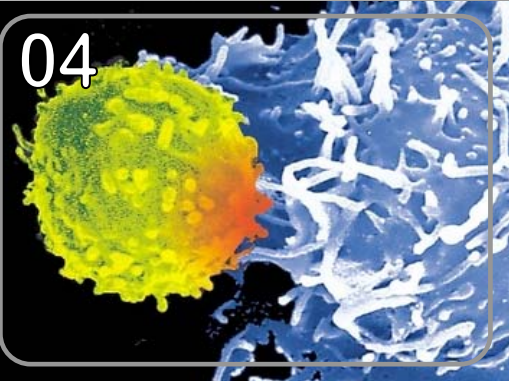




**HAPPY 60<sup>TH</sup> BIRTHDAY**  
FROM YOUR PARTNER IN HEALTHCARE - KPS





KPS is a Registered Charity  
Charity No.1104947.

#### editorial team

Bill Sloan      Robert Hodgkins  
David Solly     Anthony Basnett  
Luca Angius

#### published by

KPS Publications  
P.O. Box 85  
Bodmin PL31 1ZN  
Tel: 01208 264866  
Fax: 01208 77950  
Email: office@kpsdirect.com

#### printed by

Monkey Puzzle Repro Art  
Unit 1 Mount Pleasant Ecological Park  
Truro TR4 8HL  
Tel: 01209 890333

#### kps patrons



Sarah Ellen Macadam JP  
The Late George Melly

#### kps online

www.kpsdirect.com

#### @KPS supported by

Cornwall County Council & Health Services

## SPECIAL FEATURES

- 04 **Stem Cells**  
*- progress towards "the cure"?*
- 07 **HIV drug treatment update**  
*- changing your treatment*
- 08 **Life Coaching & living with HIV**  
*- by Danny West*
- 09 **Is renting denting your finances?**  
*- Exploring Discretionary Housing Benefit*

## REGULARS

- 03 **KPS News**
- 05 **Welfare News**
- 06 **Recent News**
- 10 **Notice Board**
- 11 **KPS Fun Page**
- 12 **Diary of Events**

The articles and opinions expressed in this publication do not necessarily represent the views of KPS.



## NEXT ISSUE

**Further challenges for 2008**  
*KPS - Over 4 years serving the local community*

**Developing the future**  
*A continuing need*

AND MUCH MORE...

Those who wish to contribute an article and/or story for inclusion in @KPS can do so by either sending it to the KPS Resource Centre and/or by e-mail. Your article can be your own experiences, comments or observations concerning HIV/AIDS and other issues involved. For more information about how you can contribute call the KPS Office on **01872 262221** or Email: office@kpsdirect.com.

## Funding update

Kernow Positive Support has recently received an innovation grant from Cornwall Supporting People Team to establish a new Women's Group initiative for the county.

This new and exciting initiative will enable the women living in Cornwall and those accessing our services an opportunities to meet and share experiences, either through the impact of living with HIV themselves, or those caring for a partner or family member infected by HIV. Initially, these meetings will be facilitated by Irene our registered counsellor.

We are currently in discussion with a number of clients about what they need from this new and exciting project. KPS plans to hold regular support meeting, and special retreat opportunities specifically catering for woman, who may feel extremely isolated, both in terms of their location and minority.

If you are interested in getting involved in the establishment and development of this new initiative please contact Irene via the KPS Resource Centre on 01872 262221. We look forward to hearing from you.

## KPS support groups

Our popular KPS Peer Support Group meetings are held on a monthly basis at our new KPS Resource and Drop-in Centre located in Truro. These meetings remain a great success since first established in 2005. The dates of these meetings are shown on page 12. All our clients are welcome, even if you don't want to share your experience you may benefit from hearing others talk and don't forget refreshments are available.

## Complementary therapies

We currently provide two therapy session per month, whilst we source funding to enable us to provide more therapies to meet demand please be aware that it will not always be possible to get the therapy of your choice. For those of you that book therapies on a very regular basis please remember that therapies are limited and give others a chance to try them.

## Parking restrictions

Parking at the front of the KPS Resource Drop-in Centre is unfortunately not permitted as KPS does not own the land. However, parking is available in the street adjacent the Centre.

A location map of our premises, direction and parking facilities are available by request by contacting us on our Information and Help line telephone by calling 01208 264866. Alternatively, you can contact your local GUM Department for details.

## Happy 60<sup>th</sup> Birthday

On behalf of KPS, its clients, staff and volunteers we would like to wish a very Happy Birthday to the NHS. We are all aware the without the specialised care, treatment and support of the NHS life would be extremely difficult for those diagnosed HIV-positive.

## Disclaimer

The articles and information contained within @KPS, and any websites we endorse and advertise, including any opinions personal or otherwise expressed in these mediums and/or this publication do not necessarily represent the views of Kernow Positive Support, it's staff and trustees.

## monthlypoem

When you are feeling down and alone,  
I know a place where you can go.  
TVPS is the place to be,  
By the time you leave  
you will feel happy.

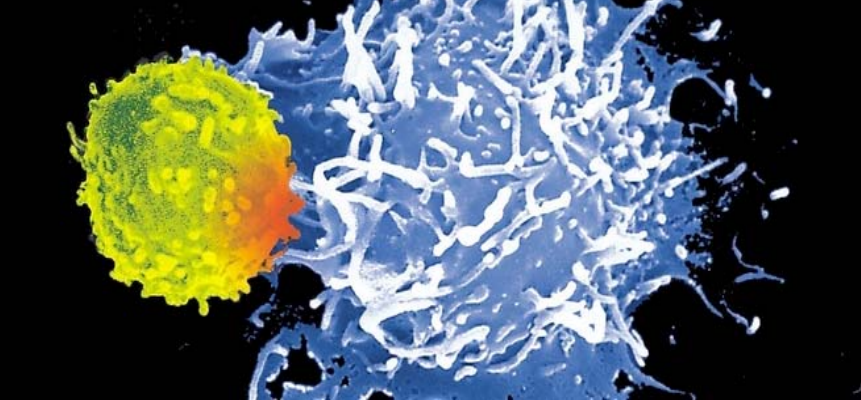
If you are having trouble  
paying your bills,  
there are people there that will help.  
Or if you just feel like having a chat,  
they'll always be someone  
to help with that.

Computers for your use,  
whenever they are free.  
If your body aches  
you can book a therapy.  
The food is sublime,  
you will have a great time.

Make loads of new friends,  
go away for weekends.  
The fun never ends,  
So if your feeling sad,  
lost and alone,  
just remember,  
they are at the end of a phone.

Or you could call in,  
and see if all I say is true.  
My name is Scott,  
and I will always talk to you.

**Scott.**



projectinform

information, inspiration and advocacy for people living with hiv/aids for more than 20 years

For the last three years, 'Project Inform' has spearheaded a renewed call for research that seeks to find a real cure for HIV disease, rather than settling for lifetime maintenance therapy on drugs. A case study from the Medical University of Berlin reported at CROI 2008 offered intriguing results from a stem cell transplant, an approach that was tried before but without success.

Previous stem cell transplant programs primarily sought to replenish the immune system with new cells. After the transplant, these programs typically counted on using anti-HIV therapy to protect the new immune cells. However in this case, a person who had been living with HIV since 1995 underwent treatment with stem cells for a relapse of acute myeloid leukemia, a cancerous growth of a type of white blood cell. Since the patient was HIV-positive, researchers sought out a stem cell donor whose cells lacked the CCR5 receptor that HIV commonly uses to get into immune cells.

Research shows that people who lack this receptor are highly resistant to HIV infection. We inherit two copies of the gene that makes this receptor, one from each of our parents. If a copy from one parent is defective, a person generally becomes a slow progressor if infected by HIV because of the lower number of functional CCR5 receptors. If copies from both parents are defective, a person is highly resistant to HIV infection or, if infected, typically becomes a long-term non-progressor.

Only a small percentage of people, usually of European descent, have this fortunate genetic trait. The importance of the CCR5 receptor is well shown in studies of the drug Selzentry (*maraviroc*), which blocks the receptor and slows HIV reproduction. This patient's own cells had the usual amount of the CCR5 receptor, and the strain of HIV in his blood was the type that used the receptor. The German researchers hoped that by using stem cells that lacked the ability to make the receptor, the newly restored immune cells might better resist HIV infection and replication.

Researchers stopped the patient's HIV regimen at the day of the stem cell transplant and have not restarted it. Ongoing studies 145 days after the transplant showed that the patient's mucosal CD4+ cells now lack the CCR5 receptor. More importantly, starting 61 days after the transplant, the patient's HIV level fell below the limit of detection and has remained undetectable since then. Similarly, they can no longer find evidence of pro-viral DNA in peripheral blood, bone marrow or rectal mucosa.

Pro-viral DNA is HIV genetic information that has been incorporated into a cell's own DNA, and is capable of producing new virus. These tests remain negative out to nearly 300 days (285 days as of CROI), despite the absence of any HIV drug treatment since the stem cell transplant. Before the transplant, the patient required a normal 3-drug regimen.

The researchers are making only the most modest statements about what this means, saying, "this finding provides a possible therapeutic option for HIV-infected patients." Several physicians and researchers we spoke with were much more enthusiastic. At the very least, this strongly reinforces the importance of blocking, or eliminating, the CCR5 receptor.

Few potential donors could offer stem cells that not only match the patient's but also lack the CCR5 receptor, though there may be ways to clone such cells. Gene therapy could perhaps be used to alter stem cells. For now, follow-up of this case is important to see when, if ever, there is a return of HIV replication. The German researcher we spoke with said that it would perhaps be possible to find HIV in the patient using other methods, but as long as there was no evidence of ongoing replication on HIV RNA tests, they would not restart HIV therapy.

This is another one of the kind of "one step at a time" approaches that we hope will one day lead to an outright cure of HIV infection, a state in which people who were once actively infected can remain "HIV undetectable" without any ongoing use of therapy. We urge other researchers to replicate or build upon this impressive case study, and we salute the patient and his doctors for taking this bold approach to treating HIV disease.

By Martin Delaney.



Acknowledgement to: Project Inform & aidsmap

## Over 40% of gay men with HIV in UK are undiagnosed, 60% believing they do not have HIV

More than 40% of gay men who were found to be HIV-positive during anonymous testing in five UK cities were unaware of their positive HIV antibody status, according to the results of a UK study published in the May 31<sup>st</sup> edition of the journal, *AIDS*. This makes for "a perfect storm" for HIV transmission, argues an accompanying editorial. Both the study authors and the editorial call for better HIV testing strategies, as well as renewed promotion of behaviour change, such as lower risk sexual practices, condom use, and partner number reduction.

In order to better understand the links between sexual risk behaviour, HIV testing status and HIV prevalence in five major UK cities – London, Brighton, Manchester, Glasgow, and Edinburgh – investigators from the Medical Research Council's Social and Public Health Sciences Unit in Glasgow and the Centre for Sexual Health and HIV Research, at UCL, London, conducted cross-sectional surveys along with anonymous HIV testing in bars, clubs and saunas frequented by gay men in London, Brighton and Manchester in 2003/4 and in Glasgow and Edinburgh in 2005.

### Sexual risk behaviours

The investigators found that both diagnosed and undiagnosed HIV-positive men reported significantly more sexual partners, more high risk sex, and more sexually transmitted infections (STIs) in the previous year than HIV-negative men.

### Implications for testing

"Only one in five men with undiagnosed infection had never had an HIV test and two-thirds still perceived their status to be negative" note the investigators. "Just under half reported testing negative in the twelve months leading up to the surveys, suggesting many were recent seroconverters, with high viral loads at seroconversion, they could have been highly infectious, but were basing their sexual risk decisions on an assumption of negativity. This highlights the limits of HIV status disclosure risk reduction strategies for HIV-negative men."

"Our findings suggest that relying on a past HIV-negative test result, even within the previous year, may be an ineffective prevention strategy without the additional interventions of condom use and reduced partner numbers," they continue. Noting the correlation between STIs and undiagnosed HIV infection they suggest that, "sexual health services throughout the UK should assiduously offer HIV testing to gay men presenting with STIs."

### Implications for prevention

Although a previous meta-analysis has found that diagnosed, HIV-positive individuals take significantly fewer sexual risks than the undiagnosed, "in our study," they write, "it was men who were aware of their HIV-positive status who reported the highest levels of sexual risk, and the higher likelihood of UAI with two or more partners among men diagnosed over a year earlier, suggests that maintenance of safer sex behaviour may be problematic for men living with HIV."

"Our findings suggest behaviour change, including the promotion of lower risk sexual practices, condom use, and partner number reduction, should continue to be a major component of HIV prevention efforts in the UK," they write. "There is a need for targeted prevention with different age groups, given HIV prevalence increases with age, but levels of undiagnosed infection decrease."

### A 'perfect storm' for HIV transmission

An accompanying editorial from Thomas J Coates of the University of California, Los Angeles, suggests that such a prevalence of undiagnosed HIV amongst gay men in the UK "presents a perfect storm for the spread of HIV."

## Living Proof

The National Long Term Survivors Group (NLTSG) is a Registered Charity that holds four retreat weekends per year. If you have been diagnosed for 5 years or longer you are eligible to attend these restful and delightful weekends.

Currently, these popular weekends are being held at 'Shallowford House' near Birmingham. You can obtain sponsorship from Kernow Positive Support (KPS). For further details regarding NLTSG please contact KPS on our Help line 01208 264866, or alternatively, Keith from NLTSG on 07967 430797, you can also email him on: [mail@nltsg.org](mailto:mail@nltsg.org)

Website: [www.nltsg.org](http://www.nltsg.org)

## Tyddyn Bach Trust



RESPIRE  
IN  
WALES

[www.tyddynbachtrust.org.uk](http://www.tyddynbachtrust.org.uk)

Tyddyn Bach Trust is situated on a hill leading down to the North Wales coast in a small town called Penmaenmawr, a few miles from Llandudno. The Centre has 4 guest rooms with a large lounge, dining room and garden. Good food and friendly staff and volunteers.

Craiglwyd Road, Penmaenmawr,  
Conwy LL34 6ER. Tel: 01492 623322  
e-mail: [info@tyddynbachtrust.org.uk](mailto:info@tyddynbachtrust.org.uk)

[www.aidsmap.com](http://www.aidsmap.com)



**Kernow  
Positive Support**

Peace of Mind Hardship Fund

**01208 264866**

Email: [office@kpsdirect.com](mailto:office@kpsdirect.com)  
Website: [www.kpsdirect.com](http://www.kpsdirect.com)

## importantnews

### 'Backward step' as HIV cases surge in the South of England

Sexual health experts in Dorset are worried about a recent huge rise in the number of people being diagnosed with HIV/AIDS. The genito-urinary medicine department at the Royal Bournemouth Hospital received 25 new referrals of HIV-positive patients in just two months.

"We would normally expect to see three a month at the most," said Dr Cordelia Chapman, GUM consultant at the Royal Bournemouth Hospital. Although some of the new patients have transferred from other areas, Dr Chapman said several had been diagnosed late because the underlying cause of their illness had been missed by other health professionals. She has seen patients with a rare cancer called Kaposi's sarcoma and a type of pneumonia seen in people with a damaged immune system

A sudden surge in these diseases among American homosexual men in the early 1980s first led to AIDS (*acquired immune deficiency syndrome*) being identified. "It's almost going back to the old days," said Dr Chapman. "There are also people diagnosed who have had negative HIV tests in the last six months to a year, which is soul-destroying." The Bournemouth based unit now has 475 HIV-positive patients in regular care, compared with 140 six years ago.

A similar increase in numbers has occurred throughout the South and Southwest covering the Thames Valley, Bristol, Brighton and Southampton areas as well as the further isolated cities such as; Exeter, Plymouth and Truro located in the far west peninsula (*Devon and Cornwall*) have all reported an increase of people newly diagnosed and accessing genito-urinary medicine departments, and is a trend set to further increase this year and beyond.

### Stigma leading to rise in HIV rates

HIV infection rates are rising around the globe because many governments do not want to help high risk groups such as drug users, prostitutes and gay men, the International Red Cross said on 26<sup>th</sup> June 2008. Discrimination against these groups and the stigma associated with HIV and AIDS has led to politicians in many regions, particularly Asia and Latin America, being unwilling to fund programmes to prevent the spread of the disease, the world's largest humanitarian agency said. The World Disasters report, published by the International Federation of Red Cross and Red Crescent Societies, said drug users, prostitutes and gay men lived on the fringes of society in many countries and, especially in the developing world, "often face stigma, criminalisation and little, if any, access to prevention and treatment services". The report noted that of the 9.7 million people worldwide who need antiretroviral medication to treat HIV, an estimated 6.7 million people were still unable to get the drugs. It called on governments to tackle HIV discrimination, noting that millions of infections could have been prevented had more help been targeted at stigmatised high risk groups.

"The HIV and AIDS epidemic is a disaster whose scale and extent could have been prevented," said Lindsay Knight, editor of the report. "Ignorance, stigma, political inaction, indifference and denial all contributed to millions of deaths." Around 2.5 million people – 7,000 a day - contracted HIV last year, and more than 33 million people are estimated to be living with the disease, the report said. It also found that people with HIV were often those hardest hit by natural disasters and war because they were left unable to access medical care. The situation was worst in southern Africa where at least one in 10 adults are now living with HIV, with some countries predicted to risk becoming subsistence economies within three or four generations. David Andrews, chairman of the Irish Red Cross, said: "HIV/AIDS is the disaster that keeps on killing. Day after day, families are destroyed, economies wiped out and communities crushed as economies disintegrate, parents die and children are born with the disease. We must grasp the enormity of a disaster that has already killed 25 million - more than a hundred times the number of people killed by the tsunami, our biggest single natural disaster in living memory."

### Sexual infections are rising fast – among older people

It's time we grew up about the fact that sex doesn't stop at 50. Imagine the response to a 139% increase in syphilis among teenagers in just eight years: the articles in the rightwing press condemning promiscuous adolescents, the calls by liberal columnists for better sex education in schools, the slightly watching-your-Dad-dance embarrassing "yoo!" campaigns launched by concerned New Labour focus groups. At least it would be a vocal and varied response to a serious public health risk. But you won't be seeing any of that this month, because the 139% increase isn't among teenagers, but 45-64 year-olds. And, as anyone who has worked for a charity can tell you, some causes just aren't sexy. Internet dating, Viagra and divorce among the over 50s have all been pointed to as reasons for this increase, and Julie Bentley, chief executive of FPA (*formerly the Family Planning Association*), has told the Independent "it's imperative that we move away from the equation that sexual health equals young people."

No one is suggesting that under 25s aren't still the main group to be targeted with sexually transmitted infection (STI)-prevention schemes: in 2007, the Guardian reported that teenagers made up 40% of females infected with gonorrhoea. But the new statistics on older patients published by the Health Protection Agency are alarming and, for many, unexpected. The overall rate of infections among over 45s more than doubled within eight years, from 16.7 per 100,000 population to 36.3 per 100,000. And within the over 45 group, it is actually men and people aged 55 to 59 who are most likely to have an STI. The findings that will make many uncomfortable are the statistics relating to sex and the over 55s. We can just about handle sexual activity among people in their forties and early fifties, at least when they look like Kim Cattrall, but, to put it bluntly, no one wants to think about their grandparents having sex. Yet, there have been reports of STI infections among people in their seventies – those who were teenagers before sex was, supposedly, invented in 1963. Until we begin to tackle this mindset, STIs will continue to spread among the elderly.

### NHS celebrates its 60<sup>th</sup> Anniversary

In 1983 the National Health Service (*NHS*) dealt with an ever increasing number of people diagnosed HIV-positive (*HTVLIII*). The progress in this field over the years has been a huge achievement in the treatment and care by the NHS sexual health and genito-urinary medicine departments throughout the UK. In those early days, it was much more common for patients to die, with little or no hope of long-term survival. You would see patients looking healthy when they were diagnosed, and then in a very short time just watching them deteriorate. It was naturally upsetting for all those dedicated specialists; consultants, doctors and nursing staff alike. Thanks to the continuing developments in treatment and combination therapy that have been made in the NHS, the quality of life for HIV-positive patients has improved health and survival dramatically.

**HIV-positive patients with an undetectable viral load infrequently change their anti-HIV treatment because of side-effects nowadays, according to the results of a British study published in the May 31<sup>st</sup> edition of AIDS.**

The study found that some anti-HIV treatment combinations, for example those including tenofovir (*Viread*), efavirenz (*Sustiva*) or atazanavir (*Reyataz*) were less likely to be changed because of toxicities than others. The researchers think that in many cases, patients doing well on anti-HIV treatment will be able to stay on their combination of drugs for a long period of time.

An analysis of HIV isolates from 102 individuals very recently infected with HIV shows that in three-quarters of cases, a single virus was the ancestor of all the viruses isolated from that individual, suggesting to the researchers that immune defences against HIV are highly efficient and usually able to prevent infections by swarms of viruses.

One member of the research group, Professor George Shaw of the University of Alabama at Birmingham, told *The Birmingham News*: *"The reason [the finding is] important is it says if we're trying to develop a vaccine or microbicide or whatever to prevent infection, the only thing it has to do is prevent the transmission of a single virus,"* Shaw said. *"That should be possible. All you have to do is provide some additional block to what already is an efficient process."*

Treatment with antidepressants does not increase the risk of any kind of cancer in people with HIV, according to a UK study published in the May 10<sup>th</sup> edition of the *Journal of Clinical Oncology*. The researchers looked at the use of both older tricyclic antidepressants and more modern SSRI antidepressants, such as fluoxetine, by people with HIV in both the period before and after effective anti-HIV treatment became available. No link between the use of antidepressants was found in any time period.

In the new study, Pamela Schwartzberg, M.D., Ph.D., a senior investigator at the National Human Genome Research Institute (*NHGR*), part of NIH; Andrew J. Henderson, Ph.D., of Boston University; and their colleagues found that when they interfered with a human protein called interleukin-2-inducible T cell kinase (*ITK*) they inhibited HIV infection of key human immune cells, called T cells. *ITK* is a signaling protein that activates T cells as part of the body's healthy immune response.

Italian investigators have reported three cases which suggest that treatment with tenofovir (*Viread*) may increase the risk of liver side-effects caused by efavirenz (*Sustiva*). The reports are published in the May 11<sup>th</sup> edition of *AIDS*. Some anti-HIV drugs can cause liver toxicities, particularly in patients coinfecting with hepatitis B virus and/or hepatitis C virus. There is no evidence that tenofovir causes liver side-effects, but efavirenz can cause elevations in liver enzymes, studies showing this happens in approximately 2% of patients. A combination including tenofovir and efavirenz is recommended (*with FTC, emtricitabine, Emtriva*) for first-line antiretroviral therapy in the latest edition of British HIV treatment guidelines.

Even with CD4 counts above 350 cells/mm<sup>3</sup>, untreated HIV-positive individuals have an increased risk of death compared with the general population, according to data presented on Wednesday at the Fifteenth Conference on Retroviruses and Opportunistic Infections in Boston. Rebecca Lodwick of University College London, assisted by Professor Andrew Phillips, presented findings from the Study Group in Death Rates at High CD4 Counts in Antiretroviral Naive Patients - the largest dataset yet to examine whether HIV-infected individuals with high CD4 counts who have not started antiretroviral therapy have an increased risk of death compared with the population as a whole.

To-date, it is unclear whether treatment-naive individuals with a CD4 count above the currently recommended threshold for starting treatment - 350 cells/mm<sup>3</sup> according to the most recent U.K. and U.S. guidelines - have an increased risk of death compared with HIV-negative individuals.

Several biomarkers associated with inflammation, blood coagulation, or endothelial dysfunction are significantly elevated during treatment interruption and may partially explain the increased risk of cardiovascular disease and death seen in those who interrupted antiretroviral therapy during the SMART study, according to a presentation at the Fifteenth Conference on Retroviruses and Opportunistic Infections today in Boston.

Spanish researchers have found further evidence to support the initiation of antiretroviral therapy before a patient's CD4 cell count falls below 350 cells/mm<sup>3</sup>. A study published in the February 1<sup>st</sup> edition of the *Journal of Acquired Immune Deficiency Syndromes* showed that patients who started anti-HIV therapy with CD4 cell counts between 200 – 350 cells/mm<sup>3</sup> were significantly more likely to experience the progression of their HIV disease than patients who initiated therapy with a CD4 cell count above this level.

HIV treatment guidelines in the US and Europe already recommend that antiretroviral therapy should be started before an individual's CD4 cell count falls below 350 cells/mm<sup>3</sup> and revised UK guidelines (*currently undergoing review prior to publication*) make a similar recommendation.

The Spanish investigators also found that patients who had high viral loads when they started anti-HIV therapy had an increased risk of disease progression as did patients with a history of injecting drug use and those who were co-infected with hepatitis C virus.

**Information sourced by Robert Hodgkins**



**I am a personal performance life coach and I am living long term with HIV since 1984 which has meant that I have constantly had to redefine my personal life goals in areas such as my career, home life, personal relationships, my health and my plans and hopes for the future.**

*Being HIV-positive has also meant that I have had to develop my own personal strategies about how I disclose my HIV status and how I go about negotiating safer sex.*

*I have had my own personal coach for the past two years and I recognise that coaching has had a significant impact upon my life and has enabled me to get what I really want out of life. Coaching is gaining increasing professional credibility and is guided by a professional code of conduct and associated professional ethics, I trained with Europe's leading coaching training organisation 'The Coaching Academy'.*

*Coaching can be utilised to identify goals in any significant area of your life and enable you to work successfully towards achieving your goals and to living the life you really want.*

### What is Coaching?

Coaching is becoming increasingly recognised amongst people who are living with HIV as a new proactive tool for developing and sustaining positive ways for responding to the many issues and challenges that we encounter in our everyday lives

Coaching can have a direct positive impact on us and how we respond to issues such as disclosure, health and lifestyle choices, safer sex and returning to employment.

Adapting to the changes and adjustments in our lives can be a challenging experience; coaching can provide us with a holistic, self-determined and empowering approach to achieving our goals and developing confidence levels and strategies for living with HIV.

Coaching is very different from counselling which many of us have experienced as a helping tool in the past, coaching is not a therapeutic analytically based tool or relationship.

The focus of coaching is very much about the future, it is goal focused and very much about empowering us as people who are living with HIV to move in a forward direction towards the achievement of our goals and to living the lives that we really want.

*“Coaching is empowering and enabling and builds upon an individuals ability, coaching aims to support people who are living with HIV to achieve their fullest potential”*

A coach will work in a confidential relationship or partnership with you to identify your personal goals and then develop and implement an action plan which will help you achieve your goals by taking small steps that keep you motivated and moving in a forward direction towards success. The goal philosophy in coaching once learned can be used on a daily basis and many of the skills can be used for life, coaching is about success not failure. Coaching is usually conducted over the telephone or can take place on a face to face basis.

**Danny West** has been a practicing professional coach for the past two years had has recently received his diploma in personal performance coaching from Europe's largest coaching organisation 'The Coaching Academy' and has worked in partnership with a range of HIV service provider organisation such as the former 'UKC', 'The Positive Place' and the 'Bloomsbury Clinic Patient Group' and numerous people who are living with HIV.

### Coaching is:

- A holistic approach to identifying your personal goals.
- Will support you in identifying a personal strategy or action plan to achieving your goals.
- Is based on your full commitment to achieving your goals.
- Is based in the here and now and does not focus upon past failures, mistakes or disappointments.
- Is an interactive relationship which is non-critical and non-judgemental.
- Can assist you to bring about positive change and personal growth within your health, medication, relationships, work, finances and leisure time.
- Can help develop your self confidence and have a positive impact upon your self esteem.
- Concentrates on what you can do rather than what you can't.

**For further information contact the KPS Resource Centre on 01872 262221.**

## Is renting denting your finances?

### Exploring Discretionary Housing Benefit

by Anthony Basnett – KPS Housing Support Officer

FOR  
RENT

**Is your rent affordable? Are you thinking about moving? I have tried to set out below some information on what I feel is a little known pocket of money designed to support people who are in difficulties affording privately rented accommodation. I hope I don't put anybody to sleep in the process.**

If you are like me you will not need reminding that to rent a half decent privately rented house or flat in Cornwall is expensive, that is if you have managed to convince the prospective landlord to take you on in the first place. You will also not need me to remind you that Housing Benefit or the new housing allowance which has replaced it for new claimant's falls well short of the actual cost of the rent. Housing officers generally do not understand the special needs of HIV/AIDS sufferers for self contained accommodation which affords inside and outside private space, and the amount of housing benefit or housing allowance reflects this systemic lack of understanding.

Before I move on to talk about the recent changes to how housing benefit has changed to the new housing allowance, I would like to bring to the attention of everybody who is reading this, that each district authority has Government Funding to help you bridge the gap between the benefit payment for rent and the actual rent, this is called Discretionary Housing Payment.

Experience tells me this is not widely known, experience also tells me it is not easy to get, experience tells me DHP is treated differently by different housing department of district authorities and experience finally tells me many people will probably need some kind of support to access it. Each local authority has set its own rules about who can access DHP and how much can be awarded but the Government has produced guidelines for LA's to follow under the general heading of "Best Practice" Perhaps the best way for me to demonstrate how DHP works is to give you a couple of real life examples from our casebook.

**Client A** rents a small self contained flat from a local landlord and uses part of DLA benefit to subsidise the rent gap between housing benefit and the actual rent. The local authority does an income and expenditure analysis and counts DLA benefit as income, nothing wrong with this. Before you say anything remember I said the Government did not set any rules around DHP, it did set rules for housing benefit which say DLA benefit cannot be taken as income but not so for DHP.

However the 'Best Practice' guidelines for discretionary housing payment state that DLA benefit is used for care and mobility needs and the local authority should consider this when making a decision about if it should or not pay DHP.

Back to client A, a properly filled out application for discretionary housing payment was sent in and the local authority in question decided not to make a payment. Client A contacted KPS and we pointed out to the local authority that "Best Practice" is for them not to take DLA benefit into account for discretionary housing payment and they made an award which covered the balance between housing benefit and the actual rent for the 2008/9 financial year.

**Client B** has been renting a small cottage and the rent is increased, client B contacts the local authority to ask them to take the new rent into consideration when paying housing benefit, and they say it cannot be taken into consideration until the new financial year some months away. Enter KPS, we provided a letter of support pointing out that discretionary housing payment should be paid in the meantime, client B made an application and was awarded discretionary housing payment to within one pound of the actual rent.

These two examples should give you an idea how discretionary housing payment can make a difference to your standard of living and therefore your quality of life. At the beginning of all this I said I would say something about the change from housing benefit to housing allowance and if I haven't put you to sleep by now I will have another go.

From April 8<sup>th</sup> 2008 housing benefit has changed to a new housing allowance for all new claimants, the housing allowance is based on the post code of your property and the number of people living in it. The amount paid is decided by a Housing Rent Officer, and this flat rate payment is published in the local press and on the internet, or if you have the post code of the house or flat you want to rent you can ring the housing benefit office with this and they will tell you what you could expect in housing benefit. In all but exceptional cases and with some exceptions the housing allowance will be paid to the tenant (*one exception is if you rent from a Social Landlord like a Housing Association*). One of the ideas behind this payment going to the tenant of privately rented accommodation is to pass the responsibility and power of paying the rent to the tenant. This could be an advantage if for instance you have a stay away landlord and you need repairs done, the landlord has to make arrangements to collect the rent so you have a chance to get him to do the outstanding work.

Another area this is supposed to help with is for tenants on benefit, in theory if you have documentary evidence that you are renting and you can provide that to the benefit office you will get the payment and the landlord need not know you are on benefit. Time will tell if these really do make a difference, so far the Cornwall Landlords Association report a drop, not increase in the number of landlords who will rent to people on benefit. If you have any difficulties with the affordability of your accommodation and you would like a confidential chat please give me a call.

**Anthony Basnett.**





# noticeboard

## KPS CLIENTS FEEDBACK FORM – SOME OF THE RESULTS

Thank you so much for returning the form promptly. Here below are just some of the results if you would like to see a copy of the full results please contact our Resource Centre.

**Total Response 22%, of which Female 18% and Male 82%.**

100% received the help they needed and are happy with staff and trustees and with the confidentiality of the service.

72% have accessed our financial services, 60% info/advice, 64% therapies, 36% respite and 64% housing related support.

72% find KPS services excellent (10/10), 18% 9/10 and 12% 8/10. 0% below 8/10.

94% feel comfortable in our premises and 6% are not been yet.

82% are happy with the counselors and 18% didn't use the service.

88% are happy with our outreach projects and 12% didn't need it.

94% are happy with the newsletter and 6% are not.

88% are happy with the GU clinic service and 12% are not.

40% consider reasonable waiting at the clinic for 15 minutes 24% for 20 minutes 18% 10 minutes and 18% 30 minutes.

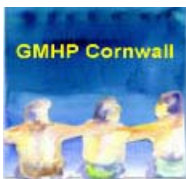
46% find unreasonable waiting for 45 minutes, 30% for over 60 minutes and 4% for 1 hour.

64% accessed our Housing Related Support of which 73% would NOT feel comfortable to access the same sort of service elsewhere.

## JUST SOME OF THE COMMENTS RECEIVED:

"KPS is Brilliant!!" - "You are kind, helpful and fully understanding" - "I'm lucky for having KPS support..." - "Thank you very much" - "Keep the good work going." - "Well done you!"

### GAY MEN'S HEALTH PROJECT - Cornwall



The gay men's health programme (GMHP) is developing a strategic approach to engage organisations in tackling the stigma and discrimination associated with HIV/AIDS issues and

to promote positive messages about gay men's health. The programme aims to help mainstream services meet the health needs of gay and bisexual men, through advice and consultancy and developing appropriate resources and training. For further information about any of the above services or if you would like to volunteer to support the programme by providing information and safer sex resources.

Gay Men's Health Coordinator Health  
Promotion Service Wilson Way Pool,  
Redruth Cornwall TR15 3QE.  
Telephone: 01209 313419.



0808 8000 306

Nightlink is a county-wide free-phone listening service for anyone who is experiencing or has experienced emotional distress.

Nightlink is also available for people supporting those in emotional distress and anyone who feels they would like to discuss their difficulties in confidence. Nightlink is run by trained volunteers and paid workers who have experience of mental health issues and empathy for people in distress.

### When is Nightlink available?

7 days per week  
5pm-Midnight

## Local HIV Healthcare Centres

**WORRIED ABOUT HIV?**

**Kernow Positive Support**

**01208 264866**

Charity No. 1104947

### THE ROYAL CORNWALL HOSPITAL (Treliske)

Genito-Urinary Medicine Department  
(Sexual Health Clinic)  
Truro, Cornwall TR1 3LJ  
Tel: 01872 255044 (9.00am-5.00pm)

### DERRIFORD HOSPITAL (Plymouth)

Genito-Urinary-Medicine Department  
(Sexual Health Clinic)  
Derriford Road, Plymouth, Devon PL6 8DH  
Tel: 0845 1558189 (9.00am-5.00pm)  
Appointments Only



@KPS

Subscribe to our bi-monthly newsletter

6 Issues £10.00 (incl: postage)  
Free Subscription for those living with HIV

One Click is all we ask!

[KPS Online](http://www.kpsdirect.com)

[www.kpsdirect.com](http://www.kpsdirect.com)

kpsclassified

## Would you like to become a KPS Volunteer

We need volunteer who have a variety of skills for the rewarding work in our small but effective charity, and to assist our various service provisions and projects.

For further information call 01872 262221

## inmemory

ESTEBAN GOMEZ GARCIA

Passed away 18<sup>th</sup> July 1996.

Always in my thoughts,  
never forgotten...

Ron

If you would like to remember a family member or friend contact the KPS Office on 01208 264866

## Odds & Ends

By Sixpence Simpson

Here is a double dose of anecdotes of pure stupidity and things people have said by yours Sixpence Simpson.

Send them in to office@kpsdirect.com or write to:  
Sixpence Simpson, KPS, P.O. Box 85, Bodmin PL31 1ZN.

Odds & Ends



Sixpence Simpson

**A conversation between a customer and a counter staff member overheard at a cinema snack counter:**

**Customer:** "I'll have a large bag of fresh popcorn."

**Counter staff:** "Sorry, our popcorn maker is broken. How about a hotdog?"

**Customer:** "Ok, I'll have a hotdog."

**Counter staff:** "Sorry we've sold out of hotdogs."

**My girlfriend and I visited together with her friend in an old churchyard from the 1700s. Among the gravestones was one dated around 1725 that had fresh flowers by it:**

**Her friend:** "I wonder who has been here with the flowers?"

**My girlfriend:** (joking) "I guess the widow has been here."

**Her Friend:** "Yes, I guess you're right. Who else could it have been?"

## KPS QUIZ

Win a mystery prize

Return your answers to the KPS Truro office before the end of July 2008 and the most correct answers will be put in a draw to win a special prize. Answers and the winner will be announced in our next issue.

1. In the USA, what is celebrated on 2<sup>nd</sup> February, as is also a film?
2. In what profession would you use the acronym 'SOCO'?
3. What is the official national anthem of the USA?
4. Globe and Jerusalem are types of what?
5. What are two components in the cocktail drink known as a 'Screwdriver'?
6. How many people take part in the dance of a quadrille?
7. Rather than a 'hatter', what is the proper name for a maker of hats?
8. What UK license cost 37p when it was abolished in 1988?
9. In the board game 'Scrabble' how many letters have a value of 2?
10. How many USA president's have there been before George W. Bush?

Answers to last month's quiz 1. Red Poppy. 2. El Nino. 3. The UK. 4. Beaumaris.  
5. Involuntary Speech repetition, Navigation by sound, Anxiety caused by your own voice.  
6. Casablanca. 7. A. 8. Coffee. 9. Q. 10. Threadneedle Street.

## Dear Dame Dolly

Dear Dame Dolly,

Just a short note to say; Happy 60<sup>th</sup> Birthday to all those dedicated to providing the specialist HIV health care services throughout Cornwall. I am certain without the establishment of the NHS all those years ago life would be that much harder for those of us living with HIV.

**KPS Client.**

Dear KPS Client,

Thank you for your kind message regarding the 60<sup>th</sup> Anniversary of our National Health Service. I am sure all those involved within the NHS in this specialised field appreciate your thanks and take great pride in the work they carry out. I am sure the NHS will continue advances in the development of these important treatment and support services in the field of HIV/AIDS for another 60 years and beyond.

**Dame Dolly.**



Send in your letters to:  
Dame Dolly Tovelopeski  
KPS' very own Agony Aunt.



By Miss Terri

**Cancer** June 22 - July 22

Don't try to second guess the next move of the faces you deal with today. Make a game plan and stick to it. Success is yours if you can stay in control of what you're doing.

**Leo** July 23 - August 22

There is an anxious mood in your chart which is making it hard for you to feel at ease with a new situation which is affecting your life.

**Virgo** August 23 - September 22

You're spreading gossip for the fun of it and I know you're going to find it hard to stop. Try though Virgo as the respect you want from a close one relies on you showing heart.

**Libra** September 23 - October 23

You have a way with words these coming months and it's going to be easy for you to talk your way in and out of a number of situations.

**Scorpio** October 24 - November 19

You have the opportunity to make some serious money this month. All you have to do is prioritise; something you have found hard to do of late. Showing a professional attitude opens an important door in August.

**Sagittarius** November 22 - December 21

Younger faces prove expensive and hard work. You have taken on a lot and the strain has taken its toll. Time to lighten your load. Ensure you are the one who makes the final choices.

**Capricorn** December 22 - January 19

You are approaching the end of a long and tiring project. Don't let well meaning but inexperienced faces influence your final actions.

**Aquarius** January 20 - February 18

Don't be jealous of the time away from you that a loved one is spending. They have a plan and a successful one at that.

**Pisces** February 19 - March 20

It's time to make peace with the family member you've been at loggerheads with. You can and must make the first move.

**Aries** March 21 - April 19

You don't seem to understand the actions that a close one has made and you don't seem to know where your relationship is going.

**Taurus** April 20 - May 20

Cancelled travel plans turn out to be a blessing in disguise. Promises you've made regarding finances must be carried out; both your reputation and your career depend on it.

**Gemini** May 21 - June 21

Your ruling planet Mercury places an impulsive mood over you. If you want to do something then nothing and nobody is going to stand in your way.

# diaryofevents

# JULY/AUGUST 2008

# FACT

## advice support clinics

KPS Resource Centre Drop-in  
available every Tues & Wed  
10am – 4.30pm.

Call 01872 262221

Home visits are also available.

(Contact KPS and/or your local clinic for further  
details on this community outreach project)

Royal Cornwall Hospital GUM

10am-12pm – Every Tuesday

By appointment.

## kps peer support

Wednesday

23<sup>rd</sup> July 2008

20<sup>th</sup> August 2008

17<sup>th</sup> September 2008

(7pm – 10pm)

For further information and the venue for these  
informal and popular evenings, contact the  
KPS help line and/or your healthcare specialist  
at your local HIV Treatment Centre.

## kp telephone helpline

01208264866

monwedfri

10am – 4.30pm

tuesthurs

5.30pm – 7pm

## Newly Diagnosed?

Are you newly diagnosed? KPS  
offers counselling services carried  
out by professional and qualified  
counsellors. For further information  
call us on 01208 264866.



VISIT OUR  
WEB SHOP @  
[www.buy.at/kps](http://www.buy.at/kps)

Every purchase benefits  
Kernow Positive Support

Help raise money for KPS by  
doing nothing!

## giftaid

If you have donated money to Kernow  
Positive Support in the last two years and  
are a tax payer, then you can help us to  
reclaim the tax. Ask Kernow Positive  
Support for a GiftAID form, fill it in and  
return to us. We will do the rest.

## Sex addiction group for gay men launched

July 2008 sees the sexual health charity  
Terrence Higgins Trust launching a  
group for gay men addicted to sex. The  
first meeting will take place in central  
London on the evening of 16th July. It  
will meet every week for ten weeks.

The group is for men who feel they  
behave compulsively or addictively  
when it comes to sex. It aims to help  
people who feel that their sexual  
behaviour is having an overwhelming  
and negative impact on their lives.

Gordon Mundie, Group work co-  
ordinator at THT said: *"Having lots of  
sex might sound fantastic but some  
people find it taking over their lives or  
becoming more of a compulsion. This  
group aims to offer support to men who  
feel like their relationship with sex  
seems out of control. If this is the case,  
you might not be able to talk to your  
friends about it, but there is help  
available - Just get in touch."*

The group is funded by the Pan London  
HIV Prevention Partnership. For further  
information, venue details or to book an  
assessment please call 020 7812 1773.  
email: [groupworklondon@tht.org.uk](mailto:groupworklondon@tht.org.uk)

## complementarytherapies available from KPS include:

Massage, Aromatherapy, Reflexology, Homeopathy,  
Reiki, Herbalism Naturopathy, Relaxation Therapy,  
Beauty Therapy, Buteyko, Traditional Spiritual Energy,  
Healing, Shiatsu, Yoga.

For further details contact the KPS Office on 01208 264866.

## contactdetails

Kernow Positive Support

P.O. Box 85

Bodmin PL31 1ZN

Office Tel: 01872 262221

Helpline & Info: 01208 264866

Fax: 01872 262221

