processing of data
- ensuring debriefing procedures were in place to deal with possible emotional upset or concerns about how data would be used.

Data storage and processing was compliant the Data Protection Act 2018 (DPA 2018), and the UK General Data Protection Regulation (UK GDPR). The data was considered personal, 'special category data' and as such required particularly careful and sensitive planning with regards to how it was processed and held.

Quantitative data

The Evaluator received anonymized datasets from Brigstowe, covering sociodemographic details of service users and providers, completed mentoring relationships, scheduled and delivered 'All In' sessions (including uptake), and delivered Awareness Training sessions. Feedback data routinely collected about mentoring (from mentees), 'All In' group events (from attendees), and awareness training (from attendees) were also analysed. The feedback datasets included responses to categorical and Likert-style questions, as well as brief feedback to open-ended questions. Most data were analysed using descriptive statistics and presented in tables, figures, and text, while open-ended question data were analysed thematically.

Qualitative data

Recruitment and participants.

Interviews were conducted with a variety of individuals involved in Positive Voices, both within and outside of Brigstowe. The Evaluator and Brigstowe's Head of Operations collaborated on identifying interviewees based on their roles and experiences relevant to the evaluation's aims. An email was sent to all Brigstowe staff and mentors to announce the start of the evaluation, manage expectations, and invite their participation. Staff and mentors were approached by Brigstowe's Head of Operations, while mentees were carefully contacted by Brigstowe's HIV Peer Support Coordinator, with an information/invitation document provided. All fifteen initially approached individuals agreed to participate. One individual later changed their mind (a person living with HIV who had initiated the peer mentoring process but not continued).

The final data set is from 14 participants:

- 3 current and recent mentees
- 5 mentors/volunteers
- 3 Brigstowe staff member
- 2 healthcare professionals (HCPs) from the Brecon Clinic, Southmead Hospital (North Bristol Trust)
- 1 academic partner from a local University, who collaborates with Brigstowe with training and stigma work

The interviewees represented a range of ages groups (20s to 70s), genders, sexual orientations and ethnic groups. No further breakdown or details are provided in order to maintain confidentiality.

Interview procedure

Interviews were conducted online via Microsoft Teams, recorded, and auto-transcribed. Participants provided consent either through completing a form or verbally at the start of the interview, with details captured on audio recordings. While most interviews were individual, two group interviews were conducted with consent—one involving 3 mentors and the other 2 Brigstowe staff members.

An interview schedule was tailored for each interview based on the participant's role and involvement in Positive Voices and any areas of interest that had emerged from previous interviews or data sets. Typically, interviews began with participants describing their engagement in Positive Voices, followed by discussions on positive and negative experiences, barriers, facilitators, and suggestions for improvement. Open-ended questions encouraged detailed responses, with additional topics explored as they arose. Sensitivity to emotional responses was maintained, with empathy and pauses offered as needed. Feedback from participants indicated that interviews were enjoyable, prompting reflection on their involvement. Interviews lasted between 40 minutes and two hours, with a mean duration of 76 minutes. Participants were thanked and offered a follow-up email for any further communication or concerns. All participants, except Brigstowe staff, received a £20 gift voucher as appreciation for their time.

Data analysis

The interview data was analysed using inductive thematic analysis (Braun and Clarke, 2006). This is an analysis method that develop themes by building from the participants' accounts 'upwards' rather than developing themes based on a pre-specified theory or framework. Initially, familiarization with the data occurred through reviewing audiovisual recordings and transcripts. Descriptive codes were then assigned to words or phrases capturing ideas relevant to the evaluation aims. Codes were clustered and developed into themes that encapsulated patterns and features observed in the data. Themes were iteratively reviewed, refined, organized, and renamed to ensure coherence

Reporting

Themes are presented and described in the findings section alongside illustrative quotations. Participant names have been anonymized with indicators of their role (e.g., mentee 2). Some minor edits have been made to quotes to enhance comprehensibility without altering their meaning. Occasionally, ages and genders have been obscured to reduce the risk of identifying individuals. Despite these measures, complete anonymity may not have been achievable due to the small pool of participants, known to each other and working together. This could potentially hinder the expression of critical or controversial views or discussion of sensitive topics. This issue was addressed both before and after each interview. Participants were asked if they had shared anything they felt was too sensitive or controversial to be quoted, or if particular sensitivity was required in reporting. Two participants accepted the offer to review small sections of the report containing their comments and quotes. Neither participant requested substantial changes.

FINDINGS

This section provides a detailed report of findings from the evaluation, beginning with an overview of the demographic characteristics of individuals utilizing Positive Voices services and the volunteers involved in delivering the services. It then proceeds to discuss in turn Peer Mentoring, Clinic Mentoring, 'All In' Groups, and Awareness Training, presenting a description of current service operation and delivery against targets, and both quantitative (feedback surveys) and qualitative (in-depth interview) results. Subsequent sections offer interpretations of the findings and recommendations.

Who is using and delivering Positive Voices services?

Table 1 shows available sociodemographic data provided on the mentees, "All In" group participants and volunteers, combining data for years 1-3 (so far). This data shows that overall Positive Voices is serving people with, and is provided by people with a wide range of ages, genders, sexual orientations and ethnicities. Of note is that the majority of those using and delivering Positive Voices services are from areas of higher deprivation and around a third of both mentees and 'All In' participants are African.

Most (83%) mentoring referrals came from people living within the city of Bristol but in line with their target to broaden reach to further afield, 17% of mentoring referrals originated from the surrounding area including South Gloucestershire, North Somerset, Somerset, Bath and North East Somerset.

The sociodemographic characteristics of Positive Voices service users and volunteers map broadly to demographic characteristics of people living with HIV registered at the Brecon HIV clinic in Bristol (2019 dataset, n=1377, not displayed here). According to that dataset 71% of people registered with the clinic were male, around 60% were in their 40s and 50s, 56% were White British and 21% Black or Black British African.

Table 1: Demographics of Positive voices service users and volunteers (data pooled for years 1-3).

		Mentees	**N=30**	**‘All in’ attendees**	**N=165**	**Mentors/ volunteers**	**N=13**
		n	**%**	**n**	**%**	**n**	**%**
Gender	Male	20	67%	77	47%	5	38%
	Female	10	33%	82	50%	6	46%
	Non-binary	0	0%	5	3%	1	8%
	Missing/refused	0	0%	1	1%	0	0%
Age	18 to 24	0	0%	2	1%	2	15%
	25 To 34	9	30%	6	4%	0	0%
	35 To 44	10	33%	36	22%	2	15%
	45 To 54	5	17%	48	29%	3	23%
	55 To 64	4	13%	63	38%	4	31%
	65 to 74	0	0%	8	5%	2	15%
	75+	1	3%	0	0%	0	0%
	Missing/refused	1	3%	2	1%	0	0%
Sexual Orient-ation	Gay/Lesbian	15	50%	59	36%	6	46%
	Bisexual	1	3%	2	1%	0	0%
	Heterosexual	14	47%	97	59%	5	38%
	Missing/refused	0	0%	7	4%	2	15%
Ethnicity	Any other ethnicity	0	0%	2	1%	0	0%
	Asian Indian	0	0%	1	1%	0	0%
	Asian-other south Asian	1	3%	2	1%	0	0%
	African	10	33%	58	35%	2	15%
	Black/Black British- any other	1	3%	15	9%	1	8%
	Caribbean - Black/black British	0	0%	15	9%	1	8%
	Latin American	4	13%	2	1%	0	0%
	missing/refused	0	0%	1	1%	0	0%
	mixed black/white African	1	3%	0	0	0	0%
	White- any other	1	3%	12	7%	1	8%
	White British	11	37%	55	33%	8	62%
	White Irish	1	3%	2	1%	0	0%

	Mentees N=30		**'All in' attendees N=165**		**Mentors/ volunteers N=13**	
	n	**%**	**n**	**%**	**n**	**%**
Deprivation (IMD decile, 1=most deprived, 10=least)						
Mean	4.2		3.5		4.3	
Range	1 to 10		1 to 9		1 to 9	
In most deprived 5 deciles		73%		85%		62%
In most deprive 3 deciles		47%		53%		31%

Peer mentoring

Summary of current delivery and progress against delivery targets

The peer mentoring service involves matching a person living with HIV to a volunteer peer mentor. Once an acceptable match has been made the service user has 16 weeks of weekly mentoring sessions. The service is managed by Brigstowe's HIV Peer Support Coordinator.

29 mentees have completed mentoring during the evaluation period. Numbers of completers per year has fluctuated with year 1 under target, year 2 exceeding target and year 3 on track to meet or exceed targets.

- In year 1 (affected by the ongoing COVID-19 pandemic), the target was for 15 completed peer mentoring relationships, but only 9 completed
- In year 2, the target of 13 was exceeded as 17 people completed.
- In year 3, the target is 11. At the point of evaluation (Oct 2023 i.e. half way through the funding year) 3 had completed and completed so far, with 6 ongoing.

The number of mentors has fluctuated from 15 in year 1 to 12 in year 2 and 9 currently. It is efficient to recruit, train and induct volunteers in batches. Plans are in place to recruit for both clinic and one-to-one mentoring roles in Autumn 2024, with a focus on extending diversity.

Data from feedback forms

Feedback from mentees is collected routinely by Brigstowe through end of mentoring feedback forms. Completion rates are good with a total of 22 mentees providing feedback out of 29 (6/9 in year 1, 13/17 in year 2 and 3/3 so far in year 3). Table 2 shows a very high level of satisfaction from all respondents with agreement or strong agreement on every domain asked about.

Table 2: End of mentoring feedback data (n=22)

	Strongly agree N (%)	Agree N (%)	Neither agree /disagree N (%)	Disagree N (%)	Strongly disagree N (%)
Mentor was approachable and helpful	15 (68.2%)	7 (31.8%)	-	-	-
Mentor supported them to achieve personal goals	20 (90.9%)	2 (9.1%)	-	-	-
Mentor kept to agreed appointment times	14 (63.6%)	8 (36.5%)	-	-	-
Mentor reliable in completing agreed actions	17 (77.3%)	5 (22.7%)	-	-	-
Mentor had good understanding of HIV and all the experiences of people living with it	21 (95.5%)	1 (4.5%)	-	-	-
Pleased with the service	21 (95.5%)	1(4.5%)	-	-	-

Mentees tend to leave only brief comments to the open-ended questions.

Key feedback around the most valued elements of mentoring were:

1. Personal Connection: Mentors showed care and understanding, making mentees feel comfortable and valued.
2. Open Communication: Mentors shared personal experiences and information, fostering trust and providing different perspectives.
3. Empowerment: Mentors encouraged positive thinking, provided support, and helped mentees feel more confident in decision-making.
4. Tailored Support: Mentors offered tailored advice and support related to health conditions, challenges, and goals.
5. Informal Atmosphere: The casual and relaxed nature of interactions, locations for mentoring, and lack of time pressure facilitated open discussions and sharing experiences.
6. Consistency and Structure: Weekly meetings provided a consistent and structured environment, offering a safe space for mentees to seek guidance and support.
7. Confidentiality: the confidential nature of the mentoring and trust in this was essential
8. Great matches: the successful matching of mentees with mentors in terms of life experience, personality or relevant sociodemographic characteristics

Key feedback around the ways the mentoring had changed their situation was:

1. Increased Confidence and Empowerment: Mentees reported feeling more confident, reassured, and capable of making decisions related to their health and life.
2. Positive Outlook and Acceptance: Mentees shifted from a negative outlook to a more positive perspective, accepting their diagnosis and feeling optimistic about the future.
3. Knowledge Enhancement and Understanding: Mentees gained a better understanding of HIV, its management, and resources available, leading to increased clarity and confidence in dealing with the condition.
4. Emotional Support and Reduced Stigma: Mentees felt supported emotionally, experiencing reduced feelings of isolation, shame, and stigma associated with HIV.
5. Improved Communication and Advocacy Skills: Mentees developed better communication skills, feeling more comfortable discussing HIV openly and advocating for themselves in medical settings.

6. Sense of Community and Belonging: Mentees expressed feeling less alone and more connected to a supportive community, fostering a sense of belonging and empowerment.
7. Improved Health Management: Mentees reported improved adherence to medication and healthier lifestyle choices, leading to better physical and mental well-being.
8. Increased Engagement and Contribution: Mentees expressed a desire to give back and be involved in supporting others, indicating a positive transformation in their outlook and readiness to contribute to the community.

Key feedback around ways the service could improve was:

1. Don't change: most respondent indicated that it was 'amazing' or even 'perfect' as it is and they 'couldn't fault it'
2. More people to benefit: mentees expressed the hope that other people living with HIV will find out about and use the service and gain benefit too.
3. More integration and community: mentees wanted help to connect with other people living with HIV, beyond the mentoring relationship
4. Longer duration: some mentees wanted the mentoring to continue for longer or for there to be a follow-up service.

Interview themes

Interview data relating to peer mentoring came from five categories of sources; Brigstowe staff, mentors, mentees, healthcare professionals (HCPs) and the academic partner. Six themes are presented below.

Figure 1: Peer Mentoring themes

Theme 1) Profound and varied impact on mentees

Interviewees highlighted diverse positive outcomes for people living with HIV. The following section provides summaries and stories about changes experienced during and after mentoring. Many examples illustrate effects on mental health, social inclusion, employment, and community engagement. Another significant impact area concerns individuals' ability to comprehend and manage their HIV diagnosis and healthcare interactions. These examples are not exhaustive, but represent memorable examples that the interviewees shared. While some examples show modest changes, mentors and staff described routinely experiencing transformational and life-changing outcomes that surpassed expectations for both mentees and mentors.

> *When you hear people say that you can completely change their life and all the positives. That's something that you hear regularly. And the fact that they never expected for it to be a positive outcome… That they get so much more out of the mentoring (Mentor 3).*

A mentor described assisting a woman from a community where HIV stigma and knowledge gaps prevail. The mentee 'lived in fear', but the mentor aided her in altering her beliefs and behaviours regarding transmission.

> *She had a son, a young son, who she wouldn't embrace…Because she didn't have the knowledge… she wouldn't share plates or cutlery. (Mentor 1)*

After mentoring, the mentee not only regained the ability to engage in these activities but also developed enough confidence to initiate a sexual relationship. A staff member recounted another mentee who, with assistance, reduced their preoccupation with transmitting HIV and ultimately felt liberated to lead a more typical life.

> *Every question she had was around transmission, which prevented her from doing things because she was worried about everything. Every question she had always stemmed back to U=U. (Brigstowe Staff 2)*

Another mentee longed to become a mother.

> *It was like her dream to have children. When we first met, she talked about "that was my dream" rather than "that is my dream" (Mentor 1)*

The mentor exemplified living a normal life, including engaging in sexual and romantic relationships. For instance, she shared her experiences with a dating app and discussed her aspirations for finding a partner. A few years later, the mentor bumped into the mentee with her two young children.

Staff members had been moved by an experience with a female service user who sought asylum in the UK.

> *She'd not been in the UK long, her husband was still in her own country. She'd witnessed and suffered horrendous violence… like, unspeakable…You just can't imagine anything worse (Brigstowe Staff 1)*

Weekly peer mentoring sessions initially relied on an interpreter service but gradually transitioned to using Google Translate. The mentee greatly benefited, receiving life-changing information (U=U) and being able to share this information with others. Moreover, she felt welcomed and free from judgment, a stark contrast to her experiences in her home country. The meetings with a friendly face *'just meant the world to her'.*

> *It's a massive, massive thing for her. It's the best thing that's happening in her life pretty much (Brigstowe Staff 1).*

Another instance showcased the welcome and support extended to an asylum seeker, specifically a young gay male. His mentor aided him in achieving his objective of settling and establishing a new life in Bristol, facilitating his involvement in social events and sports clubs to make friends. Through this support, he gained confidence in leading a fulfilling life and being true to himself.

> *It had a huge impact on me. Because it helped me to feel more confident. And myself. Because normally people who live with HIV tend to have like a mindset that they can't do the things that other people do. And not go to, not do, not have day-to-day life normally. So, it's helped me realize that I can do the things that I used to do before. (Mentee 2).*

The mentor also supported him in managing his medication and healthcare.

> *[The mentor used to] make sure that I'm staying active, taking my medication, going to the clinic as well (Mentee 2)*

Several additional examples focused on supporting individuals to gain a better understanding of their HIV diagnosis and treatment, as well as assisting them with test results and medication challenges. For instance, a newly diagnosed man received support to comprehend and cope with the emotional impact of concerning blood test results, and navigate his hospital appointments.

> *He'd had blood taken. He was quite frightened. There was a week and we just delayed and he said 'I have my result'. We talked about how he could deal with that frightening experience. From my own experience, I've had several (Mentor 5).*

A mentee who worked as a healthcare professional received support during a challenging period when they had to cease practicing until they achieved an 'undetectable' status and maintained it for several months.

> *Their anxiety with quite high and we mentored and we worked through it and they then ran up to me in the queue in a coffee shop on the day that the clinic told him he was undetectable. It was their "undetectable day". You just instantly saw this weight and relief just kind of like rise above them (Brigstowe Staff)*

A newly diagnosed older female, still within her mentoring period at the time of the interview, was shocked by her diagnosis, having never expected to have HIV. Initially viewing it as a 'death sentence,' she derived immense benefit from her peer mentor, who provided well-paced, well-pitched information to help her grasp the reality of living with HIV today.

> *It was so confusing, I just needed somebody to sit with me and explain (Mentee 3)*

She overcame her confusion, gained an understanding of U=U, and began to settle into managing her HIV while also disclosing her status to her family.

A young male mentee, who had lived with HIV for many years but recently moved to Bristol from abroad, described how his mentor helped him understand the healthcare system. He described *'learning how to be a good patient'* as well as *'how to advocate for yourself' (Mentee 3).* This mentee, who was recovering from addiction, had faced distressing situations when clinicians struggled to draw blood samples due to difficulty finding veins. His mentor encouraged him to communicate his needs to healthcare professionals, including requesting more privacy during blood tests, using vein scanning, and facilitating communication between different clinics to minimize the need for repeated tests.

Many mentoring relationships appeared to address challenges with medication adherence, focusing on building motivation and encouraging regular contact and good communication with HIV clinics.

> *We talked about how he deals with his physical health, and that too was sporadic. He disengaged at one point. Wouldn't take his medication. Not when I knew him, this was historically. And we talked about the negatives of that (Mentor 5)*
>
> *She wasn't keen on tablets, but we were talking about the new possibilities that are being developed… we explored that. I said 'do feel free to ask at Brecon unit because obviously they are the experts. (Mentor 1)*

Another mentor aimed to follow their doctor's advice by changing their lifestyle. They utilized mentoring to support them in increasing their physical activity and reducing their smoking and alcohol intake.

Many accounts were presented of mentees receiving support that improved their mental health and psychological wellbeing.

> *I knew my mental health and I knew that If I didn't get help I was going to go down pretty quick. I've already been at a stage when I was suicidal and I don't wanna get to this again. (Mentee 1)*
>
> *When we first met, [my mentee] was quite down. He talked about depression and in the past having suicidal thoughts. And after what four months, which is not too long period he was he was very happy. He was very confident. (Mentor 1)*

One mentee received support from a peer mentor alongside treatment for addiction elsewhere. He clarified his understanding that mentoring was different to therapy but described feeling validated and having a space to share problems and emotions. Overall, this support helped him feel more stable.

> *It's not like a therapy. It's sometimes feels like this, but it is like with any good friends, you feel better afterwards. (Mentee 3)*

Support with deciding whether to disclose HIV status to others was a recurring topic in interviews. Mentors listened and helped individuals weigh the pros and cons of disclosure. They also provided support and reassurance after disclosure, regardless of the reactions received. Mentors and mentees frequently discussed overcoming feelings of shame, guilt, and emotional distress related to their HIV status and withholding it from others.

> *[My mentee] needed to tell a very dear personal friend. He decided to tell, but he was actually up for rejection as well slightly, but he told her, and all was fine, that that was a good outcome… But there could be negative ones, and that's what deal with when we talk, it's the good stuff and the bad stuff because rejection is a very real thing. (Mentor 5).*
>
> *[My mentee] went into that relationship knowing he was positive (undetectable) and we had to deal with that fear that he had (Mentor 5)*

Another common outcome of mentoring was increased confidence across various aspects of life. Some individuals gained the confidence to function more normally in their day-to-day activities.

> *They were afraid to leave the house and stuff like that, so some of the meetings.*
> *Umm, we did in in a park so they would do stuff to get them out. (Mentor 3).*

Others gained confidence to embark on new endeavours, such as seeking employment and training opportunities.

> *I think the fact that I was given support from Brigstowe has helped me be stable for about seven months now. That meant I could actually explore different avenues…actually able to sit and think about stuff and actually apply for this apprenticeship. (Mentee 3)*
>
> *When I met [my mentee], he told me he was looking for jobs. He was looking for care jobs and cleaner jobs…. There isn't nothing wrong against those, but he was a qualified person. When we left he was very happy because he had a [specific profession] job. (Mentor 1).*

Some mentees felt confident and motivated to use their HIV-related experiences to contribute to research, develop services, participate in campaigns, or provide education and training.

> *Almost everyone who comes through [to be involved in my research and co-production activities] will mention as part of their own journey, of their own experience, their experience in the mentoring programme. It's really meaningful, it's really present for them…I can see the effects of people talking about and reflecting on the changes of their own experiences of living with HIV. (Academic Partner)*

Occasionally mentees became confident and inspired enough to train to become mentors themselves.

> *My last successful one is now a mentor and is now bouncing about full of confidence. Before that they’re not willing talk about HIV at all and now they're taking on somebody else with HIV. Which is a good progression. (Mentor 2)*

Some mentees expressed that receiving such kindness and personalized support during very dark times had been transformational. It improved their self-esteem, changed their outlook, and set their life on a different, better path.

> *It gives me feeling like all they remember me, they think of me, they care. (Mentee 3)*
>
> *Because I have met some nice people in some way it has changed my life for the better. It’s really weird because you wouldn’t think so because of what it [HIV] is. But it has kind of put my life in a different direction. (Mentee 1)*

Theme 2) Why it works; processes and mechanisms

All mentoring relationships and contexts are unique. The challenges individuals face, their responses, and the way mentors support them vary. Change occurs through multiple complex pathways. However, mentors, mentees, and staff identified two key processes that seemed to underpin positive change across most mentoring relationships.

Firstly, peer mentors serve as vivid role models of normal people engaging in everyday activities. By simply being themselves, they instil hope for the future, demonstrating that living with HIV does not equate to a life of difficulty and distress. They show that challenges can be overcome.

> *Look at this person in front of you, that is telling you that they are HIV positive. They're stood in front of you, breathing, smiling, having a life, being a human. (Brigstowe Staff 2)*

Some mentors deliberately crafted mentoring experiences to reinforce normalcy.

> *I have gently engineered our meetings to actually allow them to talk about HIV in public….not loud and not broadcasting, but we need to talk across the table… It's about normalizing the situation. We can sit in a coffee bar and chat about anything, including HIV (Mentor 5)*

Another factor that appeared to underpin changes in mentees' psychological, physical, and social well-being during and after mentoring was an improved understanding of the efficacy of HIV medication, particularly grasping what it means to become undetectable (U=U). This understanding finally 'clicking' into place seemed to lay the foundation for hope and positivity about the future, as well as motivation for medication adherence and engagement with healthcare.

> *[good knowledge is the] catalyst really for you to be engaged with your status…The more that you are informed about your status and how the medication works and what U=U actually means…… it is going to engage you in that treatment and is going to make sure that you adhere to that medication and you attend your clinic appointment (Brigstowe Staff 2).*

Although deemed important for all mentees, mentors and staff felt that mentees from abroad or from communities where HIV is particularly stigmatized and not openly discussed greatly benefited from receiving up-to-date information about treatment and transmission.

> *A lot of the people that are coming to us from abroad are not as well educated [about HIV], haven't been as well informed about those things. Even though they may have been diagnosed some time ago, they may not really understand (Brigstowe Staff 1).*

Importantly, mentees needed more than the facts and the theory provided by health professionals or formal educational materials (e.g. written information).

> *You go to the hospital; they tell you this is the theory. But it's difficult I think sometimes for the info to sink in and for you to digest the real meaning of U=U (Mentor 1).*

The peer mentor appeared to bridge the gap between theory and real life by offering well-pitched education and by serving as salient example of someone engaging with treatment and living well with HIV.

Theme 3) Managing endings

All mentors, mentees, and staff discussed the process of concluding mentoring relationships. Previous evaluations had highlighted how some mentees felt isolated and apprehensive at the end of their peer mentoring. Overall, the current interviews indicated that endings were well planned and managed.

> *I start the end at the very beginning. (Mentor 2).*
>
> *We set up set up boundaries from the beginning and we explain this is going to last or four months. And uh, I tend to remind people halfway, 'this is what's left'. (Mentor 1)*

Mentees recognize when mentoring is coming to an end and are prepared for the transition.

> *I feel like it's time I think! In mentorship with [name], I think I made the most out of it… the end is coming in a sense. So, we've sort of like very organically started to talking about an exit plan already. There's no surprises or abrupt ending. Everything's sort of planned and is on pace. (Mentee 3)*
>
> *So this will come to an end, but there'll still be things that I can access and I'm not gonna be left with nothing (Mentee 2)*

Mentees are provided with ongoing access to other Brigstowe and local services as needed, and are given the opportunity to reconnect if further support is required. They are also directed and encouraged to participate in 'All In' groups, with support provided if they express interest (see section on 'All In' groups, page 32-33). One mentor shared how he assisted mentees in exploring alternative activities and routines, such as swimming or cinema visits to ease the transition out of mentoring.

> *I think it's really important for them to then try and have something that they can go and do on that particular evening for the next few weeks (Mentor 3).*

Overall, endings elicited a variety of emotions and reactions for everyone involved.

> *Bittersweet. (Mentee 3).*
>
> *Sadness and happiness together (Mentor 1)*
>
> *I feel happy because it's like when parents leave their children and say 'this is life. I've given you the tools the best I could. And now that's for you to continue'. (Mentor 1)*
>
> *I always feel sort of bereft at the end. I'm getting better at it myself, but I still feel like there's a loss (Brigstowe Staff 1)*

Sometimes it could be challenging for staff and mentors, who experienced feelings of loss or worry. The concern often centred around how the mentee would fare without mentoring. While there was often a high degree of confidence that the mentee would be happy and well post-mentoring, this wasn't always the case, as some mentees experienced ongoing hardship and crises.

> *Oh my God, how is she gonna cope? (Mentor 4)*
>
> *On many occasions they are quite isolated, the people I've met. They don't want to have much to do with their community so Brigstowe is a bit like everything. Then they felt like. Now what? (Mentor 1)*

Group supervision was being used effectively to discuss how to manage difficult endings and continuing alternative support provision.

Theme 4) Out of reach, but not out of mind

Mentors and staff aimed to maximize the participation of individuals in peer mentoring. When a person living with HIV expressed interest in mentoring but relationships couldn't be successfully established or continued, staff cared deeply, experiencing disappointment, sadness, and worry.

> *It's always hard when a relationship doesn't work because we know the value of mentoring and we know the impact and the difference it can make to someone's life… Where are they now? What are they doing now? Are they supported? (Brigstowe Staff 2)*
>
> *I don't know if he's still alive. He might well be, but I mean, he was seriously ill. It was quite sad really. (Mentor 2)*

Occasionally staff and mentors blamed themselves.

> *First of all, it's like a judgment on yourself. Then you think about it, it's not. (Mentor 2)*

In general, the 'failed' mentoring relationships were approached with curiosity, with staff and mentors seeking patterns in those who didn't engage and reflecting on whether anything could be done differently. Group supervision was utilized for this purpose.

> *We've all been, we've all had one that's been a bit like that, hasn't wanted to connect.*
> *So we all talk about it and share which helps. (Mentor 3)*
>
> *I had a sort of string of people with sort of failed relationships either kind of not reaching mentoring or they would break down at different points actually. But they were all African women …. maybe it's coincidence that they were all from the same ethnic group (Brigstowe Staff 1)*

Staff described how one very recently diagnosed African woman was matched with a mentor and seemed eager to learn about HIV, but ultimately changed her mind, expressing that she did not want to think about or focus on it. Another woman met staff and a mentor and appeared to establish a connection and warmth with both, but later expressed feeling overwhelmed and finding it too intense to discuss HIV directly. A third woman began mentoring meetings but ended them prematurely and was unwilling to discuss HIV. Staff were interested in this series of perceived failures and had gently approached one of these women, with whom they were still in contact, to participate in the evaluation, hoping to explore further what may have been most helpful. She initially agreed but later changed her mind.

Staff and mentors recognised that mentoring is not suitable for everyone and that timing is important.

> *Everybody is on their different journey and at different stages of their journey. (Brigstowe Staff 2).*
>
> *There's nothing you can do if they don't wanna work with us. (Mentor 2)*

For the most part, the matching process appeared to work extremely well, with excellent bonds based on common experience and/or characteristics. Occasional suboptimal matches limited the ability to properly engage the mentees. These rare cases were reviewed and addressed. For example, a mentor described how her mentee had struggled to explore some topics with her because she reminded him of his mother. The mentee was then successfully matched with a male mentor.

> I think it limited him on how much to express himself. It also limited me on wanting to explore deeper because it made him feel a bit uncomfortable (Mentor 4).

Other perceived failures to reach or connect with mentees in a meaningful way related to the mentees' behaviour, openness and honesty. Poor engagement could also relate to the required commitment being more significant than the mentee initially anticipated.

> *Through our time together there was this theme of not being truthful….we didn't actually get anywhere (Mentor 5).*
>
> *To meet you every week for an hour and travel together, they've really got to want to do it (Mentor 3)*

Staff and mentors also expressed concern about individuals whom the mentoring scheme couldn't connect with at all, particularly those who were less likely to engage with Brigstowe yet were in high need of support. They repeatedly referred to their worry for people living with HIV in communities or ethnic groups where HIV was particularly stigmatized and individuals were therefore living with HIV in secrecy. They identified these individuals as likely to be less informed and engaged with treatment, less likely to understand and benefit from grasping U=U, and unlikely to have ever been able to connect with someone else living with HIV.

> *They haven't got, resources perhaps, or the places or the people to talk to. They are normally people who have never told anyone…. and I think they'd probably benefit the most (Mentor 1)*
>
> *There are probably more people than we could even think of that live under that cloud and that is just awful (Mentor 5).*

Mentors and staff expressed some hope that clinic introductions (see section below) may allow some of these individuals to make contact or at least be aware that support was available. However, interviewees were generally pessimistic about these individuals being able and willing to accept what is on offer.

> *He knew what he wanted. We had something that he needed, but he wouldn't do it because of the stigma (Mentor 5)*

Brigstowe is a partner in various local initiatives relating to stigma, notably 'Common Ambition Bristol' which focuses on sexual health in African and Caribbean heritage communities. Although stigma-reducing activities in the community tend to have slow progress, Brigstowe staff intend to persist with them.

> *They don't 'solve' anything immediately. I don't really have a recommendation for this other than everybody's aware this is a thing. We'll keep chipping away at it (Brigstowe Staff 3)*

Theme 5) Positive and meaningful experiences for mentors

The mentors universally described their involvement in peer mentoring as a profoundly positive personal experience. By collaborating and socializing with other mentors and Brigstowe staff, they had formed strong friendships and a supportive community. This helped them meet their own needs for connectedness and improved their ability to live well with HIV.

> *People that I can call friends you know. Who I can rely on (Mentor 4)*
>
> I *need* confidence when I'm going to talk about my status with someone. But now I share it with many people since I've been with Brigstowe, which I'm pleased about *(Mentor 1)*

Mentors also found the formal processes around mentoring training and supervision positive, empowering, and instrumental in building their confidence and competence. These processes helped them overcome difficulties and challenges within mentoring relationships.

> *[Group supervision] is very beneficial because you always learn from your peers (Mentor 1)*
>
> *[The Peer Support Coordinator] allows us to open up about that sort of thing, through supervision sessions. She asks the right question at the right time (Mentor 5)*

Some mentors have longstanding relationships with Brigstowe as volunteers. They outlined how their mentoring and other volunteering roles evolved in response to their own changing health, work and social needs and preferences. For some, this meant taking breaks, then returning stronger to continue their role.

> *I took a break because I realized I just needed to have a break….I came back in [month] (Mentor 3)*
>
> *I had to take some time away….I was diagnosed with a few things and I needed to concentrate on that, which I did. And I'm so glad I did because I came out the other side (Mentor 5)*

Others described being able to make volunteering fit around busy lives and jobs. One had taken on multiple roles within Brigstowe and made decisions about which to prioritise.

> *[I] continued with mentoring, which is what I really, really liked….found fulfilment from doing (Mentor 4)*

Mentors appreciated the provision of continued training and development, including topics such as abuse and violence, alcohol and addictions, and neurodiversity. Furthermore, the process of meeting a range of different people from different backgrounds provided them with opportunities for personal growth and enrichment.

> *It's very self-satisfying as well because you get a lot out of it for yourself as well… in fact, to the point that I am now a mentor for the trans and non-binary service at […], so it's helped other pieces of my life as well (Mentor 2)*

Mentors recounted personally benefiting from getting to know mentees of different genders, sexualities and nationalities and ethnic backgrounds.

> *I’ve grown very much as a person. I’ve learned many things from all my mentees…. They all came from different countries. It's very enriching to know their cultures and experiences (Mentor 1)*

Mentors highlighted a strong sense of satisfaction in giving back, particularly in relation to helping people like themselves and within their community. Some had experienced fear, depression, isolation, stigma, and poor support around the time of diagnosis or when facing challenges; they wanted to prevent others from experiencing the same difficulties. Others had easier experiences and were grateful for the support they had received. They felt that their role as a peer mentor completed a natural cycle of helping others.

> *It's a symbiotic relationship…. I mean it's changed my life basically … I've received loads of support when I was diagnosed over the years and I was … ready to give something back…because of everything I've received (Mentor 3)*
>
> *Because when I got my diagnosis, I was on my own and it was really hard. (Mentor 4)*
>
> *I've got a very good memory of how [my own mentor] impacted my life. So I just wanted to do a similar thing. (Mentor 1)*

Theme 6) Where would we be without it?

All respondents expressed how they felt the peer mentoring service provides a unique and personalized offering not found elsewhere. The peer mentoring service was also noted for being known and respected in the national and locally, including with the local NHS HIV service.

> *They've built a really, really strong service. I'm really pleased that they now have recognition and the others are kind of coming to them and saying can you show us how you did that because we want to do that, you know, so they're putting themselves on the map, which is really hard for little HIV organization in Bristol to do. (Academic Partner)*

Interviewees also noted how the peer mentoring scheme integrates well with Brigstowe's other activities, including advisory services, groups, and participation in campaigns. It fosters a sense of community, purpose, creating an ecosystem where individuals find belonging and empowerment.

Mentees believed they would be in a considerably worse situation without their mentoring experiences.

‘I don’t know where I’d be to be honest’ (Mentee 2)

I don't think I would be in the place I'm now without it (Mentee 3)

Mentors and staff voiced relief at being able to assist those they mentored and expressed concern about the potential consequences if the program were to end, leaving a vacuum of support. Interviewees, aware of funding challenges for sustaining such services, expressed worry over losing the program and a determination to advocate for its continuation.

I think if the bottom fell out of [the mentoring scheme], then you know all those people that I told you about…. Yeah, that that would be detrimental to society as well. Nobody would be picking them up. (Mentor 5)

I would be super sad if they stop, because I think it's been a really good asset (HCP 2)

This cannot end! (Brigstowe Staff 3).

The stakeholders anticipated that the unmet psychosocial and health needs of people living with HIV would persist for the foreseeable future. They predicted a growing demand for support, driven by factors such as an increasing Brecon clinic caseload and an ageing population with HIV facing complex health management issues due to multi-morbidity. Additionally, local initiatives aimed at increasing HIV testing, including the introduction of 'opt-out' testing in A&E departments in two local hospitals, were expected to result in more newly diagnosed individuals locally. This includes those with unexpected diagnoses who may urgently require support to comprehend and adapt to their diagnosis.

Another key service user group that stakeholders raised were people ‘lost to follow-up’ within NHS HIV clinical care. These people are diagnosed but no longer in touch with their healthcare team therefore not receiving treatment or monitoring. This subset of people living with HIV are at particularly high risk of poor health, psychological and social outcomes. The introduction of A&E opt-out testing is one of a range of means of identifying these individuals. It is vital that peer mentoring remains an available option as part of the support they need to successfully re-engage with their HIV treatment.

Clinic mentoring

Summary of current delivery and progress against delivery targets

The clinic mentoring service involves peer mentors being present at Brecon HIV clinics at Southmead Hospital. A subset of the peer mentors are also clinic mentors. People living with HIV attending the clinic can simply drop in to chat with a mentor or may be specifically signposted and introduced by one of the clinic healthcare professionals. This conversation may sometimes lead to referrals to join the peer mentoring scheme, the 'All In' sessions, or other Brigstowe services, such as information and advice on legal or housing issues.

- In year 1, the clinic mentoring scheme was suspended due to COVID.
- In year 2, the clinic mentoring scheme resumed towards the end of the funding year, running for only 3 months (April to June). Peer mentors visited 9 clinic sessions, speaking to approximately 13 people. Three individuals were referred to other Brigstowe services: 3 for peer support, 3 for 'All In', and 1 for other information and advice services.

- In year 3, at the point of evaluation (October 2023, halfway through the funding year) peer mentors visited 21 clinic sessions, with approximately 29 people spoken to. Six individuals were referred to other Brigstowe services: 6 for peer support, 4 for 'All In', and 3 for information and advice services.

Interview themes

Interview data relating to clinic mentoring came from four categories of sources; Brigstowe staff, mentors, mentees, healthcare professionals (HCPs). Four themes are presented below.

Figure 2: Clinic Mentoring themes

Theme 1) Gaining momentum and exploring models of working together

Mentors and staff described how pre-pandemic the clinic mentoring programme had begun to flourish, with mentors speaking to patients attending the clinic and these chats regularly leading to referrals to peer mentoring and other Brigstowe support services

> *We'd just got it rolling, when covid came. It was just beginning to take off. (Mentor 2)*

Following the service's resumption post-COVID-19 restrictions, interviewees acknowledged a slow start as everything needed re-establishing but noted that momentum was gradually building. Changes in clinic staffing had disrupted the service. It was agreed among staff, mentors, and HCPs that relationships and communication channels needed to be re-established to optimize the clinic mentoring. Productive online meetings had already occurred, and all parties were open to further discussion.

> *It’s really important that the nurses and the clinicians really engage and maybe they need more meetings with the mentors. (Mentor 3)*

One interviewee was poised to assume the role of Clinical Lead and expressed commitment to championing the peer mentoring service.

> *I'm now realizing that this is part of the role so I will be doing this going forwards (HCP 2)*

Brigstowe staff were exploring with other NHS Trusts and mentoring services best practice in clinic mentoring. While there was agreement on the desirability of integrating mentors into the clinical multidisciplinary team through close working relationships, there was less consensus on the future model. The possibility of mentors being employed or fully or partly funded by NHS trusts was mentioned. However, the uniqueness and benefits of the peer relationship were emphasized.

> *Actually, the lack of medical or healthcare side of it…maybe the sort of sanctuary of it... the separateness from the health offering could be the thing that attracts people living with HIV (Brigstowe Staff 1).*

Theme 2) Are we valued?

Mentors volunteering in the clinic were dedicated to their roles and recognized clear benefits for patients attending the clinic. However, they expressed concerns about whether the clinic mentoring service was appreciated by HCPs. They questioned whether all clinical staff were aware of the support they could offer and whether they perceived it as valuable.

> *Is it something that they feel that they feel works, has it been working? Has it made any changes? What do they think about the whole thing? (Mentor 4)*

The HCPs interviewed for the evaluation viewed the clinic mentors positively, recognizing the service as filling a gap in psychosocial support provision they could not fill themselves and expressing ‘massive relief (HCP 1) at its existence.

> *I think it's really important strategically with what we're trying to do. (HCP 1)*
>
> *I think it's key because I don't think there are many people that go through those initial stages without a lot of internal heartache. And the fact that we're able to offer that, I mean for us it's a massive support to us as a clinical team because we don't have time to actually start implementing social support. (HCP 1)*

Clinic staff also acknowledged that peer mentors supported medication adherence, thereby improving physical health.

> *That means that [patients’] physical health is maintained. So, [mentors] can assist my job in doing so. (HCP 2)*

In addition to perceiving the programme’s aims as strategically aligned with their clinical priorities, they also had a positive impression of how it was being received by patients.

> *They must feel… I think they feel cared for and as if their needs are relevant. (HCP 1)*
>
> *For the ones who go in [to chat with a mentor] I know they find it really helpful …they seem to have received really nice support (HCP 1)*
>
> *I think it's probably like a bit of a warm hug when you go in to see them- (HCP 1).*

However, since confidentiality between mentors and people living with HIV/mentees was respected, HCPs rarely heard concrete examples of how people were helped and what types of support were given.

> *[I'll ask a patient] well, have you had contact with Brigstowe? How did that go? And they go. Yeah, it's really good, I met this other person and it's been helpful. And then that's probably it.. (HCP 2)*

Hearing more about how people are helped and what is achieved during mentoring was identified as helpful to motivate oneself and others to keep referring patients to speak to the mentors.

> *I think seeing the benefit is important. Because then that means that when a new doctor starts, I'll encourage them to do it [signpost to clinic mentors] and possibly give them an anecdote of how it's been helpful. (HCP 2)*
>
> *We need to be talking more about the finer points of what we have to offer and it will enable [clinic staff] to go OK, yeah, I've missed some people along the line here. (Mentor 5)*

Theme 3) Mentor's comfort during clinic

Mentors sometimes felt uncomfortable in the busy clinic environment. They weren't always clearly welcomed and settled into the room they occupied, nor were they routinely introduced to all clinic staff. Small gestures, such as consultants popping into their room and addressing them by name, made a significant difference.

> *When they've said "Hi [name]". I have to take that as a real welcoming opening. (Mentor 5)*
>
> *We could make easier for them if they if they found somebody that person can then take them around. (HCP 2)*

The mentors were eager to build relationships with more clinic staff so they could showcase their friendliness, approachability, and knowledge.

> *[They] can show people into my room, you know, I'm not cold and callous, I'm warm and friendly! (Mentor 5)*

The staff interviewed had indeed formed positive opinions.

> *I think of them like wise people (HCP 1)*
>
> *They got a lot of compassion and they're very caring and gentle. (HCP 1)*

Some mentors were aware of discomfort related to the unique power dynamic of being both a person with HIV (and therefore a patient at this clinic or another) interacting with HCPs in a work-like context.

> *It's about the hierarchy (Mentor 5)*
>
> *[Perhaps I] hold them in some sort of reverence (Mentor 5)*

When directly asked during an interview, one health professional did not appear to have considered the potential power or status imbalance in their interactions with mentors.

> *Interesting…. No. Just because… I don't know, we're all just humans, aren't we, really? (HCP 1).*

Theme 4) Gatekeeping and visibility

Mentors occasionally felt their time was wasted, especially if they attended a four-hour clinic session but didn't have the opportunity to meet any patients. Clinic staff were aware that the mentors could become disheartened but were keen that introductions were made in line with patient need, rather than in order to ensure that the peer mentor doesn't waste their time or feel uncomfortable in clinic.

So, you'd be there and you'd sit in the room some days, no one. (Mentor 2)

We don't want to feel pressured that we have to refer people. (HCP 1)

All parties agreed that optimizing how patients in the clinic are informed about and introduced to clinic mentors should be a priority. However, they identified several obstacles, including time pressure and conflicting demands in a very busy clinic with an increased caseload.

I'm not quite sure how to optimize it in a system that is extremely burdened by busyness. (HCP 2)

You're actually just fighting fire to get through that day. (HCP 1)

Clinic staff presented inconsistent views about whether mentioning peer mentors during appointments increased workload. On the one hand they agreed the conversation could be conducted in a succinct way that *"doesn't create much work" (HCP 1).* Indeed, in some circumstances where patients are presenting with psychosocial difficulties it can reduce workload *"having Brigstowe an option means that it takes less time because I don't have to solve the problems" (HCP 2*). However competing tasks and priorities meant that discussing Brigstowe was considered a non-essential task and not routine.

I've already got 10,12,15 things I'm thinking about with each individual patient, [Signposting to mentors] is one more. They are nonessential, although very helpful for patients. (HCP 2)

The clinic staff believed they had a fairly good sense of which patients would benefit from and accept support from peer mentors, although they acknowledged that their judgments were not always perfect.

I think I've got a reasonable feel for it, but sometimes I'm super surprised at who actually then will say yes … [an experience where their judgement was wrong] was a good lesson that the ones who are giving you all the signs of 'hands off don't come near me' are often the ones that are in need of help. (HCP 1)

Mentions of Brigstowe usually occurred when patients raised specific topics or during appointments with newly diagnosed patients. They highlighted that most patient appointments are very routine, with patients already settled on medications, doing well, and aware of Brigstowe. They believed (based on experience) that the patient is likely to decline unless they had already brought up a psychosocial, financial or immigration need. They appeared unsure about what to do when such need was not known or expressed but felt that mentioning peer mentors to those who don't want or need it added only a few seconds to the conversation. They considered whether it could be added to documents as a routine prompt but ultimately felt this might be pointless.

There's a lot on that proforma already. There's a lot that I don't really look at. (HCP 2)

Mentors recognized that patients attending the clinic would likely only access peer mentors if their doctor or nurse mentioned it during an appointment, making clinical staff the gatekeepers to the service. Mentors questioned what information patients received about the service and which individuals were approached, suggesting clinicians might be missing opportunities to connect people with peer mentors. Clinic staff interviewed admitted similar concerns.

I don't know if how much they're actually telling each person Brigstowe's here. (Mentor 3)

The clinicians say the only way to get a referral is through us…But how do they judge what makes a referral? (Mentor 5)

Some of the [other] clinicians don't utilise Brigstowe as much as they could. (HCP 1)

Mentors believed they could identify areas of need that clinic staff might miss. Reflecting on a casual conversation with someone at the clinic who had not been referred, Mentor 3 pondered, *"What did I see that the doctor didn't?... I think that's where we are not in sync".*

Interviewees acknowledged the importance of visibility and prominence in influencing whether healthcare professionals were signposting, introducing, or referring patients. The physical layout of the clinic posed challenges. Peer mentors were often in rooms where they weren't easily seen, making it difficult for them to be noticed by staff and patients. Mentors had to introduce themselves and distribute written materials to clinic staff, which was hindered by closed doors. However, staff appeared receptive to mentors dropping in.

> *They should go knock on everybody's door and say 'Hello I'm here' and so they are in the forefront of our minds. (HCP 2)*

All stakeholders agreed on the importance of making all clinic patients aware of the presence and availability of peer mentors, regardless of whether a clinician mentioned it to them.

> *I guess you'd say mopping up people that you hadn't thought about. (HCP 1)*

The clinic's appointment letter, arrival, and waiting procedures were not conducive to increasing the visibility of peer mentors. There was no reception desk for information exchange upon arrival, only an automated check-in system, and appointment letters do not mention HIV to protect patient privacy. Interviewees had different ideas about whether posters previously displayed within the clinic might have facilitated this.

> *Wherever people moved around, they would be seeing Brigstowe [posters]. (Mentor 3)*
>
> *I don't think they really work because people don't really look at them because there's lots of stuff up on the walls I think it probably it needs a proactive approach. It needs a staff member to say that rather than a just a leaflet there to pick up that people won't read or look at. (HCP 2)*

In recent months, mentors had been informed that posters could not be displayed. The clinic space is utilized for other clinics beyond the HIV clinic, and the posters were considered problematic in that shared space. Mentors may have perceived this as hostile or heavy-handed

> *They just wanted it to be a clinic, not highlighting why the people were there. (Mentor 3)*
>
> *I think the instruction not to have posters on, you know the walls come from like the is it doctor…It came from the top didn't it? I'm sure it did. (Mentor 2)*

The absence of posters reduced the mentors' ability to make the service visible. All interviewees agreed that a balance was needed between service visibility and patients' privacy and comfort.

> *There's been discussions about how to make them more prominent but there's always this concern about over pushing it. (HCP 1)*
>
> *The whole experience in the clinic can be quite frightening because the waiting rooms are lines of chairs and you're facing one another. (Mentor 5)*
>
> *They don't like us to walk around. (Mentor 2)*
>
> *We can't 'tout for business'. (Mentor 5)*

Several interviewees highlighted how an unexploited way of bringing the peer mentors to the attention of all clinic attendees was through using the healthcare assistants (HCAs) who take blood upon arrival in clinic. Patients see these staff first and the room in which they do so could be used to display posters. HCAs might even be able to hand out information at this stage or verbally mention the mentors. This was an area all parties were interested in exploring, although mentors were less well acquainted with these staff and the clinic staff were unsure how the HCAs would respond and whether this would be practical.

> *The trouble is, it's not their job to do it…And they may not feel entirely comfortable doing. (HCP 2)*

Another idea was to ensure that all newly diagnosed patients are directed to the peer mentors and/or provided with written information about Brigstowe, including mentoring, regardless of whether a mentor is present during their clinic visit. Interviewees provided inconsistent accounts of whether this was already clinic protocol.

Theme 5) Brief encounters

Clinic encounters between patients and mentors may be brief, low-key and informal, but they still hold significant value and provide support and encouragement.

> *It can be whatever that patient needs to talk about and it doesn't necessarily always have to be about a major concern that they're struggling with their HIV diagnosis. They may just want a 5 minute debrief. (Brigstowe Staff 2)*

Some meetings are more dramatic, particularly for individuals facing major challenges, often resulting in their active engagement with Brigstowe services.

> *Often people come along in crisis. Or people that are heading for crisis (Mentor 5).*

A clinic staff member and a mentor recounted an incident involving a man experiencing a severe mental health crisis who found solace in sitting with a peer mentor at an HIV clinic, creating a safe environment. Subsequently, the patient requested mentoring with the same individual, which was arranged and successful.

> *[The patient said] "Well, I met [mentor name] when I was in that time when I was quite distressed and you guys asked him to see me. That's who I want to see again. Because that's who I kind of connected with". (HCP 1).*

Overall, interviewees described how they felt a prior encounter with a friendly individual may ease future engagement with Brigstowe.

> *it's really nice if they can make a connection in clinic and that makes it less frightening for them to make that call or even if we've made the referral for them to respond to it (HCP 1)*

Sometimes mentors were uncertain about the extent of their impact on individuals they briefly interacted with, but remained hopeful that their contact had some positive effect. This uncertainty was especially prevalent when individuals faced barriers such as stigma and the need to conceal their diagnosis from their family and community. In one instance, both the mentor and the nurse who facilitated the introduction were surprised by the patient's willingness to interact with the mentor.

> *The nurse said would I mind if this lady came in and sat with me because she didn't want to be seen out in the clinic. I said 'of course she can'. (Mentor 5)*

Following an initial uncomfortable silence, the mentor gently encouraged her to open up, leading her to reveal that she was living a secret life; her husband and children were unaware of her HIV status. She disclosed that she took her medication and attended clinic appointments in secret.

> *I talked about the service that Brigstowe offer. But no, absolutely not. "No, I can't be seen with anyone that has anything to do with HIV". I offered her a card. She just said "No I don't want it". So it didn't work.* (Mentor 5)

Mentor 5 noted a similar trend of challenges in engaging individuals with Brigstowe outside the clinic, especially with Black gay men. He recounted a conversation with one man during a clinic visit where they discussed various personal challenges, highlighting a pressing need for support.

> *He had an awful lot to say. But would not, did not want to be part of a service at all because of the very real stigma (Mentor 5).*

‘All In’ group support

Summary of current delivery and progress against delivery targets

The group support element of Positive Voices is called 'All In'. The type and format of group support have evolved somewhat from what was planned in the grant funding bid. These changes have been based on restrictions and preferences related to the COVID-19 pandemic, as well as feedback from people living with HIV about their needs and interests, and the feasibility of running sessions with low numbers of attendees. In year 1, a small number of skills sessions were offered; however, ‘All In’ currently focuses on social events and HIV-focused information sessions. The HIV-focused sessions have shifted from a focus on 'Newly Diagnosed' to a 'Living Well' workshop, and include sessions for friends and family. Appendix 2 shows details of ‘All In’ groups planned and held in each evaluation year, with attendance noted where available. Overall, fewer sessions have been held than the target numbers, with variable attendance, but including some very well-attended social events such as Christmas and summer parties and trips. ‘All In’ is now 100% peer-facilitated, with four volunteers with HIV taking it in turns to facilitate (all are either current or past mentors). Brigstowe's Community Engagement Manager coordinates 'All In'.

In Year 1, the target was to deliver 10 group sessions of 6-8 people (4 HIV-themed, 4 non-HIV, and 3 social). The group support was significantly affected by COVID-19. Initially, there was good engagement with online events, but "Zoom fatigue" became an issue. Transitioning back to face-to-face events presented challenges due to attendee anxiety and low turnout, attributed to concerns about re-engaging in group activities post-pandemic and meeting others living with HIV. Despite planning 11 group sessions, 3 were cancelled due to low sign-ups or no-shows, and the Christmas party was cancelled due to high COVID-19 rates. Overall, attendance was lower than targets.

In Year 2 the target was to deliver 14 group sessions of 6-8 people (4 HIV themed, 2 mentee meet-ups, 2 friends and family sessions, 3 non-HIV workshops and 3 socials). 3 HIV themed group sessions were planned but unfortunately one was cancelled due to staff sickness. 4 social events took place. Attendance generally exceeded the target.

In Year 3 the target was to deliver 14 group sessions of 6-8 people (4 HIV themed, 2 mentee meet-ups, 2 friends and family sessions, 3 non-HIV workshops and 3 socials). So far 1 HIV themed sessions and 3 social sessions have taken place with attendance tending to exceed the target. A further social/trip, friends and family workshop and HIV focused session are planned for the remainder of the year.

Data from feedback forms

Feedback was highly dependent on the nature of the activity (e.g. a visit to Bath, a music workshop or a HIV/dating session). However, feedback was almost universally positive and the experience and impact of the sessions/activities converged around a number of themes

1) **The importance of mixing with other people** “mixing with others” (Bowood trip) “being together” (Theatre trip) “made me feel good to be with people” (Christmas party).
2) **Confidence through new skills or knowledge** “*helps towards work as well as social life*” (IT Basics Workshop) “*thank you very much! cooking gives me strength and confidence*” (Cookery workshop)
3) **HIV-specific learning**; comments were often very general “debunking myths” (Friends and Family workshop). However, increased knowledge about U=U was mentioned specifically by several attendees “Knowing what undetectable really means” (Living Well workshop).
4) **Reflecting after hearing other people’s stories**. *“The process of thinking through my journey is always beneficial and hearing others' stories is always great” and “to gain previously unseen perspective” (River of Life/HIV Journey workshop).*
5) **Opportunities for joy and fun** *“I love the atmosphere” (*Christmas *party), “Very glad to go to the theatre…. incredible opportunity to continue my social life in a new country” (Theatre trip) Therapeutic, whenever I connect to nature I feel relaxed (Bowood, 2003).*
6) **Wanting more** *“More events like this for people to go out together” (Theatre trip 2023), “Let’s do this more often” (*Bowood trip, 2022) *“I need more of these ”* (Summer social).
7) **Expressing gratitude and appreciation** “*Thank you Brigstowe for all your help in helping your service users. God Bless”* (IT Basics workshop).

Beyond requesting more opportunities and increased attendance, improvement suggestions were related to food or music choices, including a preference for culturally appropriate options such as more African dishes.

Interview themes

Interview data relating to ‘All In’ came from three categories of sources; Brigstowe staff, mentors (some of whom also facilitate these groups), mentees and healthcare professionals (HCPs). Four themes are presented below.

Figure 3: ‘All In’ group themes

Theme 1) Meeting needs for knowledge and community

Overall, the interviewees perceived the "All In" groups as fulfilling educational and social needs for a broad spectrum of people living with HIV.

> *They do some really good education that I know some of our patients have benefited from both for the patients and also for their family. (HCP 1).*

The opportunity to simply be together with other people and have fun was considered a vital aspect of the "All In" groups. Social events featuring games, activities, and crafts appeared to alleviate pressure and provide a sense of enjoyment and relaxation.

> *You've always got the chance of meeting new people in a more comfortable space at a social event. (Brigstowe Staff 2)*
>
> *With (a trip)..there's a coach load of 15-20 people…they can make friends…a lot of them are friends. (Mentor 2)*
>
> *They can join in the tennis or sit in groups and chat or do jigsaw puzzles. There's no pressure on anybody. (Mentor 4)*

The staff described the experience of people connecting with others who have HIV for the first time as often life-changing, as many service users have never had this opportunity before. Therefore, when individuals expressed uncertainty and anxiety about attending group sessions, staff went out of their way to support them and create an environment where they felt comfortable and ready to engage with others. Staff felt that post-covid, more support was needed to prepare people for group environments.

> *We are finding that we have to do just a bit more. Supporting the client ahead of that session, taking place with regular checking calls and conversations with the clients that have lined up to attend to just ensure that that what their anxieties are and to try and manage them ahead of the meetings that they feel at least comfortable enough to walk into the space. (Brigstowe Staff 2)*

The effort put in was considered worthwhile when the benefits of attendance were witnessed. Staff shared an anecdote about a young asylum seeker who had not engaged with any other support service. He was gently encouraged to attend an "All In" social event. Despite never having met anyone with HIV before, he decided to participate, engaged in conversations with others, and even formed a friendship by exchanging contact information with another attendee. Another staff member recounted how a craft activity at one of the events served as a central gathering point where a large group of African women, who had met through the "All In" groups and other channels, bonded and connected. These anecdotes underscore the importance of such events in creating spaces where individuals can come together, share experiences, and form meaningful connections within the HIV community.

> *Just watching it all happening and the connections they were making and that just felt like brilliant. (Brigstowe Staff 2)*

Staff described 'All In' sessions as family friendly with women bringing babies and some events being open to partners and families. This facilitated attendance for parents with children and was seen to facilitate bonding and connecting over shared circumstances that extended beyond HIV.

> *The children ended up playing together and the mothers end up having like little mother meetings and it's just another way to kind of maintain connection (Brigstowe Staff 2).*

The family sessions, socials and day trips provided valuable experiences and opportunities for socializing that clients might not have access to due to circumstances including financial hardship.

Theme 2) Group sessions complement mentoring

'All in' groups were felt to segue well with mentoring. Mentors described how they encourage attendance, especially as their mentoring relationship neared its end. This opportunity helped alleviate some of the concerns and discomfort felt at the conclusion of a mentoring journey (see **Managing Endings**, page 19).

> *I had a couple [of mentees] …and afterwards they had the they found the energy to go ['All In']. They went to those activities afterwards and they are great. (Mentor 1)*

New mentees were also deemed to benefit from "All In" groups, particularly those from outside of the UK.

> *I have found that it has been definitely really meaningful to some brand new mentees. And almost all of those are from other countries…interestingly. For people who haven't really met other people living with HIV. (Brigstowe Staff 1)*

Mentees interviewed for this evaluation were aware of the potential benefits of "All In" groups for social support, information, and enjoyment during and after their mentoring. One mentee had attended a summer social event with his partner and was considering attending the Christmas social.

> *It sounds really good because the games were fun. I got to talk to other people who are also LGBTQ and HIV positive as well. (Mentee 2)*

Another mentee, who was midway through her mentoring at the time of the interview, expressed positivity about Brigstowe's range of activities and expressed intentions to explore "All In" in the future.

> *I'll see what's going on, what's out there for me. (Mentee 1)*

Another individual described himself as shy and introverted, expressing doubts about attending group events. However, he still felt welcomed and considered himself part of the community. He entertained the idea of briefly dropping into an event just to share a cake.

> *There's like no pressure on me that I have to take part in something. No, no, it's not that at all. (Mentee 3)*

Theme 3) The challenge of developing group experiences

Respondents highlighted the challenges of organizing group experiences with the frequency, scheduling and content that catered to everyone's needs. There was agreement that various factors influenced people's motivation and ability to attend 'All In' sessions, but the availability of a range of types of group experiences throughout the year was appropriate.

> *I think they've got a bit for everyone (Mentor 1)*

There was a collective effort to listen to the preferences of people living with HIV and a commitment to respond with an offer of group events that they would engage with and find beneficial.

> *I will put on any event that our clients want to do. (Brigstowe Staff 2)*
>
> *[Some people] are not ready to be in that space. They've expressed that it would be too much for them… OK, so what work are we doing to make them feel comfortable to attend? What event do we need to put on that would? What kind of situation do we need to provide for them to relocate and come in? How much support would they require ahead of attending to allow them to attend or feel comfortable? (Brigstowe Staff 2)*

Despite conducting consultations to gather service users' ideas and preferences, there wasn't always alignment between expressed interest and actual attendance. This unpredictability frustrated staff, particularly due to concerns about its impact on volunteer morale.

> *[if] nobody comes on the day and [the volunteer] is stood there for 20 minutes waiting for everyone to arrive. They're going home feeling deflated. And they're also a person living with HIV. (Brigstowe Staff 2)*

Although low attendance was frustrating, it was acknowledged that participation in groups is voluntary, and while they can be offered and encouraged, they cannot be forced.

> *It's down to them. You can't actually grab somebody by the scruff of the neck and say 'come and do this'. (Mentor 2)*
>
> *Maybe it healthy to go out and meet the rest of the world you know? Not stick to a HIV world. (Mentor 2)*

One idea suggested was to deliver a series of mentor-facilitated group support sessions (in contrast to the one-off/stand-alone nature of the current offering). This would involve people signing up for a series of sessions (e.g. 6, weekly or fortnightly), overcoming the nerves inherent with initially attending a group setting and developing strong ties within the group.

> *If you've got people coming every week, it builds up the rapport, the community (Staff 3)*

It was noted that Brigstowe (through its spin-off, Peer Partnership) already has a model or 'curriculum' for a group support series, having successfully delivered this for both diabetes and long covid. Staff anticipated there would be demand for this and capacity to deliver through current mentors and/or new recruits.

Theme 4) Bespoke groups for mentees finishing mentoring

Another challenge arose from attempts to organize 'mentee meet-ups'; follow-up small group sessions specifically for mentees completing mentoring. These sessions were piloted following past feedback and evaluation findings indicating that some mentees feel isolated and wanted ongoing support after mentoring

> *That didn't continue or didn't sort of take off. (Mentor 3)*

This approach did not seem viable due in part to the impact of Covid-19 on face-to-face mixing. It also proved impractical due to the small number of mentees at any one time and no cohort finishing at the same time. Without the critical mass to sustain the sessions they were *"easy to fizzle out" (Mentor 2*). Additionally, mentees had varying attitudes towards group interaction, and scheduling was challenging due to other commitments.

> *Depending on their lives. If they've got busy lives they might not want a session. (Mentor 3)*

Organizing post-mentoring groups was also an additional task for the volunteer mentors to undertake.

> *If it was then suddenly down to us having to run that it becomes more like it's a 'role'. So it's quite a lot…particularly if not many people turn up. (Mentor 3)*

Several interviewees suggested that a potential solution would be to encourage mentees to establish and maintain their own groups, possibly with minimal involvement from Brigstowe staff or volunteers/mentors. For instance, staff noted that there were sufficient African women who had completed mentoring to establish and sustain their own social group. However, there was uncertainty about the extent of Brigstowe's role in fostering and supporting such initiatives.

> *Maybe a group of mentees who are maybe not run by Brigstowe so much. (Mentor 2)*
>
> *I'm just not sure how to do it or what to provide for them. (Mentor 3)*

Several interviewees believed that the existing "All In" groups already offered valuable opportunities for individuals with HIV, including those who had completed mentoring, to come together and establish smaller support networks tailored to their specific needs.

> *I don't think it's down to Brigstowe to 'supply' a group for them, I try to encourage them to go to 'All In' and to 'Live Well' workshops and we do a family and friends one…they can join…they can swap numbers… they can meet. (Mentor 2)*

Awareness Training Sessions

Summary of current delivery and progress against delivery targets

All Awareness Training sessions are conducted by a combination of a staff member (usually the Community Engagement Manager) and a Positive Speaker (a volunteer living with HIV describing their lived experiences). Sessions are evenly split between online (live, e.g., Zoom) and face-to-face formats.

The target was to deliver 10 awareness sessions per year from year 1 to 3. This target was met in year 1 (10 sessions delivered) and exceeded in year 2 (12 delivered). At the beginning of the evaluation (31 Oct 2023), year 3 delivery was on track, with 2 sessions already delivered and 5 more booked (see Appendix 3).

Influencing Strategy

Due to limited resources, (particularly the funded time of the Community Engagement Manager) and high demand, Brigstowe prioritizes the audiences for Awareness Sessions. In alignment with their delivery planning for year 1, Brigstowe developed an 'Influencing Strategy', This involved consulting with people living with HIV to review and set priorities regarding whom to deliver training to (Box 1).

Box 1: Priority areas from Influencing Strategy

Primary priority areas were identified as
- a) organisations and services where HIV is mostly likely to be raised or discussed, including NHS Health Care Providers, Social Care Providers, Pharmacies, Dentists, Tattoo and Piercing Venues, Local Authority Services and DWP.
- b) Organisations and institutions of trust and power, including mental health services and police forces.

Secondary priority areas are
- a) organisations with an educational role (due to the influence and multiplying effect). This might include schools and colleagues and community organisations (noting an overlap with Brook and Chivas remit)
- b) any employers with diverse and larger workforces.

Brigstowe has successfully reached a diverse range of audiences, all aligned with the priority areas. These include health and social care practitioners, local authorities, charities, and organizations related to mental health, housing, and equality. Training is also provided in educational settings (University of Bristol and University of the West of England). The cohorts receiving training encompass various health and social care post-graduate programs or CPD modules, including dentistry, nursing, medicine and sexual health.

Despite prioritizing NHS organizations in their Influencing Strategy, Brigstowe has faced challenges in gaining access to deliver training to existing NHS services. Currently, Brigstowe is conducting an exercise where its service users are completing surveys about difficult and discriminatory experiences in healthcare. Following this data collection, specific NHS organizations will be approached with the anecdotes being used as evidence of the need for training, and a training offer will be made.

Many of the organizations trained by Brigstowe are repeat customers, requesting repeat delivery with new cohorts of employees, volunteers, or students. As a result, Brigstowe is approaching or at capacity for Awareness Training delivery and may require external assistance, such as expert freelance support, to significantly expand their training offerings.

Organisational Policy and Procedure Review

As an extension to the reach and impact of their 'Awareness Training', Brigstowe also set targets to work with one 'significant institution' from funding year 2 onwards to review and influence their policies, procedures, and training related to HIV. Thus far, they have collaborated with two such organizations:

1. Continued engagement with Avon and Somerset Police, involving the creation of bespoke online training for new recruits and contributing to their Health and Safety Policy.
2. Extensive engagement with Bristol City Council regarding commissioning procedures for care providers. Unfortunately, despite their efforts, they were unable to successfully influence commissioning.

In Year 3 Brigstowe aims to engage NHS organizations revealed by the aforementioned service user survey of distressing, discriminator or stigmatising policies in policy review initiatives.

Data from feedback forms

278 attendees at Awareness Courses from Year 1, 2 and the first half of 3 completed feedback forms, although some skipped individual questions. Overall, the data shows the training is very well received. The positive speaker was unanimously rated as effective (89% very effective, 11% effective,). All but one respondent would recommend the training to others. Data showed the training leads to change in knowledge and attitudes towards HIV for a large majority of attendees.

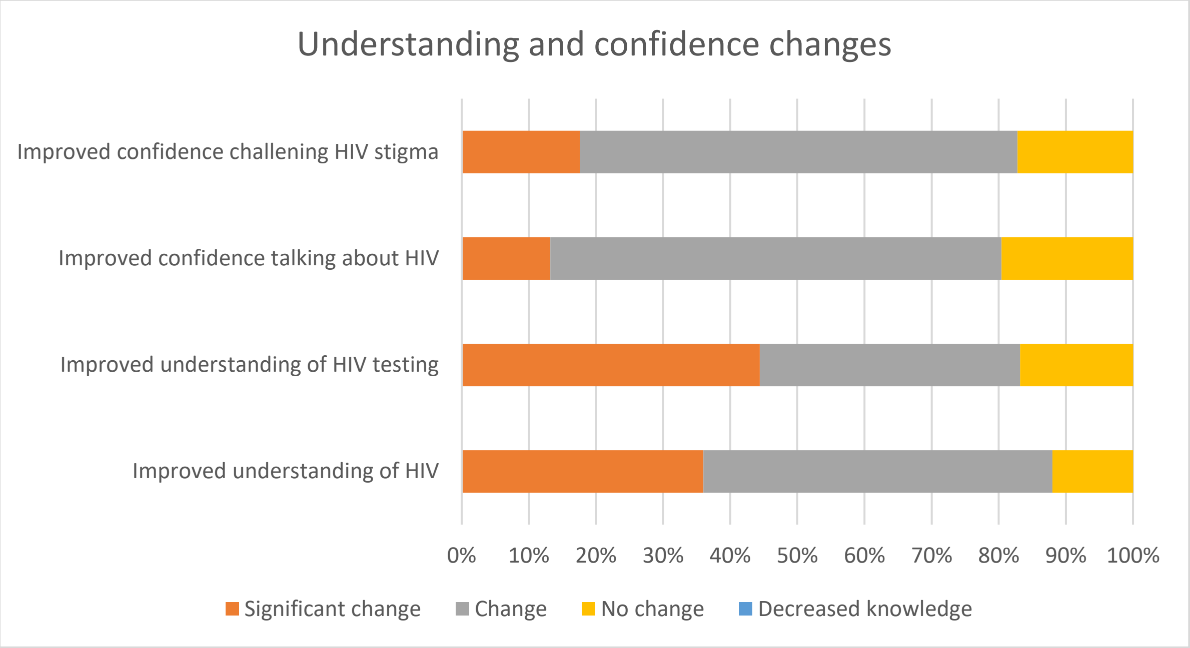

Figure 4: Self-reported understanding and confidence changes post-training.

Despite the overall positive feedback, for each domain 10-20% of responders reported that their understanding or confidence did not change. This could suggest that some individuals did not benefit from the training, but it could also indicate that the training improved different aspects of knowledge or confidence for each person. Additionally, there may be ceiling effects at play, as the sessions were delivered to health professionals in training and individuals with existing interest in the topic who may have already possessed relatively high levels of knowledge and confidence. Importantly, almost all attendees still recommended the training, suggesting that they may have learned or solidified their understanding in ways not captured by the feedback survey. Finally, a large class of dentistry students (n=67), whose feedback was an outlier, skewed the overall improvement and confidence outcomes downwards. This could be due to factors such as overlap in HIV teaching in their curriculum or a mismatch between their learning needs and the content of the awareness sessions provided.

Feedback in response to open-ended questions was diverse, reflecting the different roles and professions of people receiving training. However, responses tended to centre around

- Developing empathy after hearing about people’s lived experience- listening to people talk about emotional aspects and stigma was moving and memorable.
- Finding the speakers and coverage engaging and relatable, delivered with passion ‘*they really spoke from the heart*’. Personal stories were important to *‘hammer points home’*
- The training sessions felt relaxed, humorous, open, and a safe space.
- The facilitators were considered very knowledgeable, the content was informative and slides were helpful.
- Some experienced major shifts in thinking and intended behaviour*: ‘my mindset has completely changed and the learning will continue to impact my practice’*
- Understanding the importance of non-stigmatising language. Feeling more equipped to talk openly and comfortably about HIV.
- Being ‘*a better, more involved ally’*
- Better awareness and understanding of U=U
- Feeling better able to reassure people with new diagnosis
- Intending to promote and advocate for wider HIV testing
- Increased interest in understanding the experiences of people living with HIV and a commitment to meeting their needs
- Planning to educate others and recommend training to others.
- Wanting to work further with Brigstowe
- Becoming interested in conducting research relating to HIV.

Interview themes

Interview data relating to Awareness Training came from three categories of sources; Brigstowe staff, an Academic partner and mentors (some of whom volunteer as the 'positive speaker' for these training sessions). Three themes are presented below.

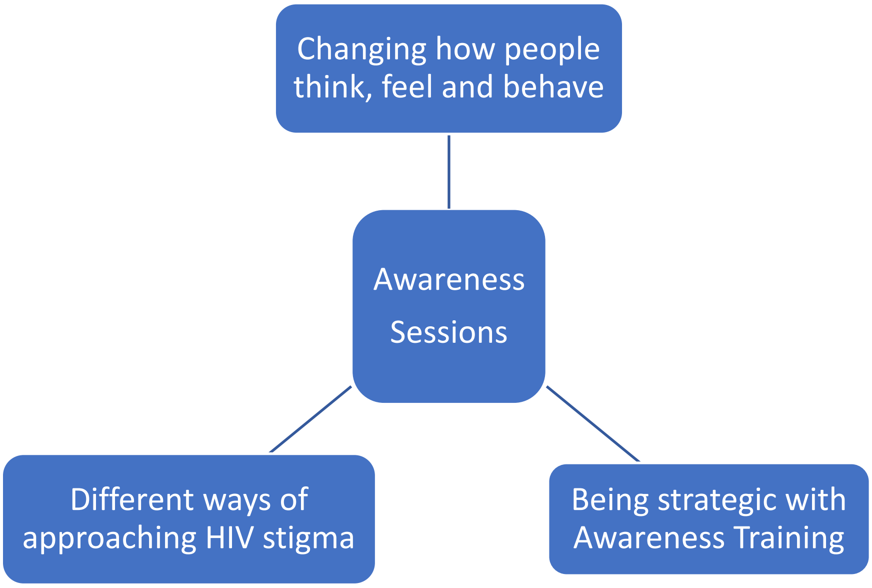

Figure 5: Awareness Sessions themes

Theme 1) Changing how people think, feel and behave

In line with the data from feedback forms, informal feedback to staff and volunteers suggested training sessions were well received and effective in altering participants' knowledge, attitudes, emotions and behaviours. Attendees often reported feeling knowledgeable initially but were surprised by the gaps in their understanding and noted changes in their attitudes following the training.

> *'She said that she thought she knew it all already. Uh, and actually she didn't! She learned a lot of new information around U=U, mother to child transmission and language. (Brigstowe Staff 2).*

Interviewees noted that in addition to acquiring factual information, the personal stories shared during the sessions were particularly impactful and engaging, which echoed the sentiments expressed by attendees.

> *[Name] is an excellent storyteller. I know that a lot of people will leave those sessions and they'll remember those stories (Academic Partner)*

A staff member recounted an instance where an attendee had been influenced to check her own HIV status by engaging with specialist local services after previously having poor experiences with a sexual health clinic.

> *She ended up attending our Common Ambition Bristol walk in clinic. The testing services. And she equated this to attending the training- it had re-engaged her so much with HIV (Brigstowe Staff 2).*

A staff member also highlighted an unexpected positive outcome for attendees, which was linked to the delivery of training by openly positive and gay speakers. On two occasions, they received verbal feedback indicating that students found this aspect of their educational experience personally meaningful.

> *They have felt seen and it's been refreshing (Brigstowe Staff 2).*
>
> *They felt like a sense of pride, that their university faculty have done that [included the topic on the curriculum and invited positive speakers]. They felt it's enhanced their module experience. (Brigstowe Staff 2)*

Theme 2) Being strategic with Awareness Training

Brigstowe staff expressed satisfaction with the sessions and the formal and informal feedback they received. However, they also expressed frustration in reaching the most important organizations prioritized in their strategy document. They faced persistent difficulties in reaching NHS trusts to deliver training.

> *One of the priorities is within healthcare and tackling stigma in healthcare. We know that's a huge problem and it's one that affects our clients or the community the most. It's an area where we hear the most about. But it's a constant battle with NHS trusts to see how HIV is a priority. (Brigstowe Staff 2)*
>
> *If it's within a healthcare setting like an NHS Trust … the challenge is even getting in with training in the first place …it's just that conflicting priorities and capacity issue. Whether that's funding, staffing levels…. (*Brigstowe Staff 2)*)*

The ability to work with organisations to develop policies around HIV had similarly been limited by NHS organisations not seeing HIV as high enough priority.

> *You can train people therefore right and centre. But you need the policies to back up (Brigstowe Staff 3)*

Brigstowe staff remained committed to identifying key organisations to conduct policy work with. They expressed hope of being able to engage specific NHS providers in response to their survey exercise with service users (mentioned above*).* Furthermore, a recent announcement that two Bristol Accident and Emergency departments are set to introduce routine HIV testing (an 'opt out' scheme) was seen as an important development. More conversations about HIV testing and more positive test results increased the need for training and policy work within the A&E context.

Theme 3) Different ways of approaching HIV stigma

The Awareness Training delivered within 'Positive Voices' is one of many initiatives in and beyond Bristol aimed at reducing HIV-related stigma. Brigstowe leads and/or collaborates on various local initiatives, such as HIV FastTrack Cities. An Academic Partner interviewed for the evaluation discussed the 'Hearts and Minds' training package, co-developed with people living with HIV, which aims to train health professionals about HIV stigma. While some overlap exists between Hearts and Minds and Brigstowe's Awareness Training, there are also key differences. The Academic Partner highlighted that Awareness Training focuses on debunking myths and providing information ('filling up people's 'empty glasses' with facts'), to combat stigma at the individual level. However, she advocated for a broader approach that addresses societal factors like racism and homophobia, which underlie stigma and health inequalities. She highlighted the need to *'dismantle it [stigma] rather than respond to it as individuals'.* She recognised this approach is *'deeper work'.* A staff member felt that task was *'Massive. It's huge' (Brigstowe Staff 3)* but recognised the need for such work.

> *How can we not be involved in that? You know, HIV is related to all those barriers, health inequality… (Brigstowe Staff 3)*

However, she also felt the Brigstowe as a *'HIV organisation'* should maintain a specific HIV focus and felt there were organisations and collaborations (some of which they were part of) better placed to do some of this work than Brigstowe alone. Both the Academic Partner and this staff member expressed interest in collaborating further to extend the scope and effectiveness of their training, possibly through exploring whether Brigstowe could adopt and deliver 'Hearts and Minds'.

INTERPRETATION OF FINDINGS

Overall, this evaluation finds that the Positive Voices programme continues to be effective in meeting its four key aims; 1) improving the emotional and mental wellbeing of people living with HIV 2) improving the social inclusion of people living with HIV, 3) enabling people living with HIV to better manage their HIV diagnosis and long-term health and 4) improving professional and community expertise in HIV and reducing stigma. Targets for the number of people living with HIV reached by peer mentoring, 'All in' groups and Awareness Training have been broadly met.

1a) Peer mentoring

The service, now operational for over seven years, is well-established and highly respected. The service serves a diverse population and is effective in reaching some typically underserved groups such as those in high-deprivation areas, gay men, people of Black African and Caribbean heritage, asylum seekers and economic migrants new to Bristol. Feedback and interview data consistently demonstrate positive impacts on the physical, psychological, and social wellbeing of people living with HIV, leading to meaningful life improvements. Volunteer mentors receive comprehensive training and support, benefiting personally from the experience. A culture of listening to service users, ongoing reflective practice from staff and mentors, and periodic evaluations have ensured ongoing improvements and minor modifications. The continuation of this unique and valuable service seems vital given the anticipated high and increasing local needs for people newly diagnosed and people living into older age with HIV.

1b) Clinic mentoring

Following a hiatus due to COVID-19, the clinic mentor service has resumed and is regularly engaging with individuals living with HIV attending the Brecon clinic. It serves as a valuable resource for individuals in crisis and provides a warm introduction to Brigstowe's range of support services as well as a role model of someone living well with HIV. Clinic interactions regularly lead to mentoring relationships and connections with other Brigstowe services. There have been challenges in reestablishing the service amidst changes in clinic staff and high clinic workloads, and mentors were unsure whether they are welcomed and valued. However, clinic staff view the peer mentors as strategically aligned with their aims to provide comprehensive support to people living with HIV and express relief that they can refer patients to the mentors. The upcoming appointment of a new clinical director may facilitate ongoing discussions between Brigstowe staff, mentors and clinic staff, particularly regarding enhancing the visibility and accessibility of mentors to patients through improved signposting and referral practices.

2) 'All in' Groups

Brigstowe continues to successfully provide a peer-led core offering of educational group sessions on 'Living Well' with HIV, along with other specialist topics and various social and cultural activities. While there were slightly fewer sessions than planned due (initially) to COVID-19 and to fluctuating demand, those held were well-attended and attract individuals from diverse sociodemographic backgrounds. Feedback is excellent, with participants appreciating the opportunity to increase their knowledge about HIV, connect with others facing similar challenges, and enjoy themselves. These groups effectively serve the educational and social needs of people living with HIV and their families, complementing the peer mentoring program. While it is impossible to cater to everyone's needs through group sessions, Brigstowe remains responsive to user feedback, continually adapting and evolving their group offerings.

3) Awareness Training

Brigstowe has successfully delivered Awareness Training to numerous organizations, including priority ones outlined in their Influencing Strategy. Attendee feedback is overwhelmingly positive, with most participants reporting a shift in their knowledge and attitudes towards HIV after the training. The inclusion of a 'Positive Speaker' sharing their lived experience is particularly well-received and nearly all participants would recommend the training to others. However, Brigstowe has faced challenges in securing training opportunities at NHS trusts and influencing the HIV policies of major organizations. To address this, targeted approaches to organizations (based on Brigstowe service-user's accounts of difficulty or discrimination) are planned from year 3 onwards.

RECOMMENDATIONS

Eleven recommendations are proposed. These relate to optimising Positive Voices delivery and/or extending the impressive impact already achieved.

	Which part of Positive Voices	**Recommendation**
1	**All**	**Secure funding to ensure continuation of the three components of Positive Voices; 1) Peer mentoring (including clinic mentoring), 2) 'All In' groups and 3) Awareness training.** While the three Positive Voices elements should continue, they do not need to remain linked for future funding bids and the constituent parts may be more fundable separately by different funders and possibly including different partners/collaborators. For example, the Awareness Training and related policy consultancy work has the potential to be self-sustaining. NHS Trusts or pharmaceutical company funding/co-funding options could be explored to support the clinic mentoring.
2	**Peer mentoring**	**Develop a formal follow-up protocol for people who express interest in peer mentoring but do not begin or who initiate but cease prematurely.** Consider, for example a) Obtaining consent to keep contact details for follow-up and future service offers. b) The would-be mentor or Peer Support Co-ordinator attempting to verbally explore barriers/facilitators to engagement. Some barriers may

		be addressed immediately, while feedback could indicate adjustments needed in the mentoring process or other support services. This is particularly important where staff and mentors are detecting patterns in non-engagement e.g. as recently observed in a series of African women.
3	**Clinic mentoring**	**Maximize the introduction, signposting, and referral of people living with HIV to the peer mentor at the Brecon clinic (and to Brigstowe overall), focusing on increasing both the number and diversity of individuals served.** Collaborate with clinic staff to: a) Establish a unified vision for clinic mentoring, aligning it closely with the strategies and goals of both the clinic and Brigstowe/Positive Voices. b) Ensure that all clinic staff comprehend the various ways in which individuals living with HIV can benefit from peer mentoring. Sharing anonymized case studies and disseminating the findings of this report could aid in achieving this understanding. c) Examine clinic routines and patient journeys to identify optimal points for providing information (both verbally and in written form) to ensure that all patients are aware of the option to consult with the clinic Mentor. Healthcare Assistants and the room where they take blood was identified as promising. d) Review and if necessary revise written materials to ensure that they adequately convey what is on offer in a way that HCPs and people living with HIV can readily understand and relate to e) Reassess the feasibility of displaying posters from Brigstowe in certain clinical areas or the waiting room. f) Investigate the possibility of discreetly collecting feedback from patients in the waiting room regarding their interest, motivation, and any barriers or facilitators to engaging with a peer clinic mentor.
4	**Clinic mentoring**	**Encourage strong and supportive working relationships between the entire clinical team at Brecon and the clinic mentors and HIV Peer Support Coordinator.** a) Ensure that the clinic mentors are informed about the evaluation findings regarding their value and the alignment of the clinic mentor service with clinic priorities. b) Request that a clinic staff member welcomes and introduce the mentor to other staff members on duty. Alternatively, determine if it's feasible for mentors to introduce themselves in person or through another means if direct introduction isn't practical.

		c) Facilitate open discussions between mentors and healthcare providers to identify additional practices that can help mentors feel comfortable and integrated into the clinic team. d) Foster a communal sense of achievement (between staff and mentors) by regularly sharing feedback on the benefits experienced by people living with HIV through peer mentoring between mentors and healthcare providers, ensuring appropriate confidentiality and anonymization.
5	**Peer mentoring** **Clinic mentoring** **'All In' groups**	**Continue efforts to engage underserved populations, especially in communities where HIV stigma is prevalent.** a) Monitor the sociodemographic characteristics of underserved groups by comparing data of service users with the local HIV-positive population (e.g., most recent Brecon clinic data). b) Continue to solicit, listen to, and address any feedback regarding barriers and facilitators to engagement with Positive Voices within these populations. c) Continue to spearhead and collaborate on initiatives aimed at public education, reducing HIV-related stigma, and engaging traditionally underserved populations. d) Consider launching separate (funded) projects to engage these groups, leveraging partnerships with other organizations and individuals possessing specialist knowledge.
6	**All (especially Peer and Clinic mentoring)**	Recognize volunteers as both providers and beneficiaries of Positive Voices, and routinely evaluate the impact on them. Mentor and volunteer satisfaction, as well as outcomes, are not currently included in the feedback datasets. However, these volunteers, who are people living with HIV, are experiencing various positive changes in their psychological, social and physical wellbeing and quality of life due to their involvement. a) Implement regular feedback exercises, such as every 6 or 12 months, to capture mentor and volunteer satisfaction. The interview themes related to peer mentoring and clinic mentoring offer insights into domains that could be measured. This data will be valuable for continually reviewing and optimizing mentor experiences, as well as for future evaluations (see recommendation #8).
7	**'All In' (with relevance to Peer mentoring endings)**	**Continue to deliver the current blend of one-off HIV education and social group experiences, while being responsive to session uptake and feedback and piloting alternative group experiences.** a) Explore the possibility of initiating a pilot program for peer-led small group support sessions, such as a six-week series with consistent

		attendees. Gather feedback from participants and coordinators regarding the benefits, drawbacks, and factors influencing engagement with this model of group support. Adjust the program based on the received feedback. b) Consider the feasibility and potential methods for Brigstowe to assist individuals living with HIV in establishing and maintaining their own support groups and gatherings.
8	**All**	**Enhance routine data collection methods to prepare for the final evaluation of Positive Voices in 2026, ensuring comprehensive coverage and optimization of data gathering processes.** Maximize the availability of routine data to the Evaluator due to budget constraints for the final evaluation, ensuring comprehensive coverage despite limited resources. a) Strive to increase mentee feedback collection to reach 100% participation, as the current rate stands at approximately 76%. 1. Since mentees leave short answers to the open-ended questions on feedback forms, include more Likert style items to capture valued aspects of the mentoring process and the outcomes. The aspects commonly mentioned in previous open-ended feedback and the interview themes about peer mentoring provide insights into the domains that are important to mentees and that could be measured (b) Review the 'All In' feedback forms to identify potential areas for additional items based on insights from feedback data and interview findings. However, maintain form brevity to minimize feedback burden for attendees of one-off group sessions c) Review the Awareness Training feedback forms to identify potential areas for additional items, such as those indicated in previous open-ended feedback or interview data. However, ensure forms remain concise to minimize feedback burden for attendees of one-off educational sessions.
9	**Awareness Training (& policy review)**	**Leverage relationships with local contacts who may assist in introducing Brigstowe to NHS Trusts for delivering Awareness Training and Policy Review sessions.** a) Consult - Academic Partner (interviewed here) - Brecon clinic staff (especially incoming Clinical lead). - Course/module leads at Bristol and UWE (dentistry, nursing, medicine, digital health etc) who are repeat customers for Awareness Training. These individuals are likely to have dual roles as clinical academics and have useful NHS colleagues as contacts.

10	**Awareness Training (& policy review)**	**Seek additional opportunities to enhance HIV awareness, knowledge, and stigma reduction by collaborating with local or national partners and organizations.** a) The current Positive Voices funding supports the delivery of Awareness Training, which is being delivered extensively and which receives excellent feedback. However there remains substantial work to be done to enhance understanding and eliminate stigma in the community and within organizations. Brigstowe is well positioned to contribute to this through future projects, exploring various alternative or additional engagement methods with the potential for funding.
11	**All**	**Celebrate and promote the successes of the Positive Voices programme to inform a broad audience about its scope and value.** a) Consider updates to the Positive Voices sections of the Brigstowe Website, social media content and paper-based materials.

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APPENDICES

- Appendix 1: Previous evaluation recommendations.
- Appendix 2:'All In' sessions planned and delivered
- Appendix 3: Awareness Sessions delivered

Appendix 1: Previous evaluation recommendations.

The 2020 Final Evaluation made 17 suggestions about how to build on the evident successes and strengths of PV. This included ways to improve the current services and extend and diversify Positive Voices contributions as wider Brigstowe initiatives. These were prioritised and responded to in light of ongoing developments and consultation and feedback with staff, mentors, mentees, trustees. An Action Plan was developed and responsibilities assigned and monitored.

Recommendation (verbatim from evaluation report, 2020)	Status / Comments
1. The enormous impact on people who have used the services strongly supports the need for follow-on funding to continue to supply this service and develop it further. People living with HIV clearly articulated the absolute importance of having a place they can come to for a range of supports where they can be open about their HIV. This is eminently achieved by the peer-support approaches and these must continue to meet this ongoing need, particularly in the face of streamlined and mainstreamed services	MET Positive Voices has continued. A second round of National Lottery funding was secured. This supports the service until 2026
2. Rather than offering services relating to time since diagnosis, future workshops and events could be targeted at particular topics or needs. This may also include addressing issues relevant to mental health and broader aspects of healthy living, as the city's needs assessment revealed a need for greater service provision in these areas.	MET The workshops / events (now called 'All In'). They are no longer specifically aimed at people who are newly diagnosed. There is a continuation or provision of workshops about living well with HIV, along with a broad offering including social events and workshops that support broader areas of social and psychological wellbeing.
3. Delivery with or by HIV positive people is essential to maintain the uniqueness, credibility, and empowerment of people living with HIV.	MET. This continues to underpin Positive Voices.
4. Future specific funding should be sought to provide research and activities to engage with people from non-white ethnicities. Extensive input to support community engagement and community-led activities will be required. This is essential owing to the rates of late diagnosis in BAME communities. It is also important to consider gender and age when planning services. The 2020 Bristol	MET Since last evaluation Brigstowe has won funding, developed new partnerships and engaged in a range of activities with a focus on ethnic diversity. Brigstowe are leading Common Ambition. This involves co-production to improve sexual health in people of African or Caribbean heritage in Bristol. This work has emphasised specialist and

City Council needs assessment notes late diagnosis as a major issue.	exclusive testing and has included outreach e.g. in nail salons and barbers. This initiative is funded by the Health Foundation and partners include University of Bristol, Bristol City Council and Unity sexual health services. In 2022 Brigstowe undertook a EDI assessment, which included a deep dive into ethnic diversity. A strategy and action plan was developed and implemented.
5. Funding should include provision for childcare, to ensure parents and most likely women are not excluded from receiving support.	MET Positive Voices now has a small welfare fund which has occasionally been used for childcare. Support with travel and childcare are flagged to potential clients. Moreover, groups/events are family friendly - e.g. parents can bring children/babies. Online/telephone peer mentoring is possible upon request although most people prefer face to face.
6. Continue to increase the presence of peer mentors in the NHS HIV clinic, with continued training for those mentors on how best to work in the clinic and training for the NHS staff on how best to work with the mentors. More training and reminders for clinic staff on who to discuss mentoring with as a potentially appropriate option. Closer working with the team psychologist may also support.	MET Peer mentoring had to be halted during the covid pandemic but since Spring 2023 has been back up and running. Brigstowe are consulting with clinicians to improve the process of introducing clinic patients and mentors. The psychologist mentioned in the recommendation does not currently specifically support the HIV service.
7. Offer consultancy advice and training to other third sector organisations, to help them mirror successes in creating strong relationships with NHS partners, and in the process of setting up and managing peer-support programmes, including training, supervision, matching processes, and support that helps achieve volunteer retention	MET Brigstowe developed a consultancy service (The Peer Partnership). Whilst not part Positive Voices per se this is now an income stream for Brigstowe.
8. Sustainable funding is essential as people living with HIV described needing support at different times during their lives, therefore it is essential that an organisation exists to address these needs.	MET Funding was secured which funds Positive Voices until 2026. Continuation funding to is needed beyond this period

9. In considering the details of the peer mentoring, reflect that non-engagement with mentors may be a sign of mismatch and explore further with mentors how they might address this. Ensure that in matching, the stage of acceptance and disclosure is carefully considered and potentially communicated to the mentor to help them be sensitive to these issues. Following supervision, ensure that mentors reflect on what has been most useful and what might change their practice.	MET Brigstowe have developed a more reflective practice in group supervision. The matching process continues to be carefully thought out and sensitively negotiated.
10. Several recommendations for continuing support at the end of mentoring have been made. Provision of workshops to mark an end-point and establishment of a self-sustaining group ran by graduate-mentees may be enormously helpful. WhatsApp groups or other technologies may be able to support this.	PARTIALLY MET Training and supervision for mentors has focused on how to end mentoring and to be mindful of this throughout the relationship. Therefore mentees and mentors are well prepared for the end of the mentoring. Nonetheless many mentees express a need for continued support and connection after the mentoring. In terms of continuing support, ‘All in’ groups are available, signposted during the period of mentoring and at the end of the mentoring relationship. The limited number, timing, topics/focus may not suit everyone’s needs. Setting up more sessions and events may not be viable as sign up and attendance is not always reliable.
11. The success of the services clearly require adequate staffing, and the presence of the coordinator has allowed excellent support for mentors and mentees alike, in addition to management of other services. Future funding bids must include adequate resources to allow optimal expansion of these services, likely full-time co-ordinator staff who can also support broader engagement with other organisations to increase referrals, for example by working with LGBT groups and mental health charities.	MET The successful application for further National Lottery funding meant that the services have been staffed adequately during the evaluation period. This has allowed the established service to continue and for some new initiatives and expansions to happen (detailed throughout this report). Brigstowe require further funding to continue to provide the service beyond 2026 and to expand the scope and reach.
12. Further engagement with other areas around Bristol is essential, where there	PARTIALLY MET

are smaller numbers of people living with HIV, who are then in turn more likely to be isolated and less likely to have access to support.	Whilst most clients are local to Bristol, Positive Voices welcomes clients from surrounding areas including Bath, Swindon and even areas of Wales. Around 17% of peer mentoring referrals are now from outside of the city. The service cannot engage in any major outreach work in other locations without further resources to increase capacity.
13. Awareness training requires further engagement with community organisations and other NHS organisations. Persistent stigma was identified in the city's needs assessment as a major issue. Again, this requires dedicated funding for staff time to co-ordinate. Further, it is essential to continue to expand the pool of trainers, including people living with HIV where possible, and consider development of online training and video materials. Additionally, it is suggested to develop a more strategic approach to training, to ensure entire organisations are engaged with and policy contributions continue to be made.	MET Awareness training continues to engage with a range of organisations and feedback shows it successfully shifts knowledge, attitudes and confidence in talking about HIV. A Positive Speaker is always part of the training and this aspect receives excellent feedback. Training has been delivered both online and face to face. An Influencing Strategy developed following consultation with people living with HIV in 2022 prioritises delivering training in organisations with which people with HIV interact with regularly and where high level of stigma and lack of knowledge exists. The influencing strategy involves Brigstowe working with organisations to develop HIV policies. This work is underway.
14. Working with Public Health colleagues, it is vital for future projects to be representative at city-wide planning and co-ordination meetings.	MET Brigstowe is well integrated with public health and city planning initiatives. For example, 3 Brigstowe staff members are on Fastrack Cities task groups, one of the goals of which is include ending HIV stigma and improving the quality of life of people living with HIV (PLWHIV) by 2030. Brigstowe are also involved in One City plan, with a target of ending HIV stigma. It is noted that these projects do not come under the scope of the funded Positive Voices programme.
15. New services working with the NHS HIV clinic to support people who have been "lost to follow-up" to re-engage with services should be considered. This is	MET There is a service in place via Bristowe but not as part of Positive Voices. The Clinic mentors do

particularly important to individual and public health, as non-engagement typically means uncontrolled HIV, worse health outcomes and greater risk of onward transmission.	not currently support people who are ‘lost to follow-up’ (they see people who attend clinics). Brigstowe runs Engagement Support Service supported by a staff member who works in partnership with the NHS Trust to offer intensive support to people living with HIV who are either ‘non-attenders’ (missing appointments regularly) or completely ‘lost to follow-up’ (lost to the system).
16. Support with improving testing uptake may be explored. Insufficient testing is identified as a priority within the 2020 city needs assessment, and it may be possible to include HIV positive people in testing projects.	MET The scope of Positive Voices is mostly around supporting people already diagnosed with HIV. However, the HIV awareness training sessions cover testing and successfully improve knowledge around this. Broadly speaking, Brigstowe is involved in various testing initiatives including for example Common Ambition project (mentioned above) as well as billboard campaigns to end the stigma around testing.
17. Telephone services devised in response to COVID-19 should be evaluated and potentially extended, as these may offer increased accessibility for support, not just in relation to potential ongoing “lockdown” restrictions, but also for people with child care responsibilities or mobility issues, for example.	MET The possibility of phone/remote mentoring is discussed where desired although there appears to be a substantial preference for face to face meeting post-covid.

Appendix 2:’All In’ sessions planned and delivered

Year 1 2021-2022

Social Event	Skills Based Workshop	HIV Focused Session
Friends and Family Day to Bowood House 9/13 attended	2 x Cookery Courses (in partnership with Coexist Community Kitchen) 5/6 attended	River of Life: Your HIV Journey 4/6 attended
Friends and Family trip to Bath 9/9 attended	Music and Singing workshop ¼ attended	Exploring and dealing with stigma ***cancelled due to no shows** (2 signed up)
Christmas Party ***cancelled due to high rates of COVID 19**	City of Bristol College Information’s session (work and training opportunities) ***Cancelled due to low sign up** 1 sign up	HIV and the Law *Cancelled due to low sign up 4 sign ups
	IT Basics session 2/4 attended	HIV and dating 4/5 attended

Year 2 2022-2023

Social Event	HIV Focused Session
Client Summer Social @ Chantry House 16/24 attended	Living Well Workshop
Friends and Family trip to Weston-Super-Mare 8/16 attended	Living Well Workshop ***cancelled due to staff sickness** 15 sign ups
Christmas Party 30/44 attended	Friends & Family Workshop 2/6 attended

Theatre Trip 10/11 attended	

Year 3 2023-2024

Social Event	HIV Focused Session
Client Summer Social @ Chantry House 25/28 attended	Living Well Workshop 6/15 attended
Friends and Family trip to Weston-Super-Mare 9/15 attended	
Christmas Client party Dec 2023	

2nd half of the year's programme (Jan – Jun) is still being planned but likely to be:

- Theatre Trip
- Friends & Family Workshop
- HIV focused session: likely to be half a day with lunch etc

Appendix 3: Awareness Sessions delivered

Year 1 = 10 delivered

	Organisation/event	Training recipients	Online or face to face?
1	Vitaminds (NHS mental wellbeing support service)	Various staff	f-2-f
2	World Aids Day event– event hosted by Brigstowe https://www.eventbrite.co.uk/e/hiv-awareness-training-tickets-169629294787?aff=ebdsoporgprofile	Various professionals – health, care, council	f-2-f
3	Bristol Health Partners (session 1)	Drug & Alcohol Health Integration Team	online
4	Bristol Health Partners (session 2)	Drug & Alcohol Health Integration Team	online
5	Bristol University	4th Year medical students- GP trainees	online
6	Bristol University- session 1	Digital Health and care students	online
7	Bristol University- session 2	Digital Health and care students	f-2-f
8	Bristol University	Social work students (MSc)	online
9	University of West of England	Professional CPD- Promoting sexual health in practice. Various healthcare professionals	online
10	Riverside Sexual Health Clinic	Various nursing professionals	f-2-f

Year 2= 12 delivered

	Organisation/event	Training recipients	Online or face to face?
1	Bristol University	PHD Digital Health and Care	f-2-f
2	World Aids Day – event hosted by Brigstowe https://www.eventbrite.co.uk/e/hiv-awareness-training-tickets-425115661387	Various - including: CHAS Bristol, South Glos Council, Emmaus, Second Step, Places for People, AWP, ST Mungoes., North Bristol Advice Centre	f-2-f
3	SARI (Stand Against Racism and Inequality)	Managers, team leaders, case workers	f-2-f
4	Second Step (Mental Health Charity)	Recovery navigators, housing and rough sleeping staff and peer supporters.	f-2-f
5	North Somerset Council	Trading standards- piercings, tattoo, acupuncture businesses	online
6	University of West of England	Adult nursing students	f-2-f
7	Bristol University	4th Year medical students- GP trainees	f-2-f
8	Bristol City Council	Adult Home Care Agencies – care managers, officer, coordinators	online
9	Bristol City Council	Adult Home Care Agencies – care managers, officer, coordinators	online
10	Bristol City Council	Adult Home Care Agencies – care managers, officer, coordinators	online
11	Bristol University	Social work students (MSc)	f-2-f
12	University of West of England	Professional CPD- Promoting sexual health in practice. Various healthcare professionals	online

Year 3 = 2 delivered so far, 5 booked (to 31 Oct 2023)

	Organisation/event	Training recipients	Online or face to face?
1	University of Bristol	Dentistry students	f-2-f
2	University of Bristol	Digital Health students	f-2-f
3- BOOKED	World Aids Day	Various-including St Mungos, Tempra Health Care, Southern Boroks, Salvation Army, Bristol Health Partners	f-2-f
4- BOOKED	University of West of England	Mental health nursing students	f2-f
5- BOOKED	University of West of England	Adult nursing students	f-2-f
6- BOOKED	University of West of England	Professional CPD- Promoting sexual health in practice. Various healthcare professionals	online