

Brigstowe — Executive Summary

Understanding the lived experience, reach and impact of Brigstowe's ASG service for people living with HIV in Bristol, North Somerset and South Gloucestershire.

JULY 2026 | Prepared by Luisa Orza and Emma Bell, *Independent evaluation consultants*

Introduction & Methodology

Why the evaluation was commissioned, and how the evidence was gathered.

Brigstowe's ASG service provides a responsive, holistic blend of welfare benefit, housing and community care advice alongside wellbeing support for people living with and affected by HIV. It responds to the Government's HIV Action Plan 2025–2030, Priority 4: Thrive, to address stigma and improve quality of life for people living with HIV.

ASG SERVICE PRIMARY AREAS OF FOCUS

- **Benefits and finances** – securing entitlements (Universal Credit, PIP, grants, food banks/vouchers), managing debt repayment, and referral to specialist debt agencies.
- **Housing** – help seeking, obtaining and maintaining social or private housing; handling eviction notices and arrears; preventing homelessness, helping with neighbourhood disputes, repairs and resettlement support (including costs).
- **Health and wellbeing / community care** – advocacy for access to health services including mental health; organising mobility/occupational therapy, Blue Badge and bus pass applications, and other entitlements.
- **'Meaningful occupation'** – e.g. access to employment, training, volunteering and ensuring reasonable adjustments for equitable access to work and understanding employment rights and entitlement.
- **Emotional and psychosocial support** – referral to peer mentoring, counselling, or other mental health providers, alongside simple listening and compassion
- **Internal referrals** – to peer mentoring/counselling; the Engagement Support Service for HIV treatment retention; the Migrant and Asylum Support Service (MASS) for clients with no recourse to public funds.
- **Secondary support** – on a wide range of additional needs, from GP and dental appointments to parking fines, immigration and family matters, school admissions, among others

In May–July 2026, an independent evaluation assessed the effectiveness, accessibility and impact of the service, focusing on the lived experience and unmet needs of clients, and identifying areas for service improvement using quantitative outcomes alongside qualitative insight — including whether a safe, trusted, relational space helps clients better manage their wellbeing while building their own autonomy.

METHODOLOGY - A mixed-methods qualitative and quantitative approach was used, supported by a small advisory group, to ensure people living with HIV were involved not only as respondents but as participants in the design, shaping and validation of the evaluation.

15	1	28	23
Stakeholder interviews	Focus group (5 participants)	Client survey responses	Internal documents reviewed

Section 1 — Access and Reach

Who the service reaches, how people access the service, and where the barriers still lie.

Brigstowe's ASG service sees approximately 170 people per year — all living with HIV in the Bristol, North Somerset or South Gloucestershire area. No third-party referral is needed and many clients self-refer; others arrive via the Brecon Clinic, specialist charities, or other Brigstowe services. The service operates with three part-time staff and has never held a waiting list, though capacity is at times stretched.

"Accessing the service was very easy... At first I was a bit skeptical about asking for help, but I soon realised that organisations like Brigstowe existed to support people like me."

— client interview

Compared with Brecon Clinic's epidemiological data, Brigstowe's client base over-represents women (47% vs 31.5%) and people of African or Caribbean heritage (55% vs 32%), while gay and bisexual men and other men who have sex with men are under-represented (26% vs 49%). This is likely linked to socioeconomic factors — many women of African and Caribbean heritage work in low-paid care roles and face greater housing and financial insecurity — alongside greater acceptance of HIV status within the gay community, though these assumptions may need further interrogation.

UNMET OR EMERGING NEEDS

A general worsening of the social and health care landscape is being felt by clients, especially around the shortage of housing ("Bristol is second worst in the country after London" - staff interview) and growing pressure on the NHS. As Brigstowe's client base ages, the team may see growing need for support with retirement planning, pensions and social care navigation — areas within the service's remit but where the ASG team may need to build expertise.

Section 2 — Impact and Outcomes

What difference the service is making to clients' stability, confidence and wellbeing.

The ASG service has its greatest impact on social wellbeing (including housing), mental and physical health, financial stability, access to work or training, and access to rights and entitlements.

£639,932

CLAIMED IN WELFARE BENEFITS, GRANTS AND DEBT WRITE-OFFS

for ASG clients in 2025-26

□ **175**

Clients registered,
2025–26

74

Housing
improvements

214

Positive financial
outcomes

163

Rights & entitlement
outcomes

9

Positive work/training
outcomes

"The biggest improvement has been financial stability... Now I can budget properly, pay my bills and cover my living costs. That has made a huge difference to my wellbeing and confidence."

— client interview

After accessing the service, survey respondents reported an average of three positive wellbeing outcomes, including feeling more in control (48%), more independent (44%), and gains in confidence, reduced anxiety, and improved overall wellbeing (each 41%). Accompaniment, health advocacy and help with paperwork were repeatedly described as invaluable — particularly for neurodivergent clients, those with mental health concerns, or for whom English is not a first language.

Prevention of escalation or crisis

Interviewed clients described coming to Brigstowe with complex problems, often with multiple overlapping challenges related to their social and financial wellbeing. In the survey, 68% of respondents needed support with two or more overlapping issues (health, housing, finances) — the kind of compounding stress that can lead to disengagement from clinical care. Stakeholders described the service's preventative role as central to helping clients manage problems before they escalate into crisis.

Why an HIV-specific service is needed

- The service reduces health inequalities by securing the basic-needs foundation clients need to realise their right to health, including medication adherence.
- HIV-related stigma remains a barrier to general services; Brigstowe is experienced by clients as safe, trusted and non-judgemental.
- Staff understand the emotional and medical complexity of living with HIV — disclosure, grief, trauma, comorbidities — and help clients know when disclosure is, and isn't, necessary to claim rights and social care entitlements.
- No waiting list means rapid access, preventing escalation in a way most non-HIV-specific services cannot match.

Section 3 — Service Development

What is working well internally, and where the service faces pressure or needs to evolve.

WORKING WELL

Brigstowe's ASG team — two part-time support workers and a part-time service manager — is highly committed and works independently with strong mutual and managerial support. Communication is excellent, caseloads are currently within capacity (approx. 20 each for support workers, 6 for the manager), and staff describe a progressive service with high morale: 'genuinely, it could not be better.'

"Everyone here is so passionate, and we're good at communicating with each other — even someone who's not client-facing could pick up the phone and know what to do."

— Staff interview

Internal referrals, a shared database, and strong relationships with Brecon Clinic, Bristol City Council, the regional ACFA network and other services all help the team work efficiently and deliver a genuinely person-centred service — clients describe their support worker as a 'life-saver,' 'an angel' and 'always there.' Staff complete a three-month

structured induction (HR, safeguarding, policy, partner visits, and Brigstowe's HIV-tailored PIE framework), with individual training needs identified ongoing and an annual benefits refresher for the whole team.

CHALLENGES AND AREAS FOR IMPROVEMENT

- Tension between efficiency and holistic, tailored support, and staff willingness to go beyond formal remit.
- Data protection and client confidentiality prevent sharing information about clients referred from Brecon to Brigstowe, which could provide Brecon with a better all-round understanding of their clients' needs being served.
- Funding pressures create a dual bind: growing client need alongside growing demands to fundraise and evidence value.
- New clients are currently triaged by the ASG team; triaging clients at reception could improve efficiency and reduce capacity burden on the ASG team.
- Scope for a clearer strengths-based approach, visible, measurable links to HIV outcomes, and a signposting service directory (now in development).

Section 4 — Value and Sustainability

How the service complements statutory provision, and the emerging case for continued investment.

Secure housing, income and mobility support are a precondition for managing HIV, not a separate concern from it. By resolving these issues early, Brigstowe's ASG service helps prevent crises that would otherwise surface as a health emergency or a costlier call on statutory services.

“Benefits and housing are crucial for people to be able to adhere to their medication”

"If there wasn't an ASG service, the patients would bring their need for support with benefits, housing, etc into the clinic and it would be too emotionally draining for the medical staff to deal with. "

— Stakeholder interviews, Brecon Clinic

As a 'one-stop shop,' Brigstowe spares clients multiple disclosures of HIV status across separate statutory services and potential exposure to HIV-related stigma — a barrier UK research links to avoidance of welfare, housing and job-centre services altogether. Non-clinical support of this kind complements rather than duplicates clinical care, absorbing a workload that HIV clinical teams are not resourced or trained to provide.

THE EVIDENCE BASE FOR CONTINUED INVESTMENT

- Socioeconomic disadvantage is directly linked to poorer HIV treatment outcomes, even within a universal healthcare system.
- Multimorbidity affects an estimated 69% of people with HIV aged 50+ — relevant to Brigstowe's ageing client base.
- 74% of people with HIV report stigma or discrimination; almost half feel ashamed of their diagnosis.
- People living with HIV are twice as likely to experience depression or anxiety as the general population.
- HIV advice services typically return £3.40–£3.90 per £1 invested (SROI) — though sector evidence is not yet Brigstowe-specific.

National AIDS Trust's research, *Why We Need HIV Support Services: A Review of the Evidence (2017)*, frames the specialist-versus-generic debate as a false binary: specialist services like Brigstowe don't replace generic provision, they make clients' use of it possible — a finding this evaluation's evidence strongly supports.

Recommendations

Recommendations for Brigstowe fall into three areas — Protect, Strengthen and Consider — focused on equity, and managing resources so that equity can be maintained in an increasingly resource-constrained environment. Across all three, the evaluation is clear that the qualities clients and stakeholders value most — no waiting list, genuine kindness, care and flexibility, and the ability to return as many times as needed — are not incidental features of the service, but the mechanism through which it prevents crisis and relieves pressure on the NHS and other statutory services.

PROTECT

1. Protect Brigstowe's ASG service model

- Frame the no-waiting-list model as a deliberate design choice in future funding proposals, not an informal courtesy.
- Protect the holistic, person-centred model and clients' ability to return as often as needed in any internal restructuring.

STRENGTHEN

2. Strengthen the ASG service outcomes

- Invest in staff training on a strengths-based (empowerment) methodology,
- Define measurable outcomes (for clients) around skills and confidence built.
- Provide clients with a documented exit factsheet summarising steps taken, for future reference.
- Consider embedding simple, logistical HIV-related check-in questions (adherence, comorbidities, stigma) every 6–12 months.
- Build team confidence in talking to clients about their HIV status

STRENGTHEN

3. Strengthen the ASG service evidence

- Review and strengthen the monitoring and evaluation framework to capture outcomes on resilience, confidence and HIV outcomes.
- Explore including questions on independence, confidence, HIV outcomes and experiences in other services in entry and exit interviews, and client feedback questionnaire
- Consider a social return on investment (SROI) study to strengthen the funding case in financial terms.

STRENGTHEN

4. Strengthen equitable access

- Consider undertaking a research study in collaboration with Brecon to scrutinise the reason for differentials in demographic data of people accessing Brigstowe's ASG service
- Critically reflect on how well the ASG service currently addresses the housing and benefit needs of people ageing with HIV and identify any gaps

- Increase the visibility of Brigstowe's ASG service through publicity campaigns (on- and offline) and clearly advertise within Brigstowe's premises and at Brecon the areas of support Brigstowe offers

CONSIDER

5. Consider structural changes to relieve pressure

- Formalise the receptionist role with a clear triage remit, a specific job description, and appropriate supervision and training
- Define and narrow the remit of the ASG team to focus on housing, benefits, employment and other rights and entitlements (e.g. PIP, mobility support, etc), and finalise the development of a Service Directory for onward referrals and signposting
- Monitor or keep track of deprioritised areas where referrals have increased as a result and continue to build relationships of trust with signposted or onward-referral services

RECOMMENDATIONS FOR EXTERNAL STAKEHOLDERS

The ASG service directly advances the Government's HIV Action Plan 2025–2030, Priority 4: Thrive — relieving pressure on the NHS and social care while improving quality of life. External stakeholders are asked to:

- Recognise the ASG service as a best-practice model.
- Acknowledge its wider community value — achieving health equalities, crisis prevention, and social return on investment.
- Recognise HIV-related stigma as a continuing, not historic, barrier to care when reviewing provision or commissioning.
- Recognise how socio-economic challenges, mental health and comorbidities compound stigma-related barriers to services and outcomes.

"They've helped me whenever I've needed support and I hope they continue to be there in the future... Brigstowe was the organisation that supported me when I needed it most."

— **client focus group**

Taken together, the evidence gathered for this evaluation — **£639,931.79** in financial outcomes secured for clients in a single year (almost double the amount secured the previous year), consistently high satisfaction across stakeholder interviews, and a clear complementary relationship with NHS and statutory services — makes a strong case that Brigstowe's ASG service should be protected and, where possible, strengthened rather than scaled back, even as funding pressures across the sector intensify.