

Sahir House Service User Satisfaction Survey

Evaluation Report for the Period January to December 2017

Introduction

The Sahir House Service User Satisfaction Survey is an annual evaluation tool that enables Sahir House service users (people living with and affected by HIV) to provide feedback on the services and support they have received by the organisation over the course of the year (2017).

There are 5 components of the survey:

1. Demographic Data
2. Service Experience
3. Service User Consultation
4. Volunteer Experience
5. Marketing and Communication
6. Sahir House Impact

Survey Development:

- There were a total of 33 questions in the survey including open response questions where participants could expand their answers.
- Sahir House was working with two Interchange students at the time the survey was open. Neither student submitted research questions to be included.
- The questions included the option of 'Did Not Use' in the answer categories and these numbers are reflected in the [answered by] figures. The (%) and (n) figures reflect only those who accessed and therefore rated the service.

Survey Completion:

- The survey was available to complete between 2nd January 2018 and 2nd February 2018 in both paper format and online via Survey Monkey.
- In total, the survey was completed by 54 participants equating to 23% of total service users (n=240) accessing services in the reporting period.

Terms and Definitions:

- PLWHIV = People living with HIV
- Participant = a service user who answered one or more survey questions
- Respondent = a service user who answered a specific question
- Answered / Skipped by = the number of survey participants who chose to answer a specific question or not.

Demographics

The collection of demographic data is the first step in understanding who Sahir House are engaging with. In 2016 the Satisfaction Survey was expanded significantly with the inclusion of a demographic section to capture this information. In 2017, this section was updated to better conform to demographic monitoring standards.

Sex and Gender Identity

In 2015 Sahir House delivered the pilot of Trans Health Merseyside (a health and wellbeing project from trans and gender non-conforming people in Liverpool) in collaboration with In-Trust Merseyside. This prompted a review of existing monitoring forms and as such data on sex and gender identity has been routinely captured for the past 3 years.

Q1: Please indicate your sex

[Answered by: 54 Skipped by: 0]

Comparative analysis of participant representation by sex is not available as this question was not included in the 2016 survey. For 2017, baseline data of service user representation by sex indicated that:

- 65% (n=35) were male
- 35% (n=19) were female
- 0% were intersex

Q2: Is your gender identity the same as the gender you were assigned at birth?

[Answered by: 53 Skipped by: 1]

100% of respondents (n=53) answered yes their gender identity is the same as the gender they were assigned at birth. This mirrors 2016 where 100% respondents (n=57) identified within the gender binaries of male and female. In 2017 a second question allowing respondents to provide further details of their gender identity showed that:

- 1 respondent identified as a trans man
- 1 respondent identified as a trans woman
- 1 respondent identified as non-binary
- 2 identified as gender fluid
- 2 identified as questioning

This equates to 13% (n=7) of survey participants identifying under the trans umbrella of gender identity.

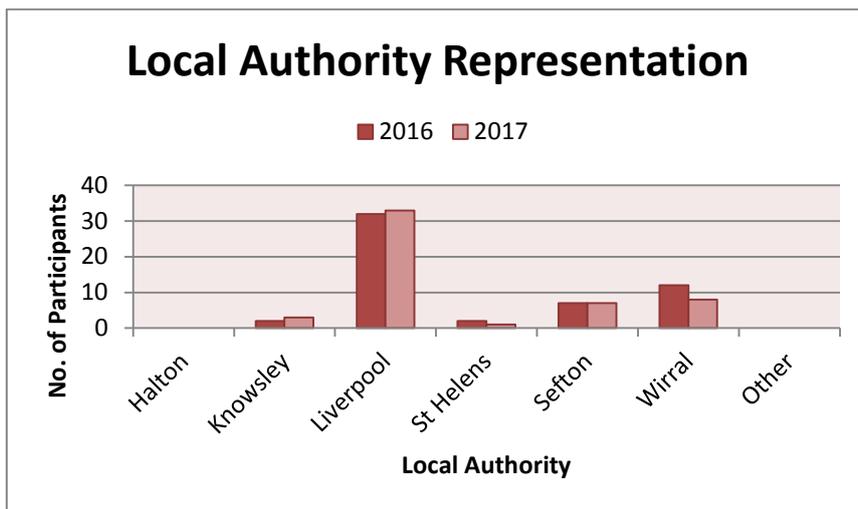
Demographic Data

Local Authority (LA) Area

Q4: Please tell us the area you live in

[Answered by: 52 Skipped by: 2]

Liverpool and Wirral continue to have the highest survey engagement consistent with the number of PLWHIV accessing services from these local authority areas. Survey engagement is also reflective of new referral data, with Liverpool seeing an increase in referrals from 2016 and Wirral having a decrease in 2017.

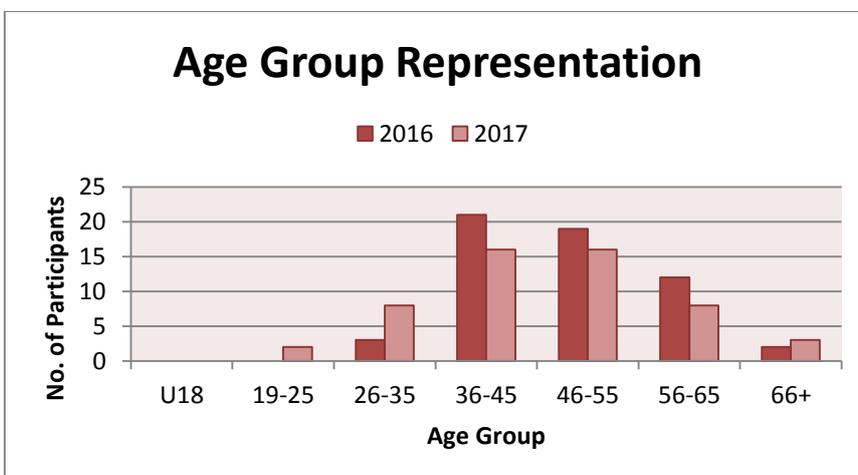


Age Groups

Q5: Please indicate your age

[Answered by: 53 Skipped by: 1]

Representation was seen across a broader age range in 2017 with increases in the lower age groups 19-25 and 26-35. This is reflective of new referral data which shows that the 19-25 age group represented 14% of new referrals (up from 3% in 2016), and the 26-35 group represented 40% (up from 20%) in 2017.



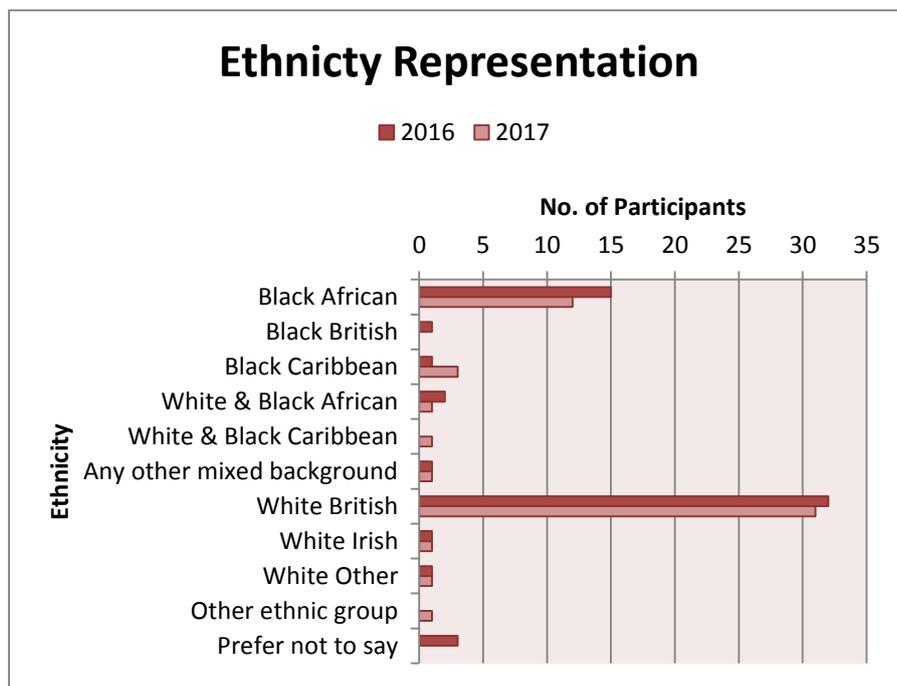
Demographic Data

Ethnicity

Q6: Please describe your ethnicity

[Answered by: 52 Skipped by: 2]

Survey participants in 2017 continue to reflect the majority ethnic groups that make up the Sahir House service user population. This mirrors national populations of people living with HIV in the UK. Decreases were seen in representations from BAME group's particularly Black African participants and no engagement from Asian service users was recorded.

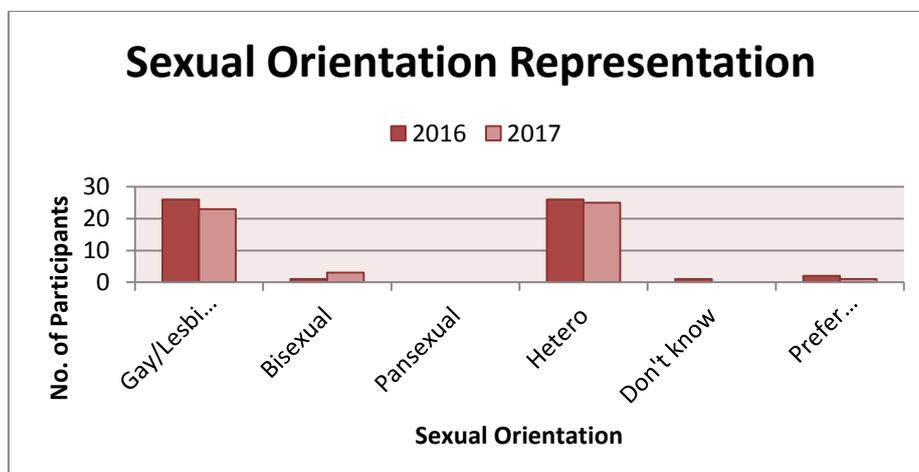


Sexual Orientation

Q7: Please describe your sexual orientation

[Answered by: 52 Skipped by: 2]

Slight decreases were observed in the majority sexual orientation groups; gay / lesbian and heterosexual / straight and higher representation was seen from bisexuals.



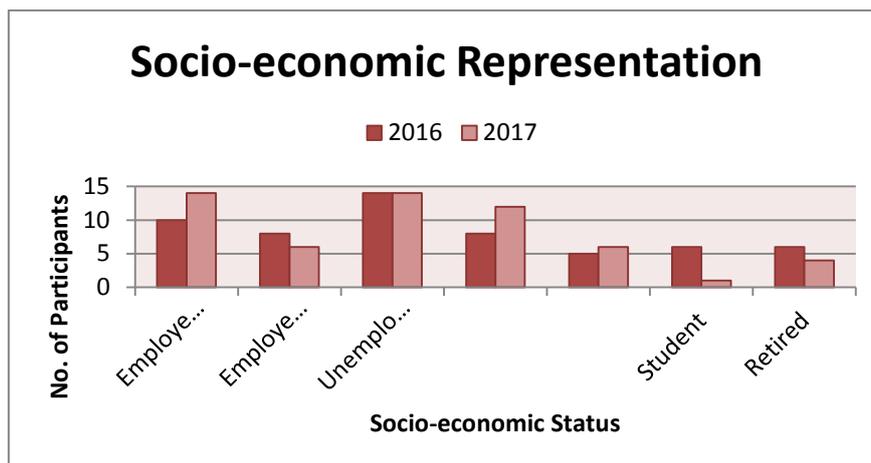
Demographic Data

Socio-economic Status

Q8: Please describe your socio-economic status

[Answered by: 54 Skipped by: 0]

Socio-economic questions were amended to better conform to socio-economic monitoring standards. Respondents were able to select more than one option therefore some people may have classed themselves as sick/disabled and unable to work and also unemployed (as a consequence of that).



Q9: Please indicate if you receiving any of the following

[Answered by: 24 Skipped by: 30]

To better conform to socio-economic monitoring standards a second question was asked that enabled respondents to identify what financial support they were receiving.

44% (n=24) participants answered the question of which;

- 8% (n=2) were receiving Job Seekers Allowance (JSA)
- 63% (n=15) were on Employment Support Allowance (ESA)
- 54% (n=13) were on Disability Living Allowance (DLA) / Personal Independence Payment (PIP)
- 8% (n=2) were on Universal Credit

Demographic Data

Key Points and Recommendations

Sahir House has seen an increase in service users disclosing they are intersex since updates to equality forms have been made, yet these individuals do not appear to be represented in the survey.

The number of survey participants who identify under the trans gender identity umbrella is more than what is seen across overall service user demographics. How we identity evolves over time and systems and resources should be in place that allows staff to have open discussions with service users. This will enable them to revisit and update their information so they are accessing the most appropriate services.

Group sessions could be delivered to develop understanding of gender identity issues within the service user population at Sahir House.

Age monitoring of new referrals indicate significant increases in the lower age groups of 19-25 years old and 26-35 year olds. This is most likely reflective of increased HIV testing uptake. 53% of new referrals in 2017 were from these two age groups.

53% of people accessing services in 2017 identified as White British and 27% identified as Black African. All other BAME equated to 10% and white other totalled 6%.

Increased engagement from PLWHIV in full time work could be associated with the HIV Employment Forum as promoting this reconnected Sahir House with people who had not accessed services for some time.

Sahir House will continue to review equality monitoring to ensure all internal systems enable appropriate data processing of this.

Service Experience

Service Use

Participants were asked to indicate when they started to access services at Sahir House and if they had accessed services within the reporting period (January – December 2017).

Service user engagement rates will vary depending on individual needs and how those needs change overtime. For example, someone newly diagnosed with HIV will have different support needs than someone who is a long term survivor and managing the impact of living with HIV over several decades.

Q10: Please tell us when you joined Sahir House

[Answered by: 51 Skipped by: 3]

- 8% (n=4) had joined 20 years ago or more
- 25% (n=13) 10 years ago or more
- 27% (n=14) 5 years ago or more
- 25% (n=14) 1-5 years ago
- 12% (n=6) Last 12 months

The number of respondents who had joined between January and December 2017 represented 10% of the total number of new referrals in the year. Those who are long term survivors of HIV (i.e. 20+ years ago) had poor representation also.

Q11: Have you used Sahir House services in the last 12 months (2017)?

[Answered by: 50 Skipped by: 4]

- Yes = 74% (n=37)
- No = 26% (n=13)

Reasons for not accessing services included:

- Relocation of service users
- Location and opening times of Sahir House
- Perception of whom services are for
- Not able to access due to partner, friends or family

“I'd like to take this opportunity to say that Sahir House, its staff and volunteers, are an absolute inspiration. I fully appreciate all the hard work, dedication, enthusiasm, and determination.”

Service Experience

Support Services

“If Sahir House and its support services were not here I don't think I would be to write this. Sahir House for me is a place of sanctuary where I am never judged, just accepted as me.”

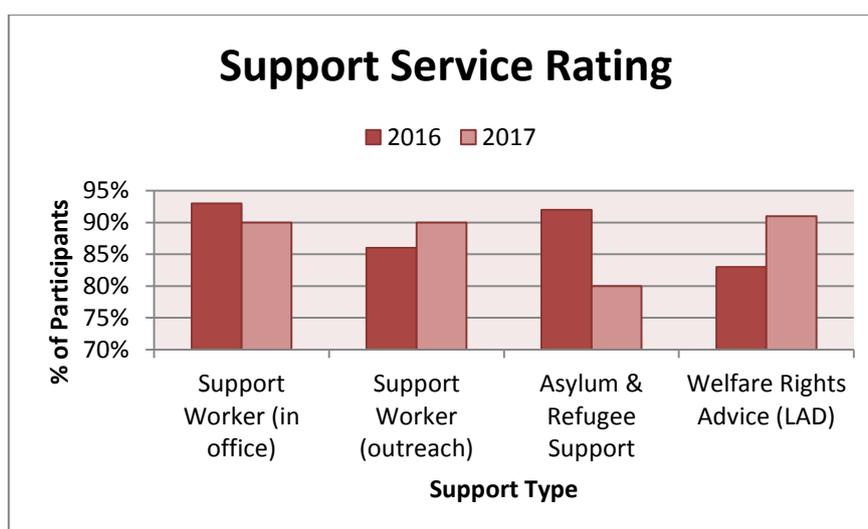
Q12: Please rate your experience of the support service

[Answered by: 49 Skipped by: 5]

Sahir House provides support workers who enable service users to achieve their goals regarding medication adherence, hospital appointments, housing, and finance management, referrals to external agencies, asylum and immigration. The survey also asked participants to rate the service provided by partner organisations Liverpool Association of Disabled People (LAD) who provide welfare rights advice, and HIV community nurses provided by Liverpool Community Health (LCH) as these services are embedded within the Sahir House.

- 90% (n=36) rated one-to-one support at Sahir House as good or excellent
- 90% (n=19) rated outreach support (e.g. at home, clinics) as good or excellent
- 86% (n=20) rated the life skills sessions (e.g. disclosure, relationships) as good or excellent
- 86% (n=19) rated urgent support (e.g. food, housing) as good or excellent
- 80% (n=12) rated asylum and refugee support as good or excellent
- 91% (n=20) rated welfare rights advice (provided by LAD) as good or excellent
- 95% (n=21) rated HIV community nurses (provided by LCH) as good or excellent

The chart below provides a comparison of service ratings between 2016 and 2017 where available (e.g. data was not available for HIV community services in 2016 as this service was not delivered then).



“Coming to Sahir House never fails to uplift me. It encourages me to see the positives in being positive, brings a smile to my heart and a belief in the ongoing greatness of Sahir House. Thank you all, great job.”

Service Experience

Counselling & Psychotherapy Service

" [The service is] outstanding. It's helped change my life."

Q13: Please rate your experience of the counselling and psychotherapy service

[Answered by: 48 Skipped by: 6]

The counselling and psychotherapy service provides face-to-face counselling at Sahir House in the city centre, and at outreach clinics in St Helens Hospital and Arrowe Park Hospital in Wirral. Counselling services via telephone are also available.

- 87% (n=27) rated the counselling at Sahir House as good or excellent
- 83% (n=10) rated counselling at outreach clinics as good or excellent
- 79% (n=11) rated counselling via telephone as good or excellent

*"The counsellor was very kind, understanding, and most helpful. As a result of the counselling I am now able to face my anxieties much better.
My sleeping has improved also."*

Wellbeing Service

"Since therapies have had to be paid for I am unable to access due to cost."

Q14: Please rate your experience of the wellbeing service

[Answered by: 47 Skipped by: 7]

The wellbeing service provides one-to-one and group activities to develop techniques to enable people to meet their physical, emotional and social needs

- 90% (n=9) rated Group Yoga as good or excellent
- 90% (n=9) rated Group Mindfulness as good or excellent
- 91% (n=10) rated Group Meditation as good or excellent
- 60% (n=3) rated Tension Releasing Exercise (TRE) as good or excellent
- 80% (n=4) rated Wellness Recovery Action Planning (WRAP) as good or excellent
- 83% (n=6) rated Paid for Therapies (massage) as good or excellent

"I really like Yoga and still do this. It helps me keep fit."

Service Experience

Peer Support Service

“I was able to speak as a positive person at a training session and found the experience profoundly empowering. The guidance and support before and after was fantastic.”

Q15: Please rate your experience of the peer support groups you have attended

[Answered by: 47 Skipped by: 7]

The peer group support service has been expanded with the development of three new peer support groups including; Long Term Survivors (PLWHIV), Many Hands One Heart (LGBT asylum seekers), and Trans Health Merseyside (trans and gender identity support). The latter two have enabled Sahir House to develop services and support to others outside of the HIV community

- 92% (n=12) rated the Positive Women’s Group as good or excellent
- 87% (n=13) rated the Positive Gay Men’s Group as good or excellent
- 90% (n=9) rated the Positive Speaker’s Group as good or excellent
- 60% (n=3) rated the Long Term Survivors Group as good or excellent
- 83% (n=5) rated the Pain Management Group as good or excellent
- 71% (n=6) rated the Walking Group as good or excellent
- 67% (n=2) rated Many Hands One Heart as good excellent
- 50% (n=1) rated Trans Health Merseyside as good excellent

Employability & Skills Development Service

“The course gives me the skills to help me talk in a group with others.”

Q15: Please rate your experience of the peer support groups you have attended

[Answered by: 46 Skipped by: 8]

The employability and skills development service empowers service users to build their self-confidence, and recognise and develop their skills and capabilities in the area of employment. The programme hosts courses throughout the year.

- 86% (n=12) rated Functional Skills (Maths, IT, English) as good or excellent
- 92% (n=11) rated one-to-one skills coaching as good or excellent
- 80% (n=8) rated Customer Care as good or excellent
- 84% (n=11) rated Creative Writing as good or excellent
- 88% (n=7) rated Cooking on a Budget (5 weeks) as good or excellent
- 86% (n=6) rated Cooking on a Budget (10 weeks) as good or excellent
- 60% (n=3) rated Coaching Skills as good or excellent
- 83% (n=5) rated Financial Capabilities as good or excellent
- 83% (n=5) rated Collective Encounters as good or excellent
- 86% (n=4) rated Story Telling as excellent as good or excellent
- 71% (n=5) rated Art Collective as good or excellent
- 89% (n=8) rated Employment Forum as good or excellent

Service Experience

Key Points and Recommendations

Experience informs us that those accessing HIV support services for the first time (i.e. newly diagnosed) may have complex support needs which can take several years to recognise, address and move on from. Due to the unpredictability of life someone living with HIV for 20+ years may also find themselves needing support due to other health complications such as cancer, housing needs, or changes in the benefit system. As an organisation Sahir House must ensure that a cycle of support exists that enables people to enter, achieve their goals and then exit.

Lower representation in new referrals and long term survivors may require development of services for these specific groups.

Sahir House observed an increase in people who had not accessed services in 2017 participating in the annual survey.

The Asylum and Immigration Service had seen reduced staff capacity in the evaluation period.

The employability and skills development service hosts a programme of courses throughout the year. The HIV Employment Forum evolved from this service in response to a gap in services for those living with HIV who are already employed. The forum provides a space for employed people living with HIV to share experiences of HIV in the workplace, identify support needs and discuss best practice.

Service User Consultation

Sahir House service users are encouraged to attend and contribute to consultation meetings that enable them to feedback on service delivery and development.

Q17: Please let us know if you have attended either of the following

[Answered by: 39 Skipped by: 15]

Service User Forum:

The Service User Forum is attended by service users, trustee representatives and is facilitated by the Sahir House Services Manager.

- 16 respondents had attended a Service User Forum meeting in 2017 down from 26 respondents in 2016.

Trustee Meetings:

Trustee meetings enable service users to be represented at a strategic level within the organisation.

- 6 respondents had attended a trustee meeting in 2017 up from 4 respondents in 2016

The questions also gave respondents the option to say they were 'not aware' of these meetings or that they could attend

- 21 respondents (54% of those answering) stated they were not aware.

Appointment System:

Q18 If you've had experience of the appointment system, or have any comments, please tell us

[Answered by: 10 Skipped by: 44]

In September 2017, Sahir House trialled a new appointment system that would enable service users to pre-book time with staff (particularly support workers), to reduce waiting times, feedback received from respondents was positive for example:

"It is a good idea and works well. It stops people just coming to linger around for no reason."

"It's a much better system allowing more time and privacy for one-to-one sessions."

Service User Consultation

Key Points and Recommendations

It is important the individuals that Sahir House exist to support are consulted from the top-level down on the services available to them. Sahir House currently offers the opportunity for service user involvement at both a strategic level through representation at the Board of Trustees, and an operational level at the Service User Forum.

Improved monitoring of attendance at these groups would allow better drill-down into the demographics of those attending to ensure that all communities who access Sahir House services have their voices heard, their needs recognised, and services are accessible and relevant.

Improved marketing of these groups in-house such as calendar in the reception or service user lounge may improve attendance. A monthly calendar view of upcoming events is included in the Sahir House newsletter already because service users said they found this beneficial.

It would be beneficial to produce a report that showed achievements and opportunities of the group. It is important that people know their time and opinions matter and acted upon where applicable, and what the outcome of their input is.

Attendance at the Service User Forum has been lower than its first year (2016) predominately due to the loss of bulk email functionality in the Sahir House CRM system. This issue took some time to be identified and did not initially present through standard CRM maintenance. This meant that although staff were marketing upcoming groups and activities, that information never reached its intended destination. Progress has been made to address these issues.

The appointment system would be well received overall if implemented more robustly. Although no negative feedback was received there were inconsistencies, with some service users being unsure if they had used the system, or felt that they hadn't. The system requires further development, staff training and review.

Service users also have representation on the Employability Project Steering Group and Sahir House also have a number of trained volunteers who identify as PLWHIV.

Volunteer Experience

Volunteer Service

“The Skills Coach I worked with was very good. She was very patient and took time to help me.”

Q19: Please rate your experience of the volunteer service

[Answered by: 45 Skipped by: 9]

- 93% (n=24) rated the reception volunteers as good or excellent
- 92% (n=11) rated the skills coaches as good or excellent
- 92% (n=11) rated the positive speakers as good or excellent
- 75% (n=3) rated the health buddy's as good or excellent
- 75% (n=6) rated the health promotion volunteers as good or excellent

Volunteer Impact

Q21: Please describe your volunteer status

[Answered by: 12 Skipped by: 42]

Those participating in the survey (whether living with or affected by HIV) who also volunteer for Sahir House were asked to define their volunteer status and then measure the impact of volunteering for the organisation.

Of the 12 who identified themselves as Sahir House volunteers:

- 8 were current volunteers
- 3 were former (not active)
- 1 was taking a break

Q22: Being a Sahir House volunteer has enabled me to

[Answered by: 12 Skipped by: 42]

- 100% (n=12) agreed they had made new friends
- 83% (n=10) agreed they had learned new transferable skills
- 100% (n=12) agreed they had improved their confidence
- 75% (n=9) agreed they had supported their peers
- 100% (n=12) agreed they had raised awareness of HIV and challenged stigma
- 92% (n=11) agreed volunteering had improve their wellbeing

“My experience at Sahir House was truly powerful and the support and knowledge of the staff and fellow volunteers life changing.”

Volunteer Experience

Key points and Recommendations

Volunteer roles such as reception, skills coaches and the positive speakers are 'visible' within the organisation by service users. This is because they have direct contact with them such as volunteers on reception who are the first to greet them, or skills coaches who provide one-to-one support, or because the volunteers are service users themselves in the case of the positive speakers, who can share their experiences with the wider service user population through informal conversation in the lounge area for example.

Health promotion volunteers are normally involved in 'outward facing' roles interacting with the general public or communities outside of Sahir House and therefore are less likely to be known to service users.

A new volunteer training course has been delivered in the evaluation period (October 2017)

The work of Sahir House volunteers should be celebrated and recognised by staff, service users and volunteers themselves as they provide critical support throughout the organisation. An annual event that promotes volunteer opportunities and relays their achievements or visual information that allows service users to see the impact of volunteers within the organisation may prompt wider recognition of this service.

Marketing & Communication

Service & Support Information

Q23: How did you receive information about the services and support available at Sahir House?

[Answered by: 43 Skipped by: 11]

- 35% (n=15) were referred to services and support by Sahir House staff
- 12%(n=5) were referred by other agencies
- 21% (n=9) received information via text or phonecalls from staff
- 26%(n=11) received information via email marketing
- 26% (n=11) received information via posters in the Sahir House office
- 26% (n=11) received information via the Sahir House monthly newsletter
- 7% (n=3) received information via Twitter
- 9% (n=4) received information via Facebook
- 19% (n=8) via the Sahir House website
- 12% (n=5) via word of mouth
- 40% (n=17) via GU clinics
- 30% (n=13) via HIV community nurses

Social Media Platforms

Q24: Please indicate which social media platforms you use

[Answered by: 39 Skipped by: 15]

- 74% (n=29) Facebook
- 28% (n=11) Twitter
- 28% (n=11) Instagram
- 15% (n=6) LinkedIn
- 26% (n=10) Grindr
- 18% (n=7) Do not Use

Q25: Do you follow Sahir House on any of the following?

[Answered by: 45 Skipped by: 9]

- 27% (n=12) Facebook
- 11% (n=5) Twitter
- 20% (n=9) Sahir House website
- 2% (n=1) LinkedIn
- 58% (n=26) None of these

Marketing & Communication

Q26: If not, please let us know if there are any specific reasons why you don't follow Sahir House

[Answered by: 20 Skipped by: 34]

"I prefer not to disclose my HIV status on social media, partly as I'm not out to most of my family and partly as I prefer not to disclose my status to all my contacts."

"I haven't disclosed my status to anyone but my partner so publicly following Sahir House would 'out' me."

"I am very private about my status. I still am really struggling with it."

"I am not on Facebook."

"I was not aware."

Social Media Content

Q27: Please indicate from the list below what you would like to see on Sahir House social media

[Answered by: 33 Skipped by: 21]

- 73% (n=24) HIV health & treatment information
- 40% (n=13) HIV testing information
- 85% (n=28) Sahir House service information
- 33% (n=11) Partner organisations information
- 73% (n=24) Sahir House events
- 42% (n=14) Local & national campaigns
- 42% (n=14) Sahir House volunteering opportunities

Q28: If you have any suggestions on how the existing Sahir House social media could be improved for the benefit of those living with, affected by, or at risk of HIV, please share below

[Answered by: 4 Skipped by: 50]

"Would like to see more input from service users."

"More posts please."

Marketing & Communication

Key Points and Recommendations

There has been progress made against marketing and communication targets as evidenced by respondent feedback. This includes;

- Referrals to internal services by staff has increased
 - (n=11 in 2016, n=15 in 2017)
- Word of mouth communication has decreased
 - (n=23 in 2015, n=10 in 2016, n=5 in 2017)
- Internal posters has increased
 - (n=7 in 2015, n=9 in 2016, n=11 in 2017)
- Twitter has increased
 - (n=1 in 2016, n=3 in 2017)
- Facebook has increased
 - (n=3 in 2016, n=4 in 2017)
- GU Clinics has increased
 - (n=14 in 2015, n=17 in 2017)
- HIV community nurses has increased
 - (n=10 in 2016, n= 13 in 2017)

Engaging service users on social media seems to be improving year on year though there are serious barriers regarding stigma and the fear of disclosing their HIV status.

Sahir House Impact

Q29: Sahir House support has

[Answered by: 47 Skipped by: 7]

- 84% (n=36) agreed Sahir House support had helped them better understand HIV
- 84% (n=37) agreed Sahir House support had enabled them to address their individual needs
- 79% (n=27) agreed Sahir House support had enabled them to be referred to additional external services
- 81% (n=34) agreed Sahir House support had improved their confidence
- 74% (n=26) agreed Sahir House support had enabled them to make better decisions about safer sex
- 73% (n=29) agreed Sahir House support had empowered them to challenge HIV stigma and discrimination
- 66% (n=27) agreed Sahir House support had enabled them to improve my relationships (with partners, family, friends or colleagues)
- 79% (n=33) agreed Sahir House support had given them the opportunity to make new friends

Summary

In summary, feedback provided in the Service User Satisfaction Survey 2017 has been invaluable and will contribute to the ongoing developments of Sahir House.

Understanding how people living with and affected by HIV experience Sahir House and the support it provides, enables us as an organisation to address areas of need and direct future service development.

Sahir House would like to thank:

Service users for their time and contributions

The staff for promoting the Satisfaction Survey

Wirral Borough Council

Victoria Hughes for compiling the report
(Sahir House Monitoring Worker)