

## Tina Threadgold

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**PARTICIPANT:** My name's Tina Threadgold, I'm currently the operations manager at an organisation—a charity—in Manchester, called Manchester Action on Street Health. We work with female sex workers. A little bit about my background: before I came to MASH—I've been here 17 years—I worked 8 years at an HIV organisation called Body Positive North West and I acquired that job by being a student, really. I was doing a two-year health and social care course and did a 12-month placement at Body Positive North West and a job came up and I ended up getting the job. I was very fortunate because obviously I knew the client group and learnt some of the skills of how to work with that particular client group. So that's me, really. I probably, 20-odd plus years in health and social care and quite a lot academic stuff I've done to back up what I do here and what I did previously.

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**INTERVIEWER:** It would be great to talk about Body Positive and MASH. I was just wondering if you could say a little bit more about your background in terms of where you grew up, because you mentioned before you'd already been in Manchester.

**PARTICIPANT:** Yeah, I've always worked in Manchester and I was actually born in Manchester. I was born at St Mary's and went straight from St Mary's to Longsight, and lived there for 11 years, went to Crowcroft Park school, which is still there to this day. And then we moved to Tameside from Longsight, and really, over 3 decades I've moved around from Tameside and Stockport. But my grassroots always sort of lie, when I think about Longsight [tails off]. [00:02:05.17] I've got lots of young childhood memories in Longsight so it makes me smile when I go through it. It's changed a lot; Crowcroft Park is nothing like it used to be. I remember the caterpillars on the trees, and lots of greenery and it doesn't seem like that anymore, but I've still got a lot of family in Manchester.

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**INTERVIEWER:** So thinking about sexual health, do you remember when you first heard about this thing called HIV or AIDS or whatever it was called? Do you have a memory of first hearing about it or first becoming aware of it?

**PARTICIPANT:** Yeah, I do. Because like I say, in the 90s, I was doing a health and social care course. And I think the thing I remember mostly was the tombstone [which read] 'Don't Die of Ignorance' and it was a scaremongering campaign at the time by the government. I think it started coming to light, HIV, if I remember rightly, in the late 80s and everybody was in fear, nobody knew what it was, there was loads of stigma, everybody was scared of it, and I think to be honest with you, that's what made me interested in going into that area of work because I was very much around marginalised groups at that time and I could see that a lot of people with HIV were very stigmatised and very disadvantaged.

So I think the fact that they were so marginalised and so stigmatised by society, made me want to go into that area of work, so that 'Don't Die of Ignorance', it was horrible really, the way that campaign was put out, but it was fear.

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**INTERVIEWER:** You talked a little bit there about the stigma. What was the atmosphere like at that time amongst people in Manchester or generally, in terms of thinking about HIV and stuff?

**PARTICIPANT:** I think fear, ignorance, knowledge around it, the government didn't know what it was, though, so therefore everybody was in like a panic, really amongst everybody and people didn't really understand how they could acquire the virus, so then obviously there was a lot of stigma against gay men because it was gay men that were presenting with the virus, so people were angry at gay men, people were turning against gay people. There was a lot of physical violence towards gay people, a lot of anger and I think— I remember at the time, when I started working in HIV, thinking, "They've not just got to live with the HIV, they're also being stigmatised around their sexuality," so it was like a double whammy.

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**INTERVIEWER:** You said that worked with marginalised groups as part of your health and social care course. Could you say a little bit more about that?

**PARTICIPANT:** Well, it was a health and social care course, so obviously I wanted to go into health or social care in some form. So [in] the first year, for instance, I worked with children who had behavioural problems, that was my first placement. It was up to me really, where I went and what area of work that I went to in relation to the placement that I picked, so when I went into HIV as a placement, I didn't actually think I was going to get a job in HIV afterwards; what I thought was I need to know more about this and I want to support people who've got HIV in the best way that I possibly can. So it was about my thirst for knowledge and learning and helping disadvantaged people. And at that time, it was so prevalent, they probably were some of the most disadvantaged people that were around, because of the massive stigma.

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**INTERVIEWER:** Could you say a little bit more about your role in Body Positive North West, what Body Positive was, where it came from? To someone who's never heard of it, how would you describe it?

**PARTICIPANT:** Well of course, when I went into Body Positive North West, it was already established. So I went in where they had a manager, they had a community care worker, they had administrative workers, and it was starting to develop around fully meeting the needs of people with HIV. I think the aim and the business plan was to look at finding a model where it'd be like a one-stop-shop, it hadn't quite got there when I started working there, but I think that's what they were developing towards. And to be honest, I'm sorry, I've lost the thread, that question.

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**INTERVIEWER:** I was just asking you to describe what Body Positive was, what it did, to someone who'd never heard of it.

**PARTICIPANT:** Yeah, so when I went into it, they had a manager in and community care workers. I became a community care worker. However, I believe before that, it just started off as a group of men who were all HIV-positive themselves, who'd got together and set up a self-help group. And basically, some of the men that were in that group actually became trustees of the charity in the very early days, so they were very instrumental in playing a part in how it was developed when I entered into the organisation, and were very instrumental in developing what it went on to become, like a one-stop-shop. So it started off really, really small, a group of men who were really passionate about [as the men talking] "Come on, somebody needs to do something here, and we need to look at setting something up that will support people."

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**INTERVIEWER:** As a self-help group, what kinds of care or support or services were they providing? Was it more a space for people to be? What kinds of facilities were there? What kind of [service] offer was there?

**PARTICIPANT:** When it was the support group, they set up a helpline and encouraged people to ring that helpline, and the people that were part of that support group were there to offer them advice, information, where they could go to get healthcare for instance, where the best places were. At the time when I worked there North Manchester [General Hospital] was seen as like the centre of excellence in relation to the best treatments for people with HIV, so there was a lot of diverting a lot of people up to North Manchester.

And then when I started at Body Positive, they developed it to the stage where they'd got community care, which was helping people in the homes, so part of my role when I got the job there was to either go out and assess people in the homes, because a lot of them, you have to understand that at that time, HIV was very grim for anybody who developed it. And people got poorly quite quickly. The only drug available at the time, AZT, was very toxic. So the drugs were actually quite detrimental to the person anyhow and people were going from being symptomatic to having an AIDS diagnosis quite quickly. So a lot of my role was [to] keep going in there and making sure that they were comfortable, getting occupational therapy involved, getting adaptations for them, because people got very sick. It was very, very grim to be honest, and in the latter stages of the 90s when people had HIV, it was quite a sad time because a lot people lost their lives.

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**INTERVIEWER:** I don't want to dwell on it unnecessarily, but how did that make you feel, doing that kind of work, with going to people's homes and seeing people who were quite ill and working with people who were ill?

**PARTICIPANT:** It was a hard time. And it wasn't until I moved out of HIV that I realised just the impact that it had on me. It makes me smile when I think about a lot of the people that did lose their lives, because I'd got very, very close to a lot of them people. And it was quite unique in the respect that you became a community care worker for for a person, and it wasn't just for a very short period. Sometimes you could be working alongside that person for a year, 2 years. So you got very, very close to them. And they would have quite informed conversations about once they'd got AIDS, an AIDS diagnosis, about how they were going to end their life, in terms of end their life, not *take* their life so in terms of what they wanted to do beforehand, what they wanted to put in place. So I'd be very often helping them to do those sort of things, to put things in place so they left everything in order before they passed on. And so [it involved] talking to relatives and families, who were obviously grieving before they'd even lost the person really so it was very, very hard for them, but it was also hard for you as a worker and really, really sad, and sometimes it could be where you were losing one person after another quite quickly. Yeah, a travesty really, that so many people lost their lives.

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**INTERVIEWER:** Are there any memories that stay with you from around that time about people you worked with, [from] anyone in particular?

**PARTICIPANT:** Yeah, I mean, I met some absolutely wonderful characters; warm, generous, just everything all rolled into one really. And despite what they were going through, they still had a sense of humour and I think just that, really. I'm sure if I really thought about it, there'd be a lot more I could say about that but I've got people in mind now as I'm speaking to you who were such characters, gave such a lot of joy and happiness to people around them.

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**INTERVIEWER:** You said that it wasn't until maybe you'd left Body Positive or working directly in HIV that you realised the impact it was having on yourself. Could you say a little bit more about that and maybe then where you went on to work?

**PARTICIPANT:** I think I realised how attached I'd become to people. I'm sure in other areas, like if you're a nurse on a ward, you could be working on a ward where there's a lot of deaths, a cancer ward or something like that. However, it's clinical on a ward and don't get me wrong, I'm sure that all the nurses give a lot of themselves as well to people, but it was like we were a family. I know that sounds daft but all the people that came, there was so much isolation and so much stigma, that they relied on Body Positive so much and they knew that they could go in there and it was totally non-judgemental. It was a safe space, it was confidential, and you knew that the people that were there to help them wanted to help them, that was the difference. Nobody was jumping away from them, or bothered about drinking out [of] the same cup as them, that sort of thing. Whereas everywhere else, living with HIV could be really, really difficult because of ignorance and people didn't quite understand how they acquired HIV so it made it very difficult.

So I think you became like this family really, all people with HIV, we all supported each other so I think it felt more than being a nurse on a ward and losing somebody, it was like you'd become quite attached to them. Because you'd been working so closely alongside them for a such a long period of time, and then they were gone.

[00:17:11]

**INTERVIEWER:** What was your sense of the government's political response at the time, or even what mainstream services were being provided?

**PARTICIPANT:** There were no mainstream services really, everything was specialised. At the time when I worked in HIV, it was all specialised. Very few service users would go to their GPs even, because the response they got sometimes was really, really negative. Plus, the drugs were very expensive, and cost £10,000 per patient per year, so there were a lot of budgets and things like that within doctors' surgeries, so everybody tended to go to a specialised centre to get the treatment and the one in Manchester at the time was North Manchester. So there were wards up there, J3, J4, J6, at the time, where they specialised in treating people with HIV, so mainstream services really, they wouldn't have used them. And again, because of stigma [tails off].

In terms of the government's response, obviously the campaign that they did to scaremonger everybody was shocking. That just added fuel to the fire really, it was not helpful. However, the one thing that the government did do was plough a lot of money into HIV and ring-fenced it at the time. So in terms of developing Body Positive, that was an absolute blessing, because they were able to do what they needed to do, because, in a way, probably the government were flinging money at the specialised services like, "You deal with it," but at least we were able to deal with it and we were able to look at people's needs and be able to develop the service around those needs and make sure that we were getting [the] best possible outcomes for people, which obviously wasn't happening beforehand.

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**INTERVIEWER:** Looking back and reflecting on Body Positive, what impact do you think it had?

**PARTICIPANT:** Oh, huge, absolutely huge impact. I would say that at that time, if there had been no Body Positive, I think that certainly, we would have had people there in the community, getting very, very poorly and sick and completely isolated, ostracised, possibly harmed in some way, possibly harming themselves, because there was nobody out there to help them, so it had [tails off]. When I was there, we had 1,500 service users on the books. Obviously, we didn't have [1,500] caseloads, but some people didn't need case work, some people just needed to use the service to come for the socialisation [sic] element of it, because they could go somewhere and talk to people and not be judged, and get help, and a lot of peer support. They got a lot of peer support, so if they didn't need us as community care workers, they were getting the support from the peers in the drop-in. So it was huge. I dread to think what it would have been like if there hadn't been something like Body Positive.

And then of course, there was George House Trust that established [itself] after Body Positive, slightly after, I think it was, and they had a huge impact as well. They did a lot of campaigning for the rights of people with HIV, which was great because you had one service delivery organisation, and the other one that was campaigning for the rights of people with HIV.

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**INTERVIEWER:** Maybe we could move on and talk a little bit about what you did next. Did you come straight to MASH after that?

**PARTICIPANT:** I did, yeah. Eight years at Body Positive and from there, I came here. I've been here 17 years. I started off here as an outreach worker, working with female sex workers, and then about 12 years ago, there was a restructure within the organisation and an operations manager post became available and then I successfully got the post. So for the last 12 years, I've been managing the staff, and obviously involved with the CEO in terms of looking at strategic stuff and business plan and keeping the services ticking over.

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**INTERVIEWER:** Great. So, again, for someone who had never heard of MASH, how would you describe it? Where did it come from? What did it come out of?

**PARTICIPANT:** MASH, again, going back to people being isolated and stigmatised, it was a very very similar sort of scenario as to why MASH was established. So, 25 years ago, a group of professionals got together because they realised that there was a big public health problem in relation to female sex workers being out on the street, sex working on the street and using drugs and sharing injecting equipment.

And at that time there was an increase in blood-borne viruses, and HIV was very prevalent as well, and people were developing HIV through sharing needles. Again, the female sex workers were stigmatised, they were isolated, they couldn't get access to mainstream services, so they wanted to try and break down those barriers, so they started to 'round the streets, in a little white van, I believe, 25 years ago, giving out bags of condoms, that's all they did. And what they were trying to do, bearing in mind that these women had had the door shut in their faces many times, very negative experiences from society, so they needed to do a 'softly, softly' approach, and try and just win over the women really, and try to build up rapport and trust, which is what they did, and from that very very small service delivery, we've developed to where we are today.

So we've got a static-based service, which we're sat in now. We've got a drop-in centre, we have a sexual health nurse, so we've got a clinic, we have a CBT therapist, we have complementary therapies, we have got caseworkers who do the structured case work with people who want to make lifestyle changes or modify their lifestyle in some way. We're very harm reduction-focused, so we have a needle exchange here, so people can come in and get needle exchange.

We roll out activities, we have a homelessness worker, because at the moment we're seeing a lot of what we call a 'toxic trio' where we've got women who have got mental health issues, homelessness and addiction, so our homelessness worker works with other homelessness outreach providers in the city, looking at assisting those women. We have street outreach; we have a big vehicle that goes out onto the streets and [to] do street outreach, very much delivering everything except for sexual health, because we can't [do that] on a van, but we deliver needle exchange, we look at getting people into emergency accommodation, we give out condoms. So we're very harm-reduction focused as well as helping people to move on and exit street sex work or indoor sex work if they want to.

Another strand of the work that we do is going into the massage parlours and offer sexual health to women who work in massage parlours. We roll out activities here for women who are interested in doing activities. That is to help people to build up their self-esteem and confidence, and acquire lifestyle skills as well, because we do things sometimes like cookery or we do workshops to educate and enhance people's knowledge and understanding about particular key areas such as domestic abuse. And it could be talking about drug addiction and that sort of thing.

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**INTERVIEWER:** You've mentioned the harm reduction approach, could you say a little bit about the idea behind that and why it's different from other approaches? I was thinking of needle exchanges, for example. Initially when they came in, some people thought they were controversial, but the harm reduction point of view [tails off]

**PARTICIPANT:** You are making sense. I think what you're saying there is obviously, people were cynical about why we should be going out there and giving out clean injecting equipment, but I don't understand why anybody would feel like that to be honest, because it seems like common sense to me; if you're giving somebody clean needles and you're giving them a sharps box to put the needles in, you're doing two things; you're stopping them from spreading blood-borne viruses and you're also stopping someone from getting a needle-stick injury, because they've got a sharps safe box to dispose of that and any other paraphernalia. I think that's all I can say about that.

I really cannot get my head around why anybody would think that it was not the right thing to do. It's like sometimes when you see drug paraphernalia litter and syringe litter around, and the most sensible thing, especially in this area, because this organisation, our project sits right in the heart of the city centre [00:28:48] [beat?], so there are women working all around here, mainly at night, and also these soup kitchens that come here, and it brings a lot of people in, so therefore sometimes people are irresponsible [about] getting rid of their paraphernalia and works. Now, if we had sharps bins attached to us, and a lot of the time, they are irresponsible, 'cos they're not carrying around a little sharps bin in their pocket. Therefore we've been trying for many, many years to get sharps bins put on the walls, but people are against that because they say it will encourage them. However, it's happening anyhow. So, it would be better for it to go in the bin than on the floor, but it's...I don't really know what the answer to...you can't change other people's opinions sometimes on that.

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**INTERVIEWER:** I've heard from a couple of interviewees about— obviously needle exchange, this project is focused on sexual health, but they've been a really major tool in terms of HIV prevention in the city. I was just wondering how long it had been running for, the needle exchange here and whether there are other ones in the city. Because I feel like Manchester was at the forefront of developing those kinds of services.

**PARTICIPANT:** Yeah. Because there has been a restructure of the drugs service twice in the last eight years, so within that restructure we have lost some of the needle exchanges right in the heart of the city centre, but there are still some. And now you've got your local chemists that give out needles as well, and then you've got a really big doctors' practice in Ancoats that's a brilliant practice. It is a one-stop-shop and does needle exchange.

We've been doing needle exchange probably for about 20 years now, possibly a little bit longer. And one of the unique things about our needle exchange is that we give out needles late at night. Most needle exchanges in the city will close at 5, we're out 'til midnight. So four nights a week, we go out onto the streets in Manchester and for anybody who requires needle exchange, they would be able to get packs of clean needles from ourselves. And that's quite unique because there are very few places you can go after 5 or 6 o'clock, really, to pick up clean needles and equipment.

One of the things I never mentioned is that when we started our massage parlour work, one of the ways that we got into massage parlours, many, many years ago, we increased on what we were already doing, because of the citywide hepatitis B programme. They were promoting [the message] that hard-to-reach groups should be vaccinated against hepatitis B. So that gave us a pathway into the saunas to say, "[If] We come in and we could vaccinate all your workers from hep B." So that helped us a lot, really, at that time, and obviously there's no vaccine for HIV, but you could have those very informed discussions at the same time as vaccinating, about infection, the routes of infection and the importance of using condoms in practice, not just for penetrative sex, for oral sex as well.

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**INTERVIEWER:** Just on that, I wonder how PrEP (pre-exposure prophylaxis) might figure. For LGBT Foundation, it's probably going to be a major tool for their prevention strategies. I was wondering if that's something you're thinking about or not.

**PARTICIPANT:** We don't have PrEP here. We do hold medication here, but for STIs. As I say, we've got a clinic on the premises, and there's a dispensary. However, we've got very good forged pathways into the hospitals if somebody needs PrEP. So our nurse would be the one who'd deal with that, and she'd get them there within a couple of hours, really, if they needed PrEP.

[00:34:32]

**INTERVIEWER:** A similar question to the one about Body Positive: are there any moments that really stay with you in terms of your work over the years with MASH? And what kind of impact, generally, do you think it's having in the city?

**PARTICIPANT:** Again, I'm probably saying the same thing as before. Going back to 1995, and Body Positive North West being the only service delivery organisation for people with HIV, if you go back to 1991, I think it was, [when] MASH was developed, there was nothing then that was specialised for female sex workers. And there was a public health issue around sexual practice and using needles. And we're now 25 years on and MASH is still the only organisation in Manchester that delivers exclusively for female sex workers. So I think really, it's exactly the same scenario as the Body Positive scenario; we've got quotes on our website and women [i.e. the service users] say, "I don't know what we'd do if you weren't here. Nobody else wants to help us."

So we have an enormous impact on keeping people healthy, keeping some of the women who want to go down that route very, very motivated about changing their lifestyle, looking at other options and seeing what else is out there for them. They get that very close casework from the caseworkers who will obviously do everything they can to keep that person motivated because it's really, really difficult. People who are addicted, there are lots of dangers out there for people who work on the street. And sometimes it's not easy to stay motivated.

But they say that by being able to come here, and again, confidential space, nobody judging them, they don't have to go in to our sexual health nurse and say that they've only had one partner or pretend a condom has burst like they would have to if they went to a GUM. Because they don't want to talk about what they do, what their practice is, they can be honest and open. And it makes a massive, massive difference. So in terms of how it impacts on the team and everybody here, everyone here at MASH are all highly motivated individuals who are passionate about what they do. And want to be here because they really want to help women. All our volunteers are exactly the same, we've got 62 volunteers. Everybody that works for us is here because they really want to help women. And it shows and I think the service users see that as well.

And for me, if you say about impacting on yourself, every year that I drive away from here at Christmas and it really gets at your heartstrings, when a woman says to you, "You have a lovely Christmas," and she's stood on those streets, and it's cold and it's going dark and she's not going to have any Christmas at all, but she's saying to you, "Have a nice Christmas," I think that sums everything up really.

[00:38:57]

**INTERVIEWER:** We're coming towards the end of the interview now. Is there anything else we haven't covered that you'd like to add?

**PARTICIPANT:** I don't think so because I think most of the questions you've asked around HIV for instance have been the most pertinent things, really, the impact it had on people and what it was like at that time.

[00:39:28]

**INTERVIEWER:** Maybe I could end then with you looking back. You've been working in the field or related fields for quite some time. How do you see that things have changed? Especially working in HIV prevention or in terms of stigma or in terms of any other of the things you've touched upon.

**PARTICIPANT:** I think in terms of stigma around HIV, I think it's changed for the better. I don't see there being as much stigma around HIV as there was back in the 90s. I'm sure it still goes on, and it probably always will, because there's always somebody out there who is uneducated and ignorant to the subject, so reacts in a negative way towards that person. But I think it's a lot, lot better in terms of treatments, people staying healthier. I've got friends who are HIV-positive and they're as healthy as I am, and don't have to take anywhere near the amount of drugs that they used to have to take.

So I think it's a lot, lot better and if I reflect back to the 90s, one of the things I always used to say to people [was], "You choose who you disclose this to, but a bit of advice I would give you, because of seeing sometimes how it pans out is think very very carefully about who you tell before you tell them." And that was because people had had very negative experiences and a lot of people were very reluctant to talk about it, whereas I think now, they will. They will say, "Well actually, I'm HIV-positive." And people don't go, [drawing in breath in shock] "Oh. You're HIV-positive?" [Now] It's like, "Right, OK, HIV-positive. So, how you doing?" [laughs]

**[00:41:50] End of transcript.**