

**End of Project Report Structure**

**Hope for Life**

**March 2022**

<b>Headline</b>	<b>Questions/issues to this about</b>
Project Overview/Summary Statement	<p>The Ernest Foundation, a small but extremely effective and energetic organisation based in South London, has delivered “Hope for Life” project on time with budget-cost there-on, and met all its objectives agreed with Merck Sharp &amp; Dohme (MSD) UK, Major of London and The Comic Relief Fund “Africa Advocacy” Southwark Council, and London Catalyst Grant Managers. This has been a real achievement and has demonstrated that a modest community-based programme, run through a diaspora community, can achieve sustainable change for the better. Several of the original indicators of the change proved impossible to verify in the way they had been planned, especially in outcomes two and four, because of the sensitive nature of the health issues involved and the regulations rightly surrounding disclosure and confidentiality. However, for other indicators, publicly available data, and personal testimony where available, were sufficiently robust for the evaluation to demonstrate that real progress had been made against each outcome. The context of the work of The Ernest Foundation (TEF) needs emphasising when evaluating its interventions. Its target community is one of the poorest groups of people in London, and the health issues are only one pressure on a very vulnerable section of society. Providing a pathway to achieving basic needs; such as, food, friendship and a feeling of self-worth for people who feel physically and socially very under-nourished has been very challenging,</p>

	<p>but TEF staff and volunteers have responded well.</p> <p>TEF is a multi-national organisation supporting people living with and affected by HIV to help them improve their quality of life. Most of its service users are from Black Ethnic Minority group from the disadvantaged and deprived Africa origin living in London. We cover all ages and sexuality. However, for this project, ages participated in are 25 – 50+ years.</p>
Results & Outcomes	<p>The structure of the project was designed around this key outcome.</p> <p>The indicators for this Outcome: Small improved physical and mental wellbeing of participants over 12 months, resulting in healthier, more active community members affected by HIV.</p> <p>The number of people who report shared improved physical, and mental wellbeing in one-to-one interviews and in self-assessment reviews after taking part in the programme. 50 people, who attended meetings regularly exhibited improved levels of self-esteem and confidence. Numerically this target of 100 people was easily reached, with participants contributing to group discussions, and submitting testimonies. It is evident that the work undertaken by TEF has significantly</p>

improved the lives of many people living with HIV. Feedback sheets asking for “before and after” reactions included the following comments before they joined the programme. “I was very depressed, and I couldn’t talk to anyone.” “The way they looked at me, I didn’t find it comfortable.” “I was so frustrated with my life.” “I was worried about the reaction after telling my family.” “I felt isolated.” When group participants were interviewed in a focus group setting, the popularity of TEF’s support groups was obvious during the general discussion, and this is a testament to TEF. There looks to be several reasons for the success of these peer groups. The most frequently quoted was the opportunity to make new friends, feel safe from criticism and to enjoy socialising and share meal. After quotes from 18 focus group, (which was held over a meal), included the following: “The foundation has really helped me get on with my life”. “I like this group

	<p>because it's like one family. "The coordinators are very friendly; they make everybody feel at home". "The staff and volunteers are very committed and helpful". "The group has helped boost my confidence and recently I have started IT training". "I have met a lot of people here and made many friends". "Friends always check on me" "We give each other peer support which is very important". "They always make sure we eat" "I enjoy the food". "They make sure we obtain help even from the food chain".</p>
<p>Funding</p>	<p>The project was funded by National Lottery (Awards for All), Major of London (Locality), Comic Relief through Africa Advocacy Foundation, MSD (Merck Sharp &amp; Dohme (UK) Ltd., London Catalyst, Southwark Council. Relief in this process was important and critical. The role and support given to our organisation by the Grant Managers was very useful and needed.</p>
<p>Highlights</p>	<p>Our visual meetings and contacting members using WhatsApp went well. The platform created for this was well patronised.</p> <p>Case Study</p> <p>During the COVID-19, especially in the period of lockdown, members could not go out to earn their daily meal and support. Life was very</p>

	<p>depressing, and isolation was what members were going through. The face-to-face meeting, which was like a family meeting and socialising was a thing of the past and this affected members mental health wellbeing. The Ernest Foundation eager to reach service users resorted to ZOOM meeting and other social means to carry on with its support. Service users were contacted and checked on their wellbeing. Support was given to them to cope up with the pandemic, grateful to the funding institutions, companies, and Local Authority.</p>
<p>Challenges / risks</p>	<p>The programme was initially devised by, and for, people from a West African background. This contextual reality provides for both strengths to the programmes but also a constraint; in that, tribal or national self-consciousness remains high among the African diaspora communities in London, and people appear not to easily feel shy and isolated when mixing with groups of other backgrounds. Most people of African descent with HIV in London hail from East Africa but the West African communities, especially Ghana, are less able to be confident about their HIV status. As the programme has developed, TEF has sought to break down barriers and reach out to the other tribal or national groups, which was a challenge. But we tried to take on. Another challenge is the extreme poverty of those attending the groups, 85% of whom are unemployed. Because of this, many are living below the poverty line, whether in work or not.</p> <p>The biggest challenge to achieving this outcome was the limited office space.</p>
<p>Lessons learned</p>	<p>The level of care and services offered to TEF clients was effective in reaching out to the most isolated and vulnerable people affected by HIV. Those who attended groups and workshop sessions through ZOOM generally</p>

found them extremely helpful, and their lives changed for the better as a result.

Meals, and instructional sessions were especially appreciated. These were all costly to provide but made a big difference; money well spent on people living on such small incomes, was significant in supporting them come to the meetings.

The number of workshops throughout the year varied but was consistent enough to be regular. They were sometimes led by the Project Director, other times by volunteers or other staff, but all had the same basic structures.

The feeling from a small minority of service users tended to exclude those outside their own tribal background was noted, and perhaps needs to be discussed within TEF. Any community can develop “cliques” without realizing it, and there are various group work strategies available to break this down.

In general, the level of trust and disclosure within the groups of users was, however, very high and the feeling of security within an ethnic context in which people felt confident was an obvious strength of the programme. As TEF plans to widen its catchment and help people from a wider area, it should not lose this “family” support feeling within its groups.

The program showed there is a role for peer-led support in supporting people living with HIV, both in better managing their HIV and improving their physical, emotional, and social wellbeing.

Nearly everyone who accessed peer-led support at TEF benefited and said they would recommend it to friends. Accessing peer support and talking to others living with HIV can help emotionally and practically. They were of the view that good peer-led support will help them to identify their needs and they want TEF to be honest and open with them. They want the TEF to be their mouthpiece.

	<p>Peer-led services can support commissioners in meeting their goals and improving the health of people living with HIV. Within the NHS Outcomes, the evaluation demonstrates people are better able to manage their treatments and be involved in their healthcare through improved relations with clinical staff. Support also increases knowledge and thereby supports people to make informed choices about their health and wellbeing. For Public Health this evaluation demonstrates outcomes in improving Wellbeing. In addition, if people understand HIV and adhere to treatments there is a reduced risk of onward transmission.</p>
<p>Recommendations based on lessons learned</p>	<p>If we must do the project again, we will give much concern to our visual meetings, which was a factor in the budget.</p> <p>Recommendation</p> <p>The Ernest Foundation really needs to adopt an organisational strategic financial plan to allow it to achieve financial stability for the next four to five years. The application to Peter Minet will obviously form the central plank of this, but other funders need to be applied to, as in the past, to enhance and support the programme. Sufficient core funding is essential to give a welcoming office base and counselling centre. Successional training and staff development would be good to widen the knowledge base.</p>
<p>Conclusions</p>	<p>Peer support is rapidly gaining recognition and many statutory and voluntary sector mental health services are now planning to upscale peer support. In the group setting there is strength, safety, and a sense of control (elements often missing in individual's previous experiences) that comes from being involved in an all-peer group. The peer support group can be the model to support people in other peer support roles. The evidence we have gathered through the work of TEF indicates a</p>

	<p>need to develop and sustain more effective groups such as the peer support groups at Lambeth and Southwark. With modest funding over two years, and the project's short duration and relative infancy TEF has implemented a project that has been highly relevant and effective in supporting people living with HIV. A key strength lies in the integrated way in which this project seeks to address the issues surrounding HIV and its attendant problems: health, both physical and mental, social isolation, self-neglect, poverty and discrimination. Two facts emerged from the surveys which were quite startling. Firstly, the very high level of unemployment, and subsequent poverty of the respondents, and secondly the high level (28%) of people who had suffered strokes, compounding any other health issues with long term debility and muscle weakness, communication difficulties and depression. TEF's capacity and preparedness to provide effective support for people burdened by such problems has increased considerably after "The Dilemma" project. While these efforts are ongoing and will need to be maintained, it is evident from the research conducted that TEF has both the capacity and firm resolve to continue effect lasting change in the lives of people living with HIV.</p>
Images	Our "Confidentiality Policy" does not allow taking and producing photos