

Age+

Evaluation Report May 2022



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The Age+ Project

The Age+ Project launched in June 2021. Co-funded by ViiV Healthcare and George House Trust, it provides support and services for people over the age of 55 who are living with HIV.

An ever-growing population of people ageing with HIV means support services need to change and adapt to meet their needs.

Age+ aims to empower people to:

- Live confidently with HIV into older age.
- Gain new skills and interests.
- Engage with volunteering opportunities (at George House Trust and in local communities).
- Feel better supported.

Project activities include social events, HIV-focused and general health information sessions, peer support groups, health and wellbeing workshops, cultural activities, creative sessions and visits to local events, museums and galleries. A summary of the proposed activities and events was presented to a focus group of Older People Living With HIV (OPLWHIV) at the start of the project and they identified the type of activities they would like to see form the core of the Age+ activity programme.

The project also aims to increase knowledge and understanding of ageing with HIV and the impact of stigma amongst **support and care providers**. The project works with partners to increase their confidence and awareness so they can better support people living with HIV. A key element of the project is the delivery of kite-marked HIV awareness training and follow-up support for residential care homes, social care providers, extra care facilities and other older person's organisations.

George House Trust

Based in Manchester, George House Trust (GHT) has been providing HIV support, advice and advocacy services to improve health outcomes since 1985. They are a service user centred organisation, with a diverse team of highly knowledgeable staff and volunteers.

GHT has a very clear vision - for all people living with HIV in the North West to live happy and healthy lives and be free from stigma and discrimination.

They have identified 4 key parts of their mission.

- George House Trust will provide good quality services to people living with HIV, which enable them to feel empowered and able to live happily and healthily with HIV.
- George House Trust will raise awareness of HIV, promote safer sex and encourage all sexually active people in the North West to know their HIV status.
- George House Trust will ensure that HIV is prioritised by public bodies across the North West.
- George House Trust will challenge HIV stigma and discrimination and promote a better understanding of HIV.

George House Trust's services include:

- Age+
- 1-to-1 support from Service Advisers
- Telephone Buddy service with trained volunteers
- Calabash for African men offering activities, support and advice
- Counselling with trained counsellors
- Peer mentoring scheme offering regular informal face-to-face support from other people who are living with HIV
- Group services offering advice, activities and peer support sessions
- Financial support and advice
- 1-to-1 money and debt support
- Welfare Fund – people can apply for household goods
- Welfare Rights advice
- Formula Milk scheme

This range of services means that joined-up packages of support can be offered and service users are able to access the support most appropriate to their needs.

The Age+ Evaluation

The overall approach to the evaluation was based on the principles of Contribution Analysis. This meant searching iteratively for evidence that would either support or challenge the project's Theory of Change.

Within this approach, the contribution of different stakeholders is central, and we drew on an approach known as Key Informant Attribution. This asked participants and other informed people for their views on the impact of the project and gathered information about the details of the causal processes.

The stakeholders who we engaged were:

- GHT Staff
- Age Positive Volunteers
- Age Positive Service Users
- Care Providers
- External Partners/Stakeholders

This approach was chosen because it:

- Ensured the voice and views of OPLWHIV were central to the evaluation.
- Put the views of service users and volunteers at the heart of the evaluation.
- Involved external strategic stakeholders in a meaningful way.
- Provided a sound basis to inform and enhance future service provision.

In order to collect data to inform the evaluation, a number of different methodologies were used including:

- Collecting output data (numbers of service users, sessions etc).
- Collecting service user feedback on an ongoing basis.
- Service users self-assessing their own progress against baseline measures.
- Structured interviews to collect qualitative data in service users' own words.
- Structured interviews with GHT staff and staff from partner organisations.
- Focus groups with OPLWHIV.
- A survey of OPLWHIV who are known to GHT but hadn't engaged with Age+.

A block of stakeholder interviews took place in September/October 2021 involving 3 OPLWHIV, 2 GHT staff and 1 staff member from an external partner. Further interviews and focus groups in March 2022 involved 7 OPLWHIV, 3 GHT staff and 4 staff members from external partners.

We particularly aimed to capture the views of OPLWHIV and get their qualitative feedback, based on their lived experience. Central to our approach was talking to OPLWHIV and giving them space to articulate what the project meant to them and what they felt could be improved. They gave us lots of useful insights into what they wanted from the project, the impact they felt the work was having and how things might be improved.

We have therefore tried to ensure that the words used by OPLWHIV and other stakeholders are directly reflected in this report. Where their words have been directly quoted, *these have been italicised in the text.*

How OPLWHIV Have Been Involved in Shaping Age+

Age+ Volunteer Involvement

Age+ has successfully supported OPLWHIV to get involved in the project as volunteers.

- 6 people, most of whom are LWHIV were volunteers in the Age+ project through developing and delivering the Care Providers Training package.
- 2 OPLWHIV have been volunteers on the Project Advisory Group, which has met quarterly.
- 2 OPLWHIV have also led different activities/groups, supported by the project coordinator.
- Positive Speakers with lived experience of HIV have also been involved delivering key content of the training package for care providers.

Age+ Volunteers Total Hours (June 2021 - March 2022)

Volunteer Role	Hours
Age+ HIV Awareness Training	46.5
Project Advisory Group	8
Facilitating Events	15
Positive Speakers	21
Total Hours	90.5

Project Advisory Group

The Project Advisory Group (PAG) is a meeting of internal and external stakeholders, which meets quarterly to provide feedback on the project and its strategic direction. Two older people living with HIV sit on the PAG.

User Feedback

The project is committed to collecting and acting on user feedback. As well as encouraging people to generally share ideas and feedback verbally, there have been formal mechanism to do this through:

- A Consultation Event with the Age+ Coordinator in May 2021.
- Feedback forms for all events and activities attended.
- Feedback boards at events.
- Interviews and focus groups with project participants as part of the external evaluation.

Responsive Practice

There is a commitment in the project to responsive practice. The coordinator has created flexibility in the schedule to accommodate service users' suggestions and preferences.

An example of this in practice is that a coffee morning was scheduled around the availability of a potential participant who was initially very anxious about engaging with activities. The scheduling and nature of this activity (small group, informal) was designed to meet the needs of this particular person. But as the coordinator was aware that there were others for whom it would also be appropriate, she invited a selected small group of others to attend. Attendees fed back positively about the activity.

At the start of the project, there was an initial consultation with 4 OPLWHIV, and they identified what they would like to see form the core of Age+ activity programme including: musical workshops–choir/instrument lessons, walking, art gallery and museum visits, peer support groups, health and wellbeing activities (including alternative therapies) locally-based community activities, creative activities, an employment programme and social activities.

Age+ Project Activity

Care Providers Training

A major piece of work for Age+ has been the development and delivery of a **Care Providers Training Package** which was co-produced with PLWHIV.

6 volunteers and the Age+ Coordinator were involved in producing the package. This involved more than 15 hours of group development (4 big sessions and catch up/review meetings) which due to Covid concerns, initially took place as on-line video meetings but then took place in person.

People Living with HIV have also been involved in delivering the training. The model for delivery is a delivery team of 3: the Age+ Coordinator, a volunteer as co-facilitator and a Positive Speaker (trained speaker who is living with HIV). Due to logistics and availability, volunteer co-facilitators have not been involved in every session, but a Positive Speaker has been involved in every session and the plan is to expand the volunteer pool, so that it is more likely that co-facilitators will be available.

The training is aimed at both managers and frontline staff. Gold, Silver and Bronze packages of different lengths are offered and follow up support from Age + is also made available.

The content for the Care Providers Training covers: History of HIV/AIDS, Definitions, Understanding What HIV Is, Transmission, Treatment, Stigma and Discrimination, Confidentiality, the U=U message (Undetectable = Untransmittable) and the Lived Experience of OPLWHIV.

Delivery of the package to care providers started in October 2021 and the following training sessions have been delivered from October 21-Mar 22:

Delivered	Level	Date	Attendees
Beechwood Lodge	Gold	20th October	14
Berrycroft Manor	Gold	18 th -20 th January 2 sessions	30
The Alzheimer's Society	Gold	2nd February	12
Being There	Gold	3rd February	10
Premier Care	Gold	15 th -17 th March 4 sessions	26
Multi-organisation Webinar	One-hour bitesize	23rd March	7
Premier Care	Gold	29 th -31 st March 4 sessions	38

Overall:

- 14 training sessions were delivered.
- 137 people attended training.
- On average, 9.8 people attended each session.

Further Gold Package training sessions are planned for:

Archmoor Care Home, Thursday 7th April

Anchor, Tuesday 12th April

Brabyns Care Home, Monday 16th May

Brabyns Care Home, Tuesday 17th May
The Whitworth, Tuesday 24th May
Walshaw Lodge, Wednesday 6th July
Walshaw Lodge, Thursday 7th July

Establishing Profile & Partnership Working

The visibility of Age+ contributes to the project's aim of increasing awareness and understanding of the needs of OPLWHIV. Therefore, time has been spent by the Age+ Coordinator attending meetings and ensuring that Age+ is engaged with the wider older people's sector (through ebuletins etc). Age+ has been involved in both local partnership developments, such as the Age Friendly Manchester Network and contributed to national developments such as the Terrence Higgins Trust's 2022 Growing Older with HIV Strategy Review.

Building relationships with partners has been important in making care providers aware of the training offer but has also led to other positive developments which brought capacity, resources and expertise to the project, including:

- Opening up new referral pathways for partnership working with Age+ (e.g. The Hathersage Sexual Health Clinic).
- Joint events and activity programmes with partners (e.g. Manchester Care and Repair, the Whitworth Art Gallery, Manchester Mind, One Education, the Alzheimer's Society). Most of these had not done any specific work with OPLWHIV before.
- Involvement of a partner organisation in the Project Advisory Group (Age Friendly Manchester).

Partnership and networking activity has led to direct benefits such as the joint work with the Whitworth Gallery and a care provider booking training for their staff team after meeting the Age+ Coordinator at a networking event.

Partnership Case Study: Age+ and The Hathersage Sexual Health Clinic

Age+ has been working in collaboration with The Hathersage Sexual Health Clinic in Manchester to support older people living with HIV through their Frailty Clinic, which was established in June 2021.

GHT's close partnership with the Hathersage meant that when Age+ was launched at the same time as the clinic, there was a natural opportunity for service users to receive interdisciplinary care and support from both organisations.

Patient care through the Frailty Clinic covers mental health, cognition, general lifestyle and wellbeing, social issues, drug interactions, falls risks/bone health as well as HIV care. Following Multi-Disciplinary Team discussion, patients are then referred to Age+ for further social and wellbeing support where appropriate.

Both partners highlighted this as an example of strong partnership working. Hathersage highlighted that nurses take a holistic approach but are limited in their capacity. Having a partner who they could confidently refer people onto for more holistic support and the opportunity to access social activities was therefore highly valued.

Age+ highlighted that the referral relationship worked well and given that people have been formally assessed by the Frailty Clinic and identified as needing extra support, this was a good way of reaching some of the older people who most need support but may be less likely to access Age+ independently.

Activities & Support for OPLWHIV

As of 1st April 2022, 170 service users over the age of 55 have engaged with Age+. The project has run a diverse range of activities for OPLWHIV, including:

- Virtual online drop-in video call sessions
- Outdoor activities – e.g. Manchester LGBT guided tour, a park walk
- Indoor group activities
- 1-to-1 phone and face-to-face support
- Online Tai Chi sessions
- Activating Happiness sessions (interactive online sessions exploring positive wellbeing through music, play and laughter)
- Healthy Living, Healthy Mind sessions, offering advice and tips on how to achieve a healthy, happy home, as well as advice on welfare benefits, health and personal safety
- International Day of Older Persons' celebration
- HIV and Ageing information session
- Coffee mornings
- Dementia Awareness information workshop
- Samba/African Drumming workshops
- Money and Benefits Advice
- Chair-based exercise session
- External Volunteering Opportunities information session
- Acting Up sessions looking at acting techniques
- Consultations about the future activities of the project
- Art workshops with The Whitworth Art Gallery
- Culture Club (social activities with a cultural focus – e.g. visiting the Lowry theatre, RHS Bridgewater Gardens)
- Knit and Natter sessions

Age + Activities for OPLWHIV May 2021 – Mar 2022

Event	Month	Number of People Booked	Number of People Attended
Project Consultation	May	10	4
Project Launch	June	4	3
Virtual Drop-in	June	5	3
Tai Chi	June	5	3
Tai Chi	August	3	3
Manchester Historic Tour	August	9	8
Heaton Park Walk	August	3	2
Activating Happiness	September	7	4
Healthy Living, Healthy Mind	September	7	4
International Older Person's Day	October	8	8
HIV and Ageing Information	October	6	2
Project Consultation	October	6	2
Dementia Awareness Workshop	October	11	7
Samba Music Workshop Session 1	November	9	8
Samba Music Workshop Session 2	November	8	6
African Drumming Music Workshop Session 3	November	5	2
African Drumming Music Workshop Session 4	December	7	5
African Drumming Music Workshop Session 5	December	2	2
Coffee Morning	January	17	9
Money and Benefits Advice Workshop	January	8	4
Chair-based exercise	January	6	3

Healthy Living, Healthy Mind	January	9	4
External Volunteering Information Session with Manchester Volunteer Centre	January	4	3
Art Workshop at The Whitworth Session 1	January	11	7
Acting Up Session 1	February	8	4
Acting Up Session 2	February	8	4
Acting Up Session 3	February	7	3
Knit and Natter Session 1	February	6	1
Culture Club – Ordsall Hall	February	7	3
Art Workshop at The Whitworth Session 2	February	11	6
Culture Club – Stockport Air Raid Shelter	March	5	4
Coffee Morning	March	10	9
Knit and Natter Session 2	March	6	6
Art Workshop at The Whitworth Session 3	March	7	2

1-to-1 Support

45 OPLWHIV have received 1-to-1 support either by telephone or face-to-face from June 2021 - March 2022. The 1-to-1 support has largely been a responsive service with a varying demand for support at different times. The nature of support has depended on people's needs or preferences. For some people, the conversations have led to engagement with the project's group activities, for others it has been a form of support in its own right, rather than a gateway to other services.

Issues people have been supported with include:

- Moving into Extra Care Housing for the first time
- Other Housing Issues
- Poverty – including Foodbank/Welfare Fund referrals
- Volunteering opportunities and supporting people to explore these in more depth
- Writing a CV and cover letter for job applications
- A newly diagnosed person being supported with the emotional impact of diagnosis and managing the side effects of medication

Evaluation Summary & Overview

OPLWHIV's Key Insights

OPLWHIV were central to the evaluation and gave us lots of useful insights into what they wanted from the project, the impact they felt the work was having and how things might be improved.

One prime thing that emerged from their feedback was the emphasis on **social interaction**. Most OPLWHIV described the project as providing a space for people to participate in positive experiences **not** primarily as a support service for people who are in need of help. For most (but not all) their starting point was *I want to do things not I want support*.¹

People told us they wanted:

To get out and be in the same space as other people with similar experiences

Excitement, satisfaction, purpose

To get out, do interesting things, talk to people

I want a way of connecting with people

Support with specific HIV issues was important for some Age+ project participants. But it was suggested that the particular niche that Age+ filled was in providing a space for social interaction rather than meeting a particular information or support need. The peer aspect was important as people valued sharing space and experiences with other OPLWHIV. Feedback suggested that Age+ was creating a distinctive space in which to do this.

The project itself and the life stories people share are part of creating and sharing a positive narrative about living with HIV. This is important.

Where can you talk about the frustration of taking pills all the time?

Seeing others coping is good, seeing others not coping perfectly is reassuring.

Laughter, camaraderie and enjoyment were also emphasised by OPLWHIV. It was notable that people felt able to talk to others about their experiences of HIV in a way that ranged from humorous reflections to discussing very hard emotional experiences. The peer-to-peer relationships based on shared experience of HIV created a special dynamic which enabled these conversations to take place.

There were some challenges in terms of evaluation. Based on the project rationale, we looked to explore the impact of Age+ on health, isolation and social engagement. Some project participants fed back that they found questions about longer term impact on health or isolation difficult to answer.² One focus group was very clear that these questions were the wrong questions to ask and that there was a need to focus on more immediate benefits (*social interaction, having something to look forward*

¹ Age+ has undoubtedly provided support for some OPLWHIV who has real and immediate support needs (particularly through 1-to-1 support), but many OPLWHIV seemed to be more comfortable seeing the support framed in terms of the positive interactions they wanted rather than needs or issues they sought to address.

² This in part may reflect that the project was still relatively new so longer term impacts were hard to identify, but there was also very clear feedback from OPLWHIV that they felt the wrong sort of questions were being asked at times.

to, *getting involved in new things*) rather than longer term benefits. One project participant pointed out:

If you improve someone's day, you are likely to improve their mood, health and confidence.

Participants did identify some wider benefits of the positive social interaction such as: *a sense of purpose, routine, health benefits from being more active, addressing isolation and getting me out of the house*. One talked about the project helping him have *a healthy social life*. So there were identifiable benefits from engaging with Age+. But people emphasised that these were most likely to be understood by capturing the positive impact on their day-to-day lives. One OPLWHIV said about the activities programme:

These are the sort of things that make life worth living.

Overall OPLHIV fed back that a lack of social interaction is a key issue for them and that Age+ should aim to address this. They also strongly articulated that getting people together was in itself a significant outcome and that other good things - improved health, managing HIV better, living well – would come from this.

Age+ Evaluation Headlines

Need

Age+ has generally been well received by OPLWHIV, partners agencies and care providers. This positive response has supported GHT's rationale that a specific dedicated project supporting OPLWHIV was needed. There has been genuine interest in and enthusiasm for a project directly supporting OPLWHIV.

The key need met by the **care providers training** was for better knowledge and understanding of HIV in the care workforce so that OPLWHIV could be confident that appropriate, informed care could be provided.

Key needs the **activity programme** addressed were isolation, lack of social interaction and access to social activities and positive social spaces.

Key needs **1-to-1 support** addressed were isolation and a range of more immediate support needs, such as dealing with an HIV diagnosis, living with frailty, money and housing advice, accessing white goods and dealing with welfare issues.

Project Development & Delivery

The existence of an older person's project has acted as a catalyst for partnership work that would have been unlikely to take place otherwise. External partners commented very favourably on the professionalism and efficiency of the project.

The feedback from participants in the **care providers training** was very positive. The people who took part were very positive about the design of the training in terms of content, length, formats and delivery style. They particularly highlighted the value of having PLWHIV telling their stories as part of the training (Positive Speakers).

Demographically, most Age+ participants in **activities** have been African women and gay/bisexual men. A range of practical measures have been provided to support and encourage people to participate in the project, for example: providing volunteer drivers, a small group meeting set up for those intimidated by larger groups, outreach engagement by phone.

OPLWHIV fed back positively about the quality of the project **activities**. Feedback was positive about the project coordinator, facilitators, venues and location of the sessions. Enabling peer support already appears to be a key part of the project. This was often implicit rather than explicit in the activity design, but it has been valued by project participants.

1-to-1 support was valuable to: encourage people to engage in wider project activity, provide direct support in its own right and reach people who are unable to access face-to-face activities. It also enabled the project coordinator to build more substantial relationships with participants.

The project has also successfully supported OPLWHIV to get involved in the project through substantial, rewarding **volunteer** roles.

Impact

The key impact of the **care providers training** was improving workforce awareness of HIV/related stigma and workforce confidence to support OPLWHIV. Evidence showed both that workforce

awareness/confidence had improved and that care providers had taken practical steps to improve their policies and practice.

The key impact of **the activities** was: increasing social connection with other benefits - improved health, managing HIV, living well with HIV - coming from this.

Key impacts of **1-to-1 support** were addressing isolation and improving quality of life through providing immediate emotional and practical support with the specific issues that OPLWHIV faced. The project was effective in supporting some older people facing multiple and significant challenges.

Recommendations

Some specific recommendations that could inform the next stages of the project's development are shown below.

Care Providers Training

1. Rochdale Borough Council – Supported Living for Care Providers Forum was a good way of engaging care providers. This model of engagement could be replicable in other areas with similar forums.
2. Maintain the current model of delivery for Care Providers Training as it has been very popular with training participants.

Partner Relationships

3. Provide more feedback to partners on what happens after someone has been referred into the project. If information about users' engagement could be shared, this would support smooth delivery of multi-agency support.

Activities

4. Positive outcomes are likely to be delivered by the project facilitating social connection and informal peer support. Activities can have this prime focus and there does not need to be a strong element of training or structured support in all of the activities.
5. Branding/differentiation of the different activities under the overall Age+ banner has helped people understand and engage with the offer. A more consistent Age+ calendar with regular scheduled activities would further support engagement.
6. Continuing to offer varied activities in different environments at different times across the project will ensure that there are accessible engagement options for the full range of OPLWHIV.
7. Maintain and where possible expand the range of practical measures which have provided additional support to help people to participate (e.g. providing volunteer drivers, small group meetings for those intimidated by larger groups, outreach engagement by phone).
8. The provision of **free** activities will be important in the immediate future as financial pressures and cost of living were mentioned by OPLWHIV.
9. Many OPLWHIV have commented that they like the small group dynamic of activities attracting 6-10 people. This type of activity is likely to be an important part of the offer going forward.
10. An effort needs to be made to "sell" activities to OPLWHIV, convincing them that they will be welcoming, *worth the effort* and that people should give it a go.
11. An element of dropouts/non-attendance is likely to be an ongoing feature of the project (particularly in winter months) and project planning should anticipate this.
12. The activity offer would be enhanced by more fluidity between Age+ and other GHT services, encouraging OPLWHIV to engage with non-age specific activities alongside Age+ activity.
13. Having activity groups (rather than just a general drop-in or discussion group) was felt to be useful and it created a focus, gave people something to talk about and appealed to those who are less naturally chatty.
14. It was suggested that whatever the activity, some freer social time to talk over a cup of tea should be built in. Having space around activities for less formal conversation and sharing experiences was valued by attendees.
15. Activities are more accessible if they operate on a drop-in basis, where people can attend part of the session and it doesn't matter if they are late.

16. The relationship with the project coordinator was valued by many Age+ project participants, so a central role for the project coordinator in future delivery is important.
17. The project could explore with OPLWHIV, the appetite for more visible Age+ activities in the community.
18. There was scope for future activities to be led more by volunteers and/or peer-facilitated. Activity groups could become more self-sufficient and less staff dependent.
19. Volunteers' involvement in activities – for example in meet and greet or facilitative roles – could be expanded and there was scope for more volunteer involvement in Age+.

Key Findings: Achievement & Impact

Impact on Care & Support Providers

Age+ aims to increase knowledge and understanding of ageing with HIV and the impact of stigma amongst **support and care providers**.

Outcomes identified for this area of work include:

1. Improved workforce awareness of HIV and related stigma
2. Increased confidence to support people living with HIV amongst care providers
3. New relationships established between older people/care organisations and George House Trust, meaning that more organisations can access specialist HIV advice and support for themselves and their service users
4. Improved policy and practice in older people/care organisations
5. Enabling OPLWHIV to identify care providers who are trained in HIV awareness

Improved Workforce Awareness of HIV & Related Stigma

Supporting OPLWHIV is something that care providers are going to be doing a lot more of in the future, but as one of the organisations we talked to highlighted, this is still something that is relatively new to parts of the older person's sector.

2 organisations who took part in training did have recent experience of supporting OPLWHIV and the others were aware that caring for OPLWHIV was likely to be an increasing part of their work going forward.

They identified varying levels of knowledge about HIV in their workforce, but generally said that the level of understanding was fairly basic and not up to date with the latest developments. This correlated with the data we collected.

In answer to the question - *How would you rate your knowledge and understanding of HIV and ageing with HIV?* - on a scale of 1-10:

- Attendees pre-training gave a wide range of initial scores across the full 1-10 scale.
- The average pre-training score was 5.2.
- The average post-training score was 8.6, showing a significant improvement of 3.4 on the baseline scores.

In answer to the question- *How would you rate your knowledge and understanding of HIV stigma and discrimination?* - on a scale of 1-10:

- Attendees pre-training gave a wide range of initial scores across the full 1-10 scale.
- The average pre-training score was 5.8.
- The average post-training score was 8.9, showing a significant improvement of 3.1 on the baseline scores.

This impact was further evidenced by verbal feedback.

*I feel the staff have learnt a lot about HIV. We look forward to having you back soon so all the other staff can be trained in the same area. **Care manager who attended training.***

*It was notable that the training was a talking point for staff for a few days afterwards. **Training attendee***

Increased Confidence to Support OPLWHIV Amongst Care Providers

In answer to the question - *How confident are you that you can appropriately support someone living with HIV?* - on a scale of 1-10

- Attendees pre-training gave a wide range of initial scores across the full 1-10 scale.
- The average pre-training score was 5.1.
- The average post-training score was 9, showing a significant improvement of 3.9 on the baseline scores.

Attendees also fed back:

*It was an informative course. I know for one that I was a little uncertain as to what the protocol for caring for someone with HIV was. **Care worker who attended the training.***

*I will encourage all my staff to attend as it removes all the barriers and fears. **Care manager who attended training with staff team.***

Relationships Established Between Older People/Care Organisations & GHT

Managers at the organisations who attended the training highlighted both that:

- They now had the link with GHT and felt confident to make and receive referrals.
- They had been unaware of GHT before contact with Age+.

*The training has opened the door for future work. **Manager at organisation who attended training***

Although George House Trust was available as source of advice and support before, it was very unusual for older people's organisations to request this kind of support. Age+ had not only increased GHT's capacity to engage with this sector, but the existence of a specific older person's project and the training programme has made the availability of this support more explicitly visible. This visibility has been strengthened by attendance at events for older people organisations and placement of adverts in publications targeted at this sector. Consequently, in its first year Age+ has established significant new relationships with care and older person's organisations.

Improved Policies & Practice in Older People/Care Organisations

The evaluation explored with organisations any changes/improvements they may have made since attending the training. Despite the training having taken place fairly recently (Jan-March 2022), attendees identified some concrete changes to their policies and practice:

- One organisation has created and adopted a HIV policy.
- Another has updated and improved its existing HIV policy.
- One identified that the training had informed their client assessment practices, which were changed to be more HIV aware.

*It has helped us to understand how we can provide a safe space for people to talk about HIV. **Manager at Care Provider who attended training.***

From the early cohorts of trainees, it appears that further contact with GHT and subsequent steps to improve policy and practice are likely to be a part of the Age+ project going forward.

Enabling OPLWHIV to Identify Care Providers Who Are HIV Aware

Those who have achieved the gold, silver or bronze standard of Age+ HIV Care Providers Award are encouraged to publicise the fact. The importance of this was identified in an interview with an older person living with HIV. He pointed out that if he needed care, he would be very pleased and reassured to see the kite mark of the award, saying it would reduce anxiety and let him know that it is fine to talk about HIV and his needs (he compared it to the Pride in Practice kite mark that GP practices may display)³.

It is noted elsewhere in this report that people value George House Trust as a safe space to discuss HIV and are reassured by the fact that this support is there. Therefore the visible presence of other organisations affirming their commitment to supporting OPLWHIV is likely to have a positive impact.

Although it has been too early for the award to achieve much of a profile yet, this is likely to be important going forward. If, for example in 2024, there are 25 organisations⁴ in Greater Manchester who have a visible commitment to offering appropriate HIV-aware care and support, this will have significantly changed the landscape of care and support options for OPLWHIV.

³ Endorsed by The Royal College of GP's, **Pride in Practice** is a support package that enables health professionals to effectively and confidently meet the needs of LGBT patients, and the requirements.

⁴ This number is illustrative but realistic. 8 organisations are scheduled to have achieved the gold standard of Age+ HIV Care Providers Award by May 2022.

Impact on Older People Living With HIV

Age+ aims to improve the lives of people aged over 55 and living with HIV. Outcomes identified for this area of work included:

1. Improving people's overall well-being
2. Increasing people's confidence and ability to talk about HIV
3. Reducing people's feelings of social isolation
4. Improving people's skills and widening their interests
5. Increasing people's involvement in social and volunteering activities

The Impacts Highlighted By OPLWHIV

The evaluation measured the impact of the project on OPLWHIV in various ways with a particular emphasis on giving project participants the opportunity to describe the impact in their own words.

Both in written feedback and in conversation, these words gave a consistent message about how highly people valued the chance to **do new things and become more socially connected**.

In response to the question *What is the best thing about Age+?* OPLWHIV told us:

I had a real belly laugh.

The opportunity to network and swap contact details with other members

Just meeting others

Coming and seeing Anna (Age+ Coordinator)

The history and the camaraderie

Meeting a few new folk and getting out and about

Their feedback suggests that the project's **primary impact has been to help people to make social connections**. It was notable how often **social interaction** was mentioned as the thing people most valued about Age+.

People identified that the social aspect was important for 3 interlinked reasons:

- It was valuable in its own right – people emphasised that getting out, doing things, accessing opportunities, having something to look forward to and meeting people were positive for them (and that opportunities to do this were not always easy to find for older people).
- Having a safe space to socialise and *be your true yourself as an OPLWHIV* was important. People could discuss things openly and know that they wouldn't be judged.
- Fun, enjoyment and camaraderie. A number of people emphasised that there was a lot of laughter and sense of fun in the groups.

An OPLWHIV emphasised that:

Age+ provides a place where OPLWHIV can be free to be their whole selves, drop the mask and the need to put a front on.

There were also some very practical areas where Age+ had been able to offer support to people with participants identifying the difference support had made in areas like:

- Money advice
- Saving money on utility bills
- Accessing white goods
- Dealing with welfare issues

Participants also identified wider benefits of taking part in positive social interaction such as: *a sense of purpose, routine, health benefits from being more active, addressing isolation and getting me out of the house*. But it was notable that in their own words participants mainly highlighted fairly immediate benefits, (*social interaction, having something to look forward to, getting involved in new things*) rather than longer term benefits. There was some useful learning from this in terms of evaluation. Some project participants fed back that they found questions about longer term impact difficult to answer and that these may be the wrong questions to ask because as one participant pointed out:

if you improve someone's day, you are likely to improve their mood, health and confidence.

Improving People's Overall Wellbeing

Participants' feedback in their own words highlighted that their participation in the project had a positive impact on their wellbeing.

A small sample of project participants⁵ completed some self-assessment questionnaires relating to wellbeing. These used self-assessed measures relating to confidence, ability to cope, accessing support, feeling able to talk about HIV and generally living well with HIV.

75% of the assessments showed improvements across these measures, with some notably significant improvements in scores from those who had initially low scores.

Feedback collected from attendees at Age+ Events also suggested a positive impact on wellbeing. The feedback from 31 attendees at Age+ events showed that:

- 90% of attendees said the session had helped improve their general wellbeing
- 77% of attendees said the session had helped improve their confidence and/or self-esteem

There were also some individual responses about specific health benefits, with one participant feeding back that *the chair-based exercise had helped my arm and back*.

Increasing People's Confidence & Ability to Talk About HIV

People emphasised that Age+ provided a safe space to talk about HIV, and that other spaces in their lives did not always feel safe places to do this. It was notable that there were varying baselines in terms of people's level of confidence prior to their engagement with the project. Those we spoke to ranged from people who are Positive Speakers (used to standing up in school assemblies and talking about their lives with HIV) to people who have never talked to anyone about their HIV, except in their clinic appointments and at GHT.

⁵ 8 project participants filled in baseline questionnaires and then revisited the same questions after an interval of between 2-6 months (The first self-assessment took place soon after their initial engagement with the project with the 2nd self-assessment taking place at an appropriate point after they had engaged more substantially).

Regardless of their starting points, there were benefits for OPLWHIV in having access to safe social spaces where they could talk about HIV. Even for those who felt confident and able to talk about HIV, some did not have safe spaces in their lives where they were able to do this regularly.

OPLWHIV identified positive impacts on their ability to talk about HIV as:

Getting confident with my status, myself and talking about living with HIV.

GHT had helped me to face my status, stigma and my life with more positiveness and hope for the future. It also gives us a friendly, motivating and safe place to discuss private matters related to living with HIV, to share my experiences with peers and the support we need to thrive as a person.

Increased confidence, inclusion, knowledge, skill and enabled me to discuss my HIV and support and educate others.

The nurturing and empowering impact of sharing stories and experiences came through in discussions with OPLWHIV. Talking about HIV was helpful for them but they were also aware that it was helpful to others and the sense of camaraderie and solidarity created a mutually beneficial experience.

Reducing People's Feelings of Social Isolation

The evaluation used some self-assessed measures of social isolation drawing on questions used in national surveys measuring loneliness and isolation.⁶ These saw small improvements in people's self-assessed scores in questions such as: *I have people around me who I can openly discuss my HIV status with; I feel able to talk about my HIV status when I need to or want to; I have people I can open up to if I want to talk about my worries.* This data didn't however capture any indicators of strong impact on social isolation.

Some users fed back that they felt that the questions about longer term impact were not that relevant. They came to activities because they enjoyed them or wanted to have some social interaction but didn't particularly relate this to bigger picture issues around isolation. In some cases, people felt these sorts of questions carried an inappropriate assumption that they were isolated in the first place.

It was however notable that in feedback collected from 31 attendees at Age+ Events, 88% of respondents said the session had helped them feel more socially connected. Project participants fed back that they felt that this way of framing the outcomes (an emphasis on connection, not isolation and on the immediate impact of the events not a longer-term change in their life circumstances) was a better way of capturing the difference they felt the project made to them.

Some Age+ participants did acknowledge that they were lonely and socially cut-off. 4 different participants acknowledged in evaluation discussions being very isolated and reluctant to engage in activities prior to their engagement with Age+. The project's phone-arounds also highlighted that some people were effectively housebound and were very pleased to just have someone to talk to on the phone.

In terms of capturing data on isolation, it is worth noting that the evaluation took place at a relatively early stage of the project's development. In March 2022, the people we talked to had attended a few events and activities. They expressed an appetite for more regular attendance but hadn't yet established a pattern of regular attendance. Given this, it is understandable that the way they talked

⁶ 8 project participants filled in baseline questionnaires and then revisited the same questions after an interval of between 2-6 months (The first self-assessment took place soon after their initial engagement with the project with the 2nd self-assessment taking place at an appropriate point after they had engaged more substantially).

about engagement was in terms of attending activities/events and enjoying them, rather than identifying any longer-term impacts on feelings of isolation. It may be interesting to revisit these questions once people have been longer term participants in Age+ activities.

Improving People's Skills & Widening Their Interests

One of the aims of the project was that OPWLWHIV would gain improved skills and widen their interests through participation in the project. The evaluation has not captured much useful data on this as:

- Feedback from project participants at the start of the project suggested that we were trying to capture too much information and they were finding the evaluation tools over-onerous. We therefore streamlined the questions and did not collect direct indicators relating to these outcomes.
- This did not feature prominently in feedback in project participants' own words.

This lack of prominence in people's feedback may reflect the fact that the project is at an early stage. People have started to engage with activities but it may be that the project is at too early a stage to identify whether this has led on to improved skills and widened interests.

Anecdotally, there are signs that this is a realistic aim for the project. The partner of a participant in the Knit and Natter sessions had purchased a crochet set so that they could pursue the activity outside of the sessions. More generally people had welcomed the opportunity *to do interesting things*.

Increasing People's Involvement in Social and Volunteering Activities

The evaluation found that the project has increased people's engagement in social activities and that this was highly valued by OPLWHIV. The project consciously tried to design a programme where the activities acted as a catalyst for social interaction. The project coordinator was praised for nurturing a welcoming social atmosphere and practical measures had also been put in place to support people to participate (providing volunteer drivers, a small group meeting set up for those intimidated by larger groups, outreach engagement by phone).

In doing this, the project has been successful in engaging a number of people who had described themselves as people who didn't easily engage with social activities and who had been wary about getting involved. One person reflected on AGE+ activities by saying:

*Its challenging as we are an isolated, timid congregation*⁷. **OPLWHIV**

It was notable that even some small social interactions were valued by people. At different points, the project phoned a number of OPLWHIV who were registered with GHT to just make them aware of the Age+ project and encourage engagement. The 3 different people involved in these calls all highlighted that people were pleased that someone had called them and grateful for even this fairly low level of social interaction.

The project has successfully supported OPLWHIV to get involved in the project as volunteers. 8 people, (most of whom are LWHIV) have been volunteers in the Age+ project through the Project Advisory Group or developing the Care Providers Training package. These have been substantial volunteering

⁷ It is important to note that these sentiments were strong in some OPLWHIV whilst also noting that there are varying levels of confidence amongst OPLWHIV, some of whom are very active and confident talking about HIV.

roles. Members of the Training Development Group and Project Advisory Group have fed back that they have felt that their contributions have been valued and have genuinely shaped the project. 2 OPLWHIV have also led different activities groups, supported by the project coordinator. These are new opportunities created by the Age+ project.

The project has also aimed to encourage people to take up external volunteering opportunities with other community organisations. Progress with this has been slow, although there has been interest from a number of OPLWHIV. A Volunteering Information Session with Manchester Volunteer Centre was attended by 3 people and currently 5 Age+ project participants are actively looking for appropriate external volunteering opportunities. The Age+ Coordinator has been supporting one person in particular quite extensively with this. However, matching people with external volunteering has been a challenge and as of 1st April 2022, Age+ hadn't supported anyone to engage with an external volunteering opportunity.

Key Findings: Quality of Project Delivery

Quality of Care Providers Training

The feedback from participants in the training was very positive with people particularly highlighting:

- The length and content of the training being very appropriate for their workforces.
- The value of having a PLWHIV involved and telling their story (Positive Speakers). People commented on how this personalised the training, encouraged empathy and increased its resonance with attendees.
- The balance in content between the personal stories, information and the opportunity to ask questions.
- It combined professionalism with being emotionally engaging.

A few suggestions were made about things that could be added to the training. This included looking at adding diverse case studies so that people would understand the full demographic range of PLWHIV. But the feedback was overwhelmingly positive and strongly endorsed the current model of delivery. It is notable that after a training session for some staff, one of the care providers has booked in further session for the rest of its staff team.

Training participants feedback included:

It was well presented and I learned a lot.

Really well thought out and informative training.

Very well delivered training.

The session was very useful in increasing knowledge of the current situation in regard to HIV.

I found it really interesting and learned a lot.

Very good training into understanding HIV.

Professional and informative. Thank you.

I found the training to be informative and interesting. Anna and Jim were really good.

Excellent training.

The training and speaker were very professional and informative.

Quality of Activities for OPLWHIV

OPLWHIV fed back that the project activities were of a good quality. Feedback was positive about the project coordinator, facilitators, venues and location of the sessions. Comments from participants in different activities included:

Everything was great. Thank you (Acting Up)

You're doing a great job...keep up the good work (Culture Club at Stockport Air Raid Shelter)

The whole session was amazing. The artwork shown to us, and the information given by Claire, Dom and Imogen was fascinating (Whitworth Art Gallery)

Great group. The facilitator and Anna were brilliant (Acting Up)

The diversity, flexibility and quality of activities on offer was commented on favourably. The project had worked with partner organisations which meant that despite budget constraints, a range of different opportunities had been offered. Amongst the different stakeholders, there was a consensus that the activities had been attractive, interesting and varied. The project was in particular commended for being creative and not just rolling out the same old activities which people may have expected.

The main criticism of the activities was the small number of attendees at some events, with attendees saying that they had hoped to meet more people.

Quality of Partnership Working

It was notable in talking to external partners that the professionalism and efficiency of Age+ as a partner was commented on very favourably. We spoke to 5 external agencies who had worked with the project. In particular, they commented on:

- The ease and speed with which partnership arrangements had been put in place (training and joint activities).
- The professionalism and responsiveness of the project coordinator.
- Their sense that a solid basis for an ongoing longer-term relationship had been created.

*I found Age+ very professional to deal with and now that I have that link, I feel confident to make and receive referrals. **Chief Executive of local charity***

*The partnership was a natural and strong fit and we are interested in doing some further joint funded work. Age+ were very good to work with, very efficient and pro-active. **Culture Coordinator at local cultural organisation.***

This is significant as:

- Age+ has increased GHT's capacity to engage with the older person's and care sectors.
- The existence of an older person's project has acted as a catalyst for partnership work that would have been unlikely to take place otherwise.
- The partnership work has created a greater number and wider variety of opportunities for OPLWHIV than Age+ would have been able to deliver on its own.

Key Findings: Need

Age+ was started as George House Trust had recognised both that the numbers of OPLWHIV were increasing and that there were some significant issues and challenges for this group. The rationale for launching the project is shown below.

Age+ Project Rationale

Advancements in HIV treatment over recent years have meant that increasing numbers of people are growing older with HIV.

At George House Trust in 2021, approximately 20% of service users were aged over 55. This number will increase over the coming years.

Research amongst people ageing with HIV has revealed significant issues and concerns amongst this particular population including:

- Over 50s had on average three times as many long term health conditions (including HIV) as the general population. Those diagnosed before 1996 - i.e. before combination therapy - were most likely to have been in this group
- Survey respondents reported lower levels of wellbeing connected with increasing numbers of co-morbidities and, as a result, increased amounts of medication
- Concern about the future and self-care. Managing daily tasks in the future was a key concern for many respondents. A quarter of respondents to the report survey thought that they would have nobody to care for them in the future or help them with daily tasks.
- 82% of respondents said that they were concerned about whether they would be able to access social care in the future and 88% had not made any financial provision for funding for old age care.
- Concern about the quality of residential care and potential discrimination because of HIV status and concern about residential care staff properly understanding HIV and the implications of living with HIV. Respondents worried that care home staff would not be 'up to date' with HIV information or knowledge
- Concern about social isolation. The nature of the HIV epidemic in the UK has meant that people most affected are far more likely not to be part of a 'traditional' family unit - meaning fewer people to provide care and support in old age.⁸

OPLWHIV are therefore likely to have higher needs than the general older population both due to issues directly related to HIV (managing HIV as a long-term condition, discrimination, the psychological impact of diagnosis and stigma, lack of financial provision for old age, combining HIV treatment with other conditions) and other related factors (less family support nearby, living alone).

Issues for OPLWHIV Identified by Age+

The early stages of Age+ have seen a positive response from OPLWHIV and partners to the project, supporting GHT's rationale that more specific, dedicated support for OPLWHIV was needed.

⁸ Content taken from: '*Uncharted Territory: The challenges of living long term with HIV*' Terrence Higgins Trust 2017.

It's very good that there is an older person's project. As people get older, they face more complications and need much more help. OPLWHIV

It's good to be with people of a similar age as younger people have different interests. OPLWHIV

The project intentionally has a broad remit in terms of those it looks to support. It was recognised that any cut-off point in terms of age would be arbitrary. But after discussion it was felt that “over 55” was a reasonable, inclusive point of differentiation. The cohort of OPLWHIV aged 55+ does however cover a range of circumstances (from working people to retired people, from the physically frail to the healthy and active etc.). Any observations must be tempered by acknowledging the diversity of needs and interests within the OPLWHIV cohort. But there have been some useful early insights into the needs the project is meeting, including:

- Referrals from The Hathersage Frailty Clinic (8 in total) have meant that Age+ is engaging with some of the most physically frail OPLWHIV.
- Older people with high levels of needs accessing 1-to-1 support from other GHT services have been referred into Age+.
- Isolation, loneliness and people living on their own without support and care nearby has been a very clear issue identified by Age+ and referral partners. Some OPLWHIV themselves have talked about having isolated and solitary lives, including some who are sat at home all day with very little human contact.
- There has been a clearly expressed desire amongst OPLWHIV for more social connections and friendships - *I am not connected. I want a way of connecting with people.* This applies to not only the most isolated people but also a more general cohort who are active but struggle to find accessible, affordable, inclusive social spaces and activities.
- HIV diagnosis was for many a traumatic experience. The legacy of this trauma can have lasting negative impact. The context of diagnosis and wider social discrimination in the 80s and 90s was particularly harsh. One OPLWHIV said: *I felt like I was shoved out of mainstream life.*
- OPLWHIV have often lacked confidence to attend activities. This has related to Covid-risks but also in some cases has been non-Covid related and reflects more general anxiety and concern about accessing social activities.
- There is a desire for *safe spaces* where people can talk without fear of discrimination or judgement. Some people have needed a lot of assurance that spaces will be safe.⁹
- Isolation and loneliness are often tied up with people's experience of HIV. This relates both to stigma and discrimination they have faced but also the internal mental and emotional challenges of living with the virus.
- Financial pressures and cost of living were mentioned by OPLWHIV. This related particularly to how petrol prices and more general higher costs were a disincentive for people to attend things. It was emphasized that the provision of **free** events was important.
- As people have got older, they have developed medical conditions which need new, different medications. This has meant the challenge for some of going from being stable on HIV treatment to having to navigate a more complex medical situation managing multiple conditions as well as HIV.
- Accessing peer support and sharing space and experiences with other PLWHIV is something that some OPLWHIV have not had much chance to do, even if they have been living with HIV

⁹ This referred to spaces being emotionally supportive and confidential rather than Covid-safe. Covid concerns are covered elsewhere in the report.

for a long time. An OPLWHIV fed back that he welcomed the chance *to meet more people with that experience as in 20 years since diagnosis, I have known less than 5 people living with HIV.*

Different Cohorts of Need in OPLWHIV

As noted above, amongst OPLWHIV there are likely to be many different cohorts who have different needs, issues and preferences. Delineating all of these would be challenging but we have drawn one general distinction, which we thought was useful between:

- **Group 1.** Those with a high level of immediate and pressing issues. For example, these might be people who are physically frail, living with a life-limiting health condition/disability, facing mental health challenges, having financial or care issues or be newly diagnosed.
- **Group 2.** Those who are isolated and lack quality of life but do not have acute, immediate needs. For example, an older gay man living alone without family in near proximity, who lacks access to social opportunities and feels isolated.

The Age+ project is aiming to support both these cohorts and a challenge for the project is ensuring that addressing the more immediate higher end needs of Group 1 does not always take precedence over those whose needs may be less immediately visible.

The needs of those in Group 2 facing isolation and poor quality of life are significant as:

- Quality of life and supporting people to live well with HIV is central to the Age+ project. The project challenges the idea that we should tolerate OPLWHIV living isolated and miserable lives.
- Isolation and loneliness are likely to lead to decline in mental and physical health. By working with this cohort at an early stage, the project can contribute to better, healthier lives and prevent deterioration.
- Those with more acute needs are likely to meet the thresholds for other support (e.g. Intensive Support, 1-to-1 Advisors). Those OPLWHIV whose needs are primarily based on social isolation, loneliness and low mood are more likely to be overlooked and underserved by other services.
- OPLWHIV are often skilled assets in their communities, contributing through employment, volunteering and their wider engagement as citizens. Supporting this group, nurtures the wellbeing of these assets who contribute a lot to society.
- GHT has noted in other services that there can be a tendency for PLWHIV to see themselves as being either “fine” or “in crisis”. Experience suggests that supporting people effectively to live well with HIV needs to be about providing timely support not just crisis interventions.

The Need for Care Providers Training

The initial need for Care Providers Training was identified based on OPLWHIV’s desire for care support that was informed and appropriate. It has also been reflected in wider research and reports.

There is work to be done on a commissioning level, care home level and individual level to ensure people living with HIV moving into care homes feel safe, accepted and that their care needs will be addressed. Many services talked about successful engagement with local care homes, providing welcomed training and talks but it’s a large, fragmented sector with low paid staff who have little time for continuous professional development. Often this training has happened in response to poor

*treatment of residents, and it would be better to adopt a more proactive approach and avoid the potential trauma for people living with HIV in care homes.*¹⁰

The experience of Age+ in engaging and training care providers has further highlighted this need. Conversations identified issues such as:

- A manager ordering and using unnecessary PPE for those caring for an OPLWHIV.
- A care worker said that he had been wearing additional PPE when caring for an OLPWHIV as he was unsure what was needed.

As noted elsewhere, the self-assessed baseline scores of training attendees highlighted varying levels of knowledge and confidence about HIV in the care workforce, including some very low starting points.

- In answer to the question - *How would you rate your knowledge and understanding of HIV and ageing with HIV?* - on a scale of 1-10, the average pre-training score was 5.2.
- In answer to the question - *How would you rate your knowledge and understanding of HIV stigma and discrimination* - on a scale of 1-10, the average pre-training score was 5.8.
- In answer to the question - *How confident are you that you can appropriately support someone living with HIV?* - on a scale of 1-10, the average pre-training score was 5.1.

An endorsement of the need for the training has come from the demand and uptake from care providers and older person's organisations. This has not been universal but within the sector there are clearly organisations who recognise that supporting OPLWHIV will be a growing issue for them and are keen to make their workforce better able to do this. Feedback has suggested that Age+ is addressing a need by providing this training and support that care providers aren't accessing anywhere else.

¹⁰ From ***Growing Older with HIV Strategy Review, Terrence Higgins Trust 2022***. Learning and experience from Age+ contributed to this national report.

Covid & The Lockdown Legacy

The pandemic had a very immediate direct impact on the project in terms of the flexibility needed to adapt to the formal restrictions and guidance that were in place at different times.

But there were also some subtler impacts. Although the response of individuals to Covid varied, overall it made engaging people in Age+ activities harder, due to people catching Covid, people being reluctant to risk catching it and a more general legacy of older people having an extended period of detachment from activities in the wider community.

Stakeholders consistently identified Covid and the emergence from lockdown as central factors affecting people's engagement with the project. OPLWHIV identified their own concerns and those of other older people they knew. The project coordinator noted that she had a lot of conversations with people about their attitude to engaging with community life and activities after lockdown. This was not always straightforward, including for example:

- People who were willing to attend activities, but not willing to use public transport so couldn't get to activities.
- OPLWHIV who had caring responsibilities and whose attitude to the risk posed by Covid were shaped by this more than by their own health concerns.

The project launched in June 2021 at a time when more people were being vaccinated and when formal restrictions were being eased. This opened up more potential for project activity and the project moved from initial on-line activity and outdoor activities in June/July to in-person, indoor activities from September onwards. From July-November, restrictions were generally being eased and people were generally being encouraged to return to pre-Covid norms. In December, the government re-introduced some restrictions in response to increased cases caused by the Omicron variant but by the end of January these were being removed as the country moved towards "living with the virus".

The situation in late 2021 and early 2022 therefore meant that individuals were being increasingly asked to make their own decisions about the risks they faced and their willingness to attend activities, share space with other people, use public transport etc. Both national research¹¹ and local partners such as Age Friendly Manchester have identified that this transition was hard for all older people, particularly given the message early in the pandemic that older people were at risk and needed to stay at home. There will obviously be more in-depth and comprehensive work done elsewhere on the impact of the pandemic on older people. But the impact of Covid was a prominent recurring theme that came up in our evaluation interviews and it therefore felt important to capture some of the insights shared.

OPLWHIV on Post-Covid Engagement

Obviously for every person the risks and challenges they faced reflected their own unique personal circumstances and this informed their decisions. For some there was still a Covid-related reluctance

¹¹ For example: *The idea of restrictions ending and having to spend time with others again is daunting, and some question whether they will be able to manage it.* From: Impact of Covid-19 on Older People's Mental and Physical Health: One Year On, Age UK.

to attend (and travel to) face-to-face activities, based on their perception of the risks that Covid presented.

But the evaluation also identified a more general post-lockdown reticence to engage in activities. Some people had become engrained in the habit of not going out and others lack confidence to re-engage. A number of active older people identified that they had started asking *Should I go?* about activities that they would just have attended without a second thought pre-Covid. People described this in quite subtle ways, recognising that staying at home had become habitual or that they had retreated a bit into a domesticated, limited lifestyle. Some even noted that this way of living was not very exciting or rewarding but they also pointed out that it was very hassle-free.

People have retreated into a safe but small world. They need reassurance to start to engage more widely again. **OPLWHIV in March 2022**

People's thinking on this was complex, and confidence was obviously a significant factor. But there was also an element of choice at work. The threshold of what constitutes *an activity worth going out for* seems to have got higher and people seem to be more consciously weighing up this question. For some, Covid wariness has morphed into a more general selectiveness about what they will do. Some OPLWHIV reflected in a very self-aware way about this – recognising that their reticence was adding to their own frustration, loneliness and isolation at times. But nonetheless it remained a challenge for them to find social activities which they felt confident, safe and motivated to engage with.

Other Covid-related issues were also mentioned. People identified impacts on physical health with people “growing older” and becoming physically less robust during lockdown as a result of less activity, social interaction and stimulation. Lockdown has also exacerbated mental health and anxiety issues for some. People who had previously found it challenging to engage in activities, often withdrew further in lockdown. It was notable that stakeholders identified a number of older people whose human contact and conversations in lockdown were minimal to non-existent.

It was identified by OPLWHIV that the impact of lockdown on them – withdrawing from social life, feeling fearful - had resonance with some people's experience of initial HIV diagnosis. An OPLWHIV said that in the 80s/90s people often felt stigmatised: *We were treated like outsiders, and as a result shrank into ourselves.* The isolation and withdrawal from social interaction resulting from lockdown therefore created particular challenges for OPLWHIV.

Post-Covid Desire to Be Socially Active

Conversely, a number of OPLWHIV engaging with activities in early 2022 highlighted that part of their motivation was a strong post-lockdown desire to reconnect with people, activities and opportunities. This generally applied to people who had been more active pre-lockdown and who had missed regular social interaction.

All the Covid restrictions left me very keen to get out, do interesting things, talk to people. **OPLWHIV March 2022**

Again, this highlights that in talking about OPLWHIV we are talking about a diverse range of people (including some who were desperate to re-engage and do something, and those who were very reluctant to do so). But even for those keen to re-engage in activities, there were some anxieties – not always directly Covid-related, but often reflecting that OPLWHIV felt it was difficult to find inclusive, appropriate social spaces and activities. For some, Age+ was important as it provided a safe, inclusive and supportive way for them to fulfil their aim of re-engaging in social activities.

Learning & Insights: Project Development & Delivery

Project Development

Since its launch in June 2021, Age+ has been active in establishing and developing structures to support the project. Notable developments have been:

- Establishing mechanisms for ensuring that the project is shaped by older people living with HIV and putting principles of co-production into practice.
- Establishing the profile of the new project and engaging in partnership working. This has seen referral pathways established and joint events held with partners.
- Running a diverse and busy activity programme.
- Developing and delivering a care providers training package.

Co-production and Service User Involvement

The project has been effective in working alongside OPWHIV and involving them in shaping the project.

- 6 people, most of whom are living with HIV have been volunteers in the Age+ project through developing the Care Providers Training package.
- 2 OPLWHIV have been volunteers on the Project Advisory Group, which has met quarterly.
- 2 OPLWHIV have also led different activities/groups, supported by the project coordinator.
- Positive Speakers have also been involved delivering key content of the training package for care providers.

Key learning has been:

- OPLWHIV have been willing to volunteer their time, skills and insights to support the project through appropriate opportunities.
- GHT seems well placed to engage OPLWHIV in this way. It has a strong ethos of volunteer involvement, backed by appropriate structures.
- There is a strong sense that GHT is an organisation people want to “give back to”, reflecting both a commitment to its values and people’s positive experiences as service users.
- Challenging stigma and discrimination was something very personal to the volunteers. This was a big part of the motivation for some to be involved in developing and delivering the care provider training.
- The idea of a project **particularly for older people** appears to have animated and motivated some people to get involved.
- The support of both the Age+ Coordinator and the Volunteer Coordinator at GHT have been important in ensuring quality volunteering experiences.
- OPLWHIV commented that they felt the Project Advisory Group and Care Training Development Group both offered substantial roles, where their voices were listened to and their input made a genuine difference.

Care Providers Training

The Care Providers training was developed through genuine co-production with 6 volunteers. This saw some challenges in the process such as incorporating different views and moving from generating a lot of ideas to create a manageable training package. But the process of ensuring that PLWHIV truly

shaped the training was felt to be both important as a matter of principle and valuable in creating a quality package.

My voice was listened to and my volunteer induction gave me the tools I needed. OPLWHIV who was involved in developing the training package.

As noted elsewhere, there has been a good level of interest in the training from some care providers, although responses have varied from enthusiasm to disinterest with some providers saying the training is not relevant for them¹². There have been some potential barriers to care providers engagement, particularly time pressure on the workforce and Covid adding to pressures on care homes generally. Age+ recognised these potential barriers and addressed them through:

- The short training packages of 1.5-2.5 hours.
- Positive promotion and explanation of the training.
- The ability of Age+ to offer the training at times, places and in formats (online or in person) that suited the attendees. Organisations have highlighted how easy it has been for them to take advantage of the training offer.

Key learning was:

- Co-production was an important part of the project's work and sufficient staff time, volunteer expenses and other resources were needed to support this approach.
- An investment of time from the Age+ Coordinator to build up trust, profile and understanding with care providers was needed to get people to engage with the training.
- Cold calling care providers to offer training of this sort is not likely to be effective.
- Rochdale Borough Council – Supported Living for Care Providers Forum provided a good way of engaging care providers. This model of engagement could be replicable in other areas with similar forums.
- The support of local authorities and public health officers as champions, endorsing the value of the training is important to encourage take up.
- The training offer recognises the potential accessibility barriers for the social care workforce and was designed to address them. Care providers really valued this.
- Care providers saw value in the training being offered to all staff in the organisation (managers, care workers, administrators) rather than just some particular roles.

Overall, the organisations and individuals who engaged with the training were very clear that the design of the training worked in terms of content, length, formats and delivery style.

Establishing Profile & Partnership Working

One of the aims of the project was making the wider sector more informed about HIV and better able to support OPLWHIV. Visibility of the project was therefore important as it helped to increase awareness of the needs of OPLWHIV.

Time has been spent attending meetings and ensuring that Age+ is engaged with the wider older people's sector (through ebulletins etc). Building relationships with partners was seen as important for making care providers aware of the training offer but also led to other positive developments which brought capacity and insight to the project. These included:

¹² The initial need for the training was partly identified as it was felt that many care providers were totally unaware of the needs of OPLWHIV and the relevance of this to their work.

- Contributing insight and learning to Terrence Higgins Trust's 2022, *Growing Older with HIV Strategy Review*¹³.
- The Age+ Coordinator attends Age Friendly Manchester Network Meetings, which are attended by upwards of 30 people and have been a good way of raising the project's profile and making partnership links.
- New referral pathways into Age+ (e.g. The Hathersage Integrated Sexual Health and Contraception Service Frailty Clinic).
- Joint events with partners (Manchester Care and Repair, the Whitworth Art Gallery, Manchester Mind, One Education, Manchester Volunteer Centre).
- Involvement of a partner organisation in the Project Advisory Group (Age Friendly Manchester).
- A meeting at a networking event led to a care provider booking training for their staff team, highlighting that networking activity and personal contact from the Age+ Coordinator has led to direct results.

One area of development highlighted was providing feedback to referral partners on what happens after someone has been referred into the project. It was suggested that if information about users' engagement could be shared, this would increase understanding and enable smoother planning of support from all sides.

¹³ The Age+ project is mentioned specifically on pages 3, 10 and 13 of the report.

Learning & Insight: Supporting OPLWHIV

Communication with OPLWHIV

In terms of communication with OPLWHIV, there has been some practical learning:

- A personal invitation and speaking to people are important ways of engaging people with the project. Although it is time intensive, speaking to someone builds rapport and addresses any fear of the unknown.
- Text messages/direct messages have been more effective in getting a response from people than emails.
- Some OPLWHIV have fed back that they think sending WhatsApp voice messages would be more likely to engage people than text messages.
- Pro-active communication from Age+ has been welcomed. People have valued this in its own right and it has also played an important role in building people's confidence to access activities.
- Communication from a known person has been important. Contact with the project coordinator has been an entry route into the project and built people's confidence to engage.
- People seeing a familiar face at events/activities is important. It reduces anxiety and some people valued the reassurance that there is someone there keeping an eye on them, someone who they know they can talk to. In the early stages of the project, this has largely been the project coordinator but as the projects develops the familiar faces could be volunteers and the peers who attend the services.

Engagement of Older People Living with HIV

Initially, the number of OPLWHIV engaging in Age+ activities was relatively small. Any new project is likely to have an initial phase of establishing its profile, building trust with potential participants and engaging people. As more people became aware of the project, the numbers of attendees increased although there still has been some frustration at low attendance at some activities. In this context, stakeholders did point out:

- Age+ was funded as a pilot. Trying things and seeing what would engage OPLWHIV in terms of activities/scheduling was part of the learning of year 1.
- The overall reach of the project has been extensive. As of 1st April 2022, 170 service users over the age of 55 have engaged with Age+.
- Many OPLWHIV have commented that they like the small group dynamic, so activities attracting 6-10 people was not necessarily a bad thing. A strength of the project going forward might be in providing small group support which OPLWHIV value.
- In January-March 2022, some other local older person's provision still hadn't returned to face-to-face work after the Covid pandemic and engagement of older people in activities has been acknowledged as a challenge generally, not just for Age+.

OPLWHIV gave some useful insights on this including:

- The project has not been running long enough for it to be established yet as a permanent feature in people's diaries (e.g. *I go to Age+ every Wednesday, I always go to Age+ on the first Thursday of the month*).
- They anticipated greater attendance in Spring/Summer as there were generally less colds/minor ailments around and longer evenings/warmer weather made people more

inclined to get out and do things. At the time of evaluation, Age+ had only run face-to-face activities in the months from September-March.

As a new project, Age+ did not have particular targets for the number of OPLWHIV to attend particular activities. But it was suggested by internal stakeholders that going forward an attendance of around 10 per group activity would be a suitable target.

Inclusion & Diversity

Age+ has strived to be inclusive. The project coordinator was praised for nurturing a welcoming atmosphere and a range of practical measures have provided additional support to help people to participate (e.g. providing volunteer drivers, a small group meeting set up for those intimidated by larger groups, outreach engagement by phone).

Demographically, the majority of Age+ participants have been African women and gay/bisexual men. Age+ has not worked with many African men, although in relation to this, it is worth noting that Calabash (GHT's project for African men) launched at the same time as Age+ and 17 OPLWHIV have been involved with Calabash since its launch in June 2021.

The project's overall approach has been flexible and responsive to people's individual circumstances. For example, an OPLWHIV emailed Age+ saying that he was unable to take part in activities as the project couldn't support him with his medical issues. The project coordinator followed this up and identified that the issue was the person's incontinence, which was occasional but unpredictable. Age+ was able to arrange a volunteer driver who was aware of the issue and the project coordinator mapped public toilets that the person could stop at on route to GHT if the need arose. The person was able to attend an activity with this support in place.

It was notable in the evaluation interviews that the project has been successful in engaging a number of people who described themselves as people who didn't easily engage with social activities and who had been wary about getting involved.

In a way, I have been hibernating and Covid reinforced the view that it is okay to stay at home and do nothing. Age+ Participant, March 2022

In terms of suggestions as to what Age+ could do to support people to be more involved, people who had not engaged with the project suggested:

Online projects are more likely to be convenient.

Taxi or lift.

More work-friendly hours.

Maybe make your services clear and simple to assimilate.

These reflect some of the areas the project has already been trying to address in terms of the variety and accessibility of its activity programme.

Challenges & Potential Barriers to Participation

It was always likely that Age+ would face some challenges engaging people as it was a new project launched at a time when people are adapting to Covid/post Covid life. Covid-related issues are looked

at elsewhere in the report but other challenges and barriers to participation identified in the evaluation included:

- Transport to GHT/other venues was an issue for some (particularly those who have mobility issues and those dependent on public transport). Volunteer drivers from GHT have provided door-to-door lifts for some Age+ participants but the demand for this outstrips the current volunteer driver capacity.
- The project supports people across Greater Manchester and beyond. This wide geographical area presents a challenge in terms of locating services, particularly for older people whose willingness or ability to travel may be limited.
- There was feedback that OPLWHIV were concerned that *social activities can be hit and miss*. Although *it could be good*, there was sometimes a reticence to give new things a try.
- A number of people said that they wanted social connections and to meet people. Low attendance numbers at the initial events meant that some people weren't getting the social benefits they hoped for.
- People reflected that Covid had made them more risk averse. An effort needs to be made to sell the events to them, convincing them that they are Covid safe and also *worth the effort*.

There have also been some specific challenges in supporting OPLWHIV. For OPLWHIV, attending events/activities at Age+ means letting people (other attendees) know about their HIV status. For some, previous issues they have faced and the fear of future discrimination can make them reluctant to do this. The project has shown that this reluctance can be overcome and the benefits of informal sharing/peer support from other PLWHIV has been something that people have commented very favourably on. But wariness about revealing their HIV status (even in "safe spaces") can be an initial barrier to participation. The project has therefore needed to spend time assuring some people that it will offer a safe, supportive environment.

The evaluation included a survey of non-engaged OPLWHIV, who were on GHT's database but who hadn't engaged with the project so far. 10 people completed the survey and for the people **who would like to be involved in Age+**, things that they identified as preventing them from engaging included:

Health

I have Bronchiectasis and am on oxygen. I have very limited hours of the day when it can be possible for me to travel, plus limited mobility.

I'm partially sighted, and awaiting a kidney biopsy, but hopefully I'll be able to be involved in time.

Time/Distance

Time and distance constraints.

To get to GHT the quickest is an hour. Depending on the time of day, it could be 2 hours.

Work Commitments

I'm too busy at work.

I work full time. Many events are daytime working hours.

Caring Commitments

Boyfriend had a stroke so it is hard to get to project.

Some people also fed back that they don't need and/or like the support offer.

I don't like things targeted for people 'over 55' - it makes me feel old! I find group activities excruciating and manage my health well, so I don't know what support you could offer.

I don't feel old enough.

I don't like the idea of Age+ - I find it patronising.

Non-Attendance at Activities

There have been some issues with people dropping out of activities they have booked on or not attending activities as they had planned.¹⁴ Fairly consistently, the number of people expressing an interest in or booking on events has been higher than the numbers actually attending. Some of the challenges to engagement mentioned elsewhere in the report are relevant here, but we also looked specifically at why people dropped out of activities they had booked on and reasons included:

- Non-covid illness or health issues. Some were managing health issues which meant their ability to do things varied day-to-day.
- Covid related issues. During this period people were catching Covid and isolating.
- Caring responsibilities for family members.
- Pet illness or need to care for pets.

There was no single major reason identified, and it seemed that it was generally a mix of life events that prevented people attending events as they had hoped to.

A focus group of OPLWHIV highlighted that winter presented particular challenges for some. In their experience, people were likely to be in poorer health with more minor ailments in winter months. It was also harder to motivate yourself to attend things and they anticipated more non-attendance in winter, when days are shorter and the weather worse.

There is still likely to be a need for activities and support in winter months, but the participants' observation may be useful in programme planning. Greater dropouts can be planned for and it may be, for example, that in winter months there is a greater focus on encouraging ongoing attendance at established activities rather than launching new ones. There may also be scope for using online video calls to enable participation if people cannot attend in person.

The Activity Programme

The original activity programme was put together by the project coordinator in partnership with OPLWHIV who identified the activities they were most interested in. In the course of the evaluation, further suggestions for activities from OPLWHIV included:

- Interest-based activities – arts and crafts, music, theatre, board games, reading, writing
- Arts gallery visits with some guided element and café discussion built in.
- Evening, arts-based activities.

Some interesting observations were:

- Number of attendees at some events have been small but this had proved beneficial in some cases. With smaller groups, these settings have encouraged discussion of HIV issues and

¹⁴ This is distinct from non-engagement. These people have engaged with Age+ and aimed to attend activities but have not then been able to do so.

experiences. Peer support and support with HIV-related issues was more evident in the small group settings than in activities such as the guided walk which involved a slightly larger group.

- Momentum and Continuity were highlighted. OPLWHIV wanted to build up their social connections, hoping for an activity programme with some regular attendees so they could build relationships.
- Facilitating social connection and informal peer support has been something that OPLWHIV have valued in activities. There does not need to be a strong element of training, advice or structured support in all Age+ activities. Enabling social connection in itself appears to deliver a range of positive outcomes.

As noted on the previous pages, OPLWHIV are a wide cohort of people, and it is notable that what different people want from the project can be very different. For example, OPLWHIV range from the very fit and active to those who may be frail or have ongoing health issues. It includes some people who can only access online video activities, whilst others have no interest at all in online video activities. Therefore, inevitably in the project not all activities will appeal to all OPLWHIV. The activity offer as a whole needs to have variety to reflect people's different interests and challenges. For example:

- Some people have identified their interests in small group/coffee morning discussions at GHT. Their needs might be met by a facilitated small group (4-8), giving people space and time to talk in a relaxed and informal therapeutic setting.
- Others would like more arts or activity-based social activities in livelier venues with a chance to meet people and make social connections.
- Some people said that GHT was an appropriate, safe environment, others that it wasn't particularly attractive as a venue for social gatherings.
- Some highlighted that daytime activities were needed, others felt that things to do in the evenings was a gap for over 55s, as a lot are still working and evening/twilight activities would be more accessible.
- Noisy activities were a deterrent for some (drumming workshops given as an example).
- Physical activities would exclude some, who were less physically active/able.
- Some craft activities which required dexterity may also exclude some who had restricted movements.

The project so far has offered a range of activities and different environments for OPLWHIV to ensure that across the activities, there are different accessible options for engagement. This has reinforced that:

- There are likely to be benefits in Age+ offering different types of project activity.
- Differentiating between the different types of activity may help OPLWHIV identify which activities are most appropriate for them.
- There will be a need to schedule activities at different times (daytime, evenings, weekends) to fit the needs and lifestyles of different groups.

The initial Age+ activity offer was very varied and responsive. Partly this was so the project could try different things, recognising the diversity of people's needs and interests. It also reflected that planning more substantial blocks of activity in 2021 was difficult due to Covid.

From October onwards, the project ran more clearly differentiated and branded activities through programmes like the Whitworth Art Workshops, Acting Up, Music workshops and Culture Club

activities. The project has also started to offer regular sessions at GHT like the Knit and Natter and Coffee and Bingo sessions which have been run as part of the general event programming at GHT.

The more structured scheduling of sessions has been welcomed by participants who valued continuity of attendance and the chance to get to know other group members better. One OPLWHIV made the point that making the effort for a one-off session or even a short programme might not feel worthwhile, whereas committing to a regular weekly session did. This applied particularly to those who may have to make particular arrangements such as transport, arranging care for others or rearranging other commitments.

The Age+ Coordinator identified that the project may have been doing too many different activities at times and that from April 2022, the project was shifting to a focus on doing less activities overall. This reflects in part that there has been a lot of interest in some activities which hasn't necessarily translated into large attendance figures. The coordinator feels it is more likely that people will make the effort to attend one quality Age+ activity a month. Having more people congregating in a more concentrated way at activities will also address OPLWHIV's feedback that they would value continuity of attendance to build social connections.

There will be an ongoing need to balance this more streamlined approach with offering different activities to meet the variety of needs and interests amongst OPLWHIV. But, given the involvement of OPLWHIV in shaping the programme and the coordinator's responsive approach, Age+ appears well placed to do this effectively.

Activity Design

From our conversations with OPLWHIV there were some useful insights into how the activities can be structured, including:

- Having a focus for an activity (rather than just a general drop-in or discussion group), is useful as it gives people *something to focus on....an icebreaker*. Talking groups work for some, but not for all.
- Having space around the activity for less formal conversation and sharing experiences is valuable. It was suggested that whatever the activity, some freer social time to talk over a cup of tea should be built in. (Parts of the activity programme already reflect this – for example in the Knit and Natter group, it has been seen as positive that some people just want to knit whilst some people just want to natter!).
- Activities are more accessible if they operate on a drop-in basis, where people can attend part of the session and it doesn't matter if they are late.
- Activities can be designed to allow different ways of engaging. For example, an activity could include a walk but with a meeting point at café for those who are unable or disinclined to walk.
- Different activities that people haven't tried before can be more accessible and attractive. Partners at Whitworth Art Gallery highlighted that they tend to offer art activities that people haven't done before (e.g. bunting, tiles, printing) rather than things like drawing and painting where people may have preconceptions about whether or not they are good at it/enjoy it.
- Some activity types do create barriers to participation, but this is not an easy matter to plan around as different activities may create different challenges and barriers for different people.
- Enabling peer support already appears to be a key part of the project. This is often implicit rather than explicit in the activity design, but it has been noted that this is taking place, often initiated by service users. Evaluation of peer support at GHT has highlighted how sharing safe

spaces with others living with HIV can be a positive, affirming experience. There can be a strong social bond in the shared experience of living with HIV. As one PLWHIV said – *Even if people only have this one thing in common, it is a big thing.*

Age+ gives us a friendly, motivating and safe place to discuss private matters related to living with HIV, to share my experiences with peers and the support we need to thrive as a person. **Age+ Participant**

Age+ Provides a safe harbour where you can be completely yourself. **Age+ Participant**

Online Video Activities

Online video activities have been part of the Age+ service offer. In part, this recognised a Covid-related reluctance from some to attend (and travel to) face-to-face activities. But longer term, this is an option to engage those who are less able or willing to travel to activities. Some of the early learning from delivering online video activities as part of Age+ has been:

- For some, digital exclusion is an issue due to lack of appropriate equipment and/or the knowledge how to use it.
- For some who were digitally capable, on-line video activities were unattractive. People commented that the nature of the medium meant that it didn't really provide the social interaction they wanted.
- There was positive feedback on structured activities like Tai-Chi on-line. It was suggested that more structured activities like this worked better on-line than those with more verbal group interaction.
- Online video groups worked fine for developing the Care Providers Training Package with a group of OPLWHIV. It was not how people would have preferred to do it, but it enabled useful work to be done at a time when face-to-face work wasn't taking place.

Overall, there wasn't a great deal of enthusiasm for video calls as a means of engagement, but when used appropriately, it had shown it could be effective. By including this mode of delivery in the service offer, Age+ will retain an ability to engage those who are not able or willing to take part in face-to-face activities. But generally it was not people's preferred way of engaging. Comments included:

I hated Zoom

I never did it (video calls) wasn't interested

I would use it, if I have to

I have Bronchiectasis and am on oxygen. I have very limited hours of the day when it can be possible for me to travel, plus limited mobility. I also am not into zoom :(

Age+ & George House Trust's Other Open Age Activities

An interesting development for Age+ has been working with other staff at GHT so that a general social event has also become part of the Age+ offer. The Bingo and Coffee morning is a 2.5-hour drop-in, offering a fun social event open to all. The Age+ Coordinator has been co-facilitating the group and promoting it to OPLWHIV. In this way, it is a part of what the project offers for OPLWHIV without being a space for over 55s only or being branded as an Age+ activity. This has been popular and feedback from OPLWHIV about the activities programme suggested that there should be more events that are not just Age+.

Having an older person's project has met with the full spectrum of responses from OPLWHIV, including *I don't like things targeted for people 'over 55' - it makes me feel old!* and *I don't like the idea of Age+ - I find it patronising*. But this has been a minority view, and others have been very positive about the project, saying that it is the existence of an older person's project that has encouraged them to get involved. Overall the evaluation has found that most stakeholders see the value of having a specific over 55s project and programme of activities.

It is nice that there is something for our age bracket. **Age+ Participant**

However, joint working with other GHT projects adds both capacity and variety to the Age+ activity offer and means that the project can offer something which may be attractive to those who are over 55 but do not want to attend specific older person's provision.

Volunteer/Peer Led Activities

Elsewhere in the report, we noted that Age+ had been successful in both involving volunteers and co-designing parts of the project activity with OPLWHIV.

However, the delivery of activities has mainly been staff-led, centring on the project coordinator or staff from other organisations. At the start of a new project, this was an understandable approach – the project was not building on a foundation of existing engaged participants and volunteers, so there was a natural onus on the project coordinator to establish and deliver activities. The Covid context also meant that both activity planning and volunteer engagement was not straightforward, particularly for face-to-face volunteering.

But the evaluation interviews identified scope for the project to develop volunteer involvement further in 2 ways.

User-Led groups/Volunteer-Led groups. It was suggested that there was scope for activities to be led by volunteers or peer facilitated. Activity groups could become more self-sufficient and less staff dependent.

More defined volunteer roles in all activities. It was suggested that volunteers at activities – for example in meet and greet or facilitative roles – should be the norm for the project. This had been done for some Age+ activities but not all.

The benefits of increased volunteer involvement were described as:

- **Increased capacity.** What could be done would not just be defined by staff availability.
- **Enhancing the activity offer.** User-led groups/volunteer-led groups would have a different tone and bring variety to the activity programme.
- **OPLWHIV being offered leadership roles and the opportunity to develop/use skills** fits well with the Age+ ethos.
- **Volunteers/Peer Leaders provide another layer of social interaction and support for OPLWHIV.**

This approach does create some challenges including the volunteer recruitment and management needed to quality assuring and supporting peer-led/volunteer-led activity. It was also notable that the relationship with the project coordinator was valued by many Age+ project participants, so a central role for the project coordinator in future delivery is still likely to be important. But there is scope to compliment this with greater volunteer involvement and peer-led activities.

More Visible Activities for OPLWHIV

Some OPLWHIV advocated for more visible activities in the community for OPLWHIV. One OPLWHIV in particular emphasised not only the benefits of visibility but a genuine belief that this approach felt viable now in terms of more OPLWHIV being comfortable being open about their HIV.

A more visible approach could for example involve one of the activities taking place in a community venue and doing so as an open and visible activity for OPLWHIV. There appeared to be considerable potential for this approach due to:

- The wider benefits of challenging stigma/discrimination and raising awareness of OPLWHIV.
- The benefits to OPLWHIV in affirming their rights to full and happy lives, free from shame and stigma. This was asserted as being particularly important as an antidote to people being made to feel that they had to *hide their HIV status and true selves away, always wearing a mask in public.*

It was recognised that more visible groups taking place in community venues would not be for everyone. Some people won't want to be seen in the community as living with HIV. But it could be a valued strand of activity for those who are comfortable with people generally knowing about their status.

Concerns about discretion, confidentiality and anonymity have in the past shaped project and service design. Feedback from OPLWHIV suggests that this has been appropriate. Due to both personal preferences and differing individual circumstances, for some people confidentiality and others knowing about their HIV is still a major concern. Therefore it seems that it is a sound starting point that anyone accessing Age+ will have their confidentiality respected and be able to make choices about if they want to let others know about their HIV.

But giving people the option to make informed choices about opting in to a clearly differentiated activity which is going to be more visible could be a valuable addition to the project. Although it would need careful management and clear differentiation, there could be great value in a strand of activity which openly aims to operate in community spaces and make OPLWHIV more visible.

1-to-1 Support

45 service users have been provided with 1-to-1 support either by telephone or face-to-face (June 2021 - March 2022). It was identified that this support was important to:

- Encourage people to engage in wider project activity.
- Provide direct support in its own right.
- Reach some people are unable to access face-to-face activities (often for health-related reasons).
- Enable the project coordinator to build relationships with service users and ensure a person-centred, responsive service.

GHT as the Project Host

There was positive feedback about the Age+ project being housed at GHT. The positive aspects identified, included:

- Having multiple services under one roof was a big strength. By accessing Age+, people were also accessing a much wider range of services and support.

- Many OLPWHIV know GHT and have had a previous engagement/relationship with the organisation. People reported positive experiences which gave them confidence to engage with Age+.
- Existing partner links had helped the project to quickly establish referral pathways and engage partner organisations.
- The ability for Age+ to do joint events and dovetail with other projects within GHT, including OPLWHIV initially accessing another GHT service and then being referred on to AGE+ activities.

What OPLWHIV Told Us

Although we have tried to ensure that OPLWHIV's words are reflected throughout the report (not just put in a section at the end!) we felt there was value in also simply presenting some of their insights and thoughts in their own words.

Need

Age+ gives us a friendly, motivating and safe place to discuss private matters related to living with HIV, to share my experiences with peers and the support we need to thrive as a person.

Age+ Provides a safe harbour where you can be completely yourself.

It's good to be with people of a similar age as younger people have different interests.

It's very good that there is an older person's project. As people get older, they face more complications and need much more help.

It's easy for older people to feel overlooked so it's great that Age+ is happening.

Age+ provides a place where OPLWHIV can be free to be their whole selves, drop the mask and the need to put a front on.

I value the fact it is for our age as we are more likely to have things in common.

It is nice that there is something for our age bracket.

It's challenging as we are an isolated, timid congregation.

I am not connected. I want a way of connecting with people.

(When diagnosed) I felt like I was shoved out of mainstream life.

The project itself and the life stories people share are part of creating and sharing a positive narrative about living with HIV. This is important.

Where can you talk about the frustration of taking pills all the time?

(I want) To get out and be in the same space as other people with similar experiences.

(I want) excitement, satisfaction, purpose.

(I want) to get out, do interesting things, talk to people.

It is good to have the chance to meet more people with that experience as in 20 years since diagnosis, I have known less than 5 people living with HIV.

People have retreated into a safe but small world. They need reassurance to start to engage more widely again.

All the Covid restrictions left me very keen to get out, do interesting things, talk to people.

My voice was listened to and my volunteer induction gave me the tools I needed.

In a way, I have been hibernating and Covid reinforced the view that it is okay to stay at home and do nothing.

OPLWHIV as Positive Community Assets

There are positives about being older and having that life experience to share with younger people who are also LWHIV.

Activities

Taking part in an activity is a chance to talk to someone who is also LWHIV and the activity is a good icebreaker for getting to know someone into similar interests.

Tai Chi on Zoom was a quality product.

The Age+ Project is valuable because it is a place to talk.

The best thing was to be actively doing something.

We need more of these sessions.

The kind of support and activities older people LWHIV need are activities combatting loneliness.

My voice was listened to and my volunteer induction gave me the tools I needed.

Everything was great. Thank you.

You're doing a great job...keep up the good work.

The whole session was amazing. The artwork shown to us, and the information given by Claire, Dom and Imogen was fascinating.

Great group. The facilitator and Anna were brilliant.

I liked just meeting others.

The best thing about it was coming and seeing Anna (Age+ Coordinator).

Online Video Calls

I hated Zoom.

I never did it (video calls) wasn't interested.

I would use it, if I have to.

Barriers to Engagement

I have Bronchiectasis and am on oxygen. I have very limited hours of the day when it can be possible for me to travel, plus limited mobility. I also am not into zoom :(

I'm partially sighted, and awaiting a kidney biopsy, but hopefully I'll be able to be involved in time.

Time and distance constraints limit my involvement.

To get to GHT the quickest is an hour. Depending on the time of day could be 2 hours.

I'm too busy at work.

I work full time. Many events are daytime working hours.

Boyfriend had a stroke so it is hard to get to project.

I don't like things targeted for people 'over 55' - it makes me feel old! I find group activities excruciating and manage my health well, so I don't know what support you could offer.

I don't feel old enough.

I don't like the idea of Age+ - I find it patronising.

In terms of suggestions as to what Age+ could do to support people to be more involved, people who had not engaged with the project suggested:

Online projects are more likely to be convenient.

Taxi or lift.

More work-friendly hours.

Maybe make your services clear and simple to assimilate.

Impact

Increased confidence, inclusion, knowledge, skill and enabled me to discuss my HIV and support and educate others.

GHT had helped me to face my status, stigma and my life with more positiveness and hope for the future. It also gives us a friendly, motivating and safe place to discuss private matters related to living with HIV, to share my experiences with peers and the support we need to thrive as a person.

The project helped me to get confident with my status, myself and talking about living with HIV.

Grateful for the afternoon out and meeting up as a group. The walk was interesting, although tiredness got to me after a while (as is usual these days).

If you improve someone's day, you are likely to improve their mood, health and confidence.

I get a sense of purpose and routine.

It gets me out of the house.

It helps me have a healthy social life.

These are the sort of things that make life worth living.

Seeing others coping is good, seeing others not coping perfectly is reassuring.

I had a real belly laugh.

The opportunity to network and swap contact details with other members.

The history and the camaraderie.

Meeting a few new folk and getting out and about.

Feeling connected.

Belonging.

The External Evaluator

Martin Duffy has worked in the voluntary sector since 1996 as an evaluator, project manager, grant-maker, assessor, trainer, fundraiser, volunteer, staff member and trustee. His work has involved a wide range of third sector bodies in different parts of the country, ranging from national organisations to small local groups.

Since 2006 he has worked as a freelance consultant and trainer based in Manchester with particular specialisms in evaluation, grant assessment and organisational development. His work has included: developing organisational impact measurement systems; designing grant-making programmes; acting as an assessor for awards, accredited qualifications, quality standards and grant-making bodies; strategic work around volunteering and voluntary sector infrastructure; providing advice and support for voluntary sector organisations to develop business plans and income generation strategies; facilitating successful cross-sector partnership working; developing Theories of Change; supporting effective impact measurement and undertaking independent evaluations.

He has undertaken several external evaluations of Lottery-funded projects and is currently an assessor for Comic Relief and for the Kings Fund/GSK IMPACT Awards. He has previously worked for frontline delivery organisations (e.g. George House Trust, Greater Manchester Youth Network), housing associations (e.g. Irwell Valley Housing Association, Wythenshawe Community Housing Group) grant makers (NHS Charities Together, Community Foundation Network, Coalfield Regeneration Trust, Comic Relief, Independent Age, the Community Foundation for Greater Manchester, Community Foundation for Merseyside,) and infrastructure organisations, (Greater Manchester Centre for Voluntary Organisation, Voluntary Action Oldham, Community Network for Manchester, Volunteer Centre Tower Hamlets, Islington Volunteer Centre, Voluntary Youth Manchester, Community and Voluntary Action Tameside).