

## KPS Trellullom



Kernow Positive Support (KPS) are now proposing to complete the range of services we provide to the HIV community by establishing **KPS Trellullom** a National Residential Retreat, Respite, Education and Training Centre, including a temporary accommodation solution for those within the Southwest peninsula with housing related needs. This will be the first integrated facility of its kind in the UK (*The Project*). Through our work with people with HIV we have recognized a need not only for people to have the opportunity to come to terms with this debilitating illness by attending a respite and retreat centre, there is also a need to improve HIV awareness through training opportunities to the public and professionals alike.

The project will also look at the important need to look at alternatives to a life with difficult housing related issues and disability benefits. We propose a centre of excellence where people can be supported to access short training courses, counselling and therapies enabling that first step towards building self esteem as part of a pathway forward. HIV treatment has come a long way and people with this illness are living longer, we are committed to providing holistic support so that people have the opportunity to reach their full potential.

Through our working partnership KPS have access to a Grade 2 listed farmhouse with eight bedrooms, surrounded by eleven acres of farmland in a beautiful part of north Cornwall. We will be seeking further resources to develop KPS Trellullom over a three year period until it becomes sustainable. The capital funding award through the Department of Health has allowed KPS to refurbish and develop this new project. KPS Trellullom will provide a safe haven where people can have the time; privacy and support to deal with whatever issues are going on for them. In addition, it will offer people choices about the next steps in moving forward, particularly if they are still working or wish to look at the options of returning to the workplace (*if they are able*) after being long-term sick. Whereby, those infected/affected by HIV can gain support, retreat and training in all aspects of living with HIV in a safe, empathic and professional environment, where they are able to interact, and gain an unlimited variety of opportunities related to HIV whether they are individuals living with the disease and/or professional agency representatives, partners, families and carers.

The farm house property we have leased is part of another charity working with disadvantaged and vulnerable people, and has several properties, including; a fully equipped pottery workshop, a woodworking shop, a weaving shed, a bakery and a dairy. It is envisaged that service users and professionals alike will have access to short skills workshops and training sessions including programmes for interest, HIV awareness training courses, recreation or career development as well as professional career guidance. We will market this facility through networking with other HIV support groups, GU clinics and social service departments locally and nationally. KPS believes this new and exciting project is well placed geographically located within north Cornwall close to the Cornwall/Devon border and is easily accessible from both A30 and A38 roads, and railway stations on the main London Penzance line with a journey time of about four hours from London.

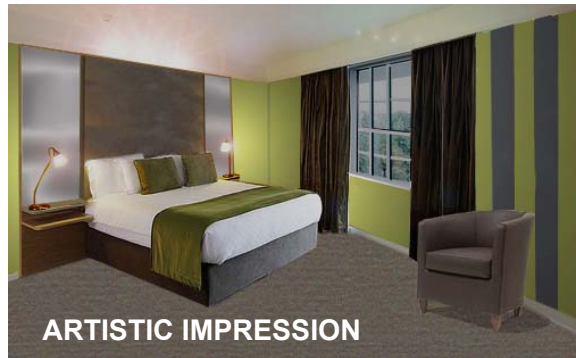
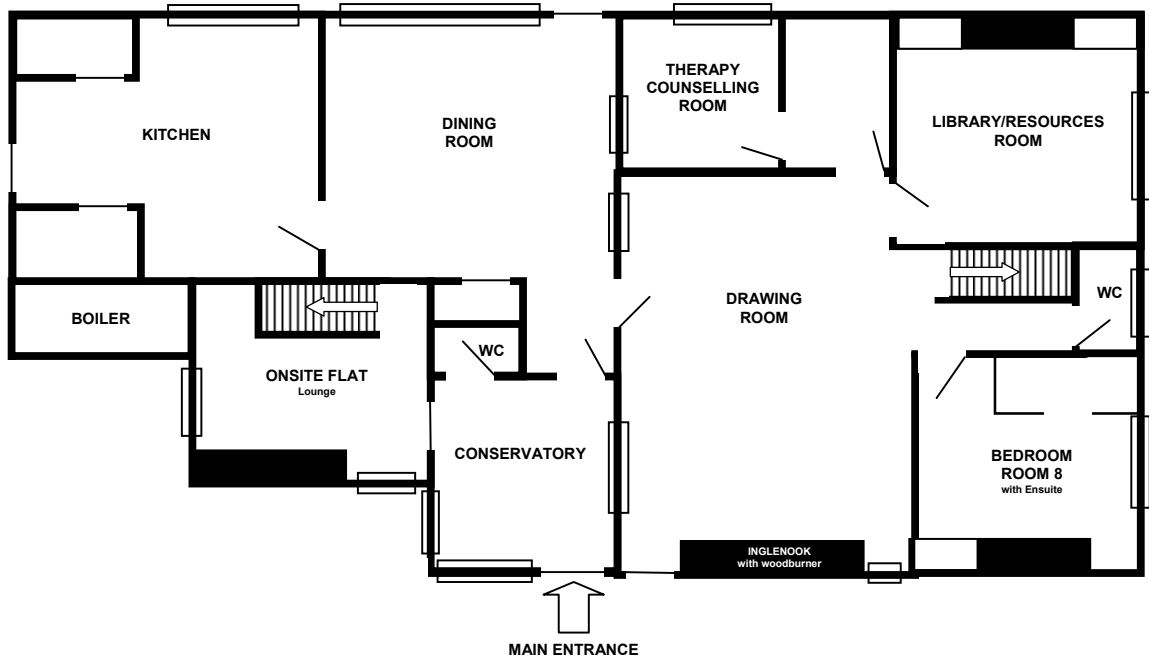
An Advisory Board consisting of representatives from KPS, Cornwall Council, Cornwall Primary Care Trust and the landlords which has been formed to move the project forward.

A provision concept and layout is shown below, and we will provide the following facilities:

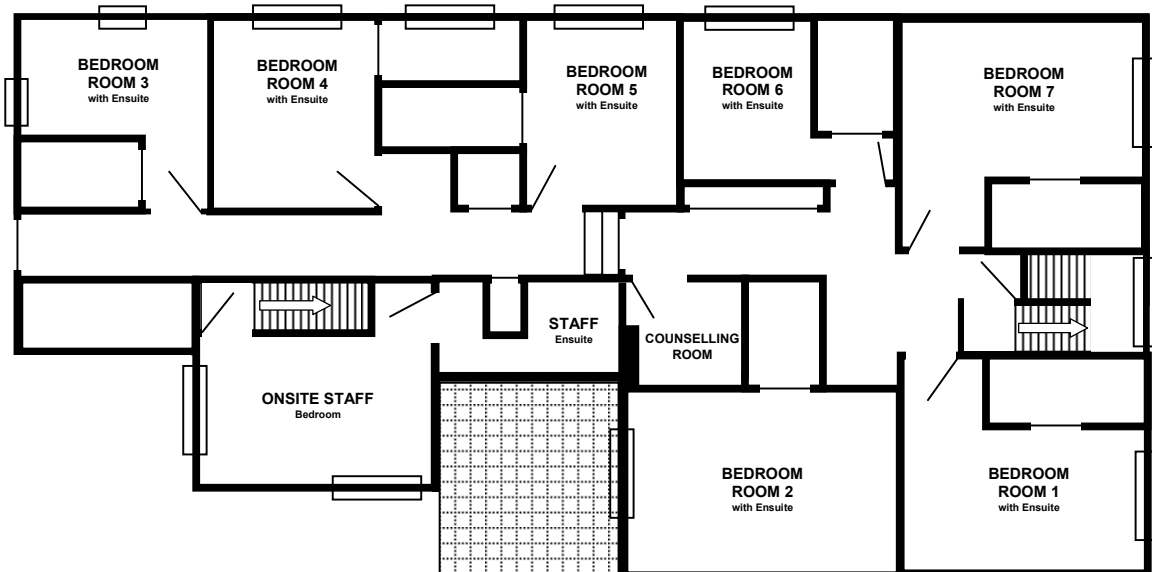
- 8 twin bedrooms with ensuite facilities (*with disabled access*).
- 2 Counselling/Therapy Rooms.
- Resource Library and Study (*with 3 computer work stations with Internet Access*).
- Drawing Room (*large well appointed lounge area with a large inglenook fireplace and traditional log burner*).
- Traditional country style Dining Room (*to seat up to 24 people*).
- Commercial Kitchen.
- Conservatory lounge.
- Onsite-staff accommodation.

The property has gardens and access to 11 acres of country-side and farmland. Including access to a fully equipped pottery workshop, a woodworking shop, a weaving shed, a bakery and a dairy.

**GROUND FLOOR** NOT TO SCALE



**FIRST FLOOR** NOT TO SCALE



### **Other income potential & facilities**

Special rates and late booking facilities would be undertaken to ensure occupancy is maintained throughout the year. **The Project** has a potential occupancy maximum of 12 persons attending respite facility (*excluding dependant children sharing with parent/guardian(s)*).

KPS would endeavour to seek additional funding to offer reduced rates where appropriate. KPS would endeavour to give dependant children and carers special rates.

In addition 'bolt-on' facilities and offering a bed and breakfast service to people living with HIV who wish to self-fund short holiday breaks within the area. This would further support occupancy maintenance and increase **The Project** income each year.

By utilising the 11 acres of land **The Project** would eventually hope to grow our own produce and enable low maintenance live-stock within the grounds such as; chickens and ducks giving an opportunity to subsidise food provision costs. Which would also enable KPS to give gardening and farming skills to service users, as a part of our education, training and career development programme.

### **Other specific weeks & opportunities**

- Family & children
- Newly diagnosed
- Long-term diagnosed
- Team building for a wide variety of organisations/companies
- International advertising
- Special Respite and Retreat opportunities offered to other life-threatening conditions (*when specific HIV related occupancy can not be achieved*)

**The Project** would cater for the needs of all those affected by HIV regardless of their ethnicity, religion, sexual orientation by holding 'special needs' weeks as suggested and/or required.

### **Training Opportunities**

**The Project** would offer a wide range of training and conference events covering all aspects of HIV, both social and clinical to professionals and the public alike. Specialised training programmes would also be offered to those diagnosed HIV-positive to suit.

**Examples:**

- HIV awareness
- Social aspects (*Housing, drug and alcohol and coping mechanisms*)
- Clinical aspects (*drugs, adherence, co-infection etc*)
- Housing
- Volunteer training
- Living with HIV (*HIV-positive speakers*)
- Newly and long-term diagnosed issues

**The aims of The Project**

- to compliment and develop the existing KPS service provision.
- a place for temporary housing solutions to those living in the Southwest peninsula.
- a place for respite and retreat locally and nationally.
- to reduce social isolation experienced by all those living with HIV due to the associated stigma.
- to provide a safe, confidential and empathetic environment.
- to reduce, emotional and mental hardship experienced by those living with HIV.
- to enable people with HIV to make informed choices about their lives and future.
- to further help raise awareness about HIV related issues within the county and nationally.

**Service users**

KPS specifically aims its service at people who are HIV-positive and their carers, families and partners. Ordinarily these service users are referred to the services and funded via statutory/voluntary agencies, social services and they are receiving treatment and/or advice regarding health care issues, through a process of self-referral through genito-urinary clinics. KPS will expect a small number of service users to self-refer and/or self-fund.

In accordance with the Government's aims it will be the policy of KPS to provide joined up thinking, working with health authorities and the local community to provide local solutions to national problems, with the input of the community in which we serve.

**Where the service will be provided from**

This service will be provided from a National Residential Retreat, Respite, Education and Training Centre, including a temporary accommodation solution for those within the Southwest peninsula with housing related needs.

**The area that KPS will cover**

The County of Cornwall/Devon and the United Kingdom.

**Who the service will be provided for**

- Service users who are HIV-positive living in Cornwall regarding local support services.
- Service users who are HIV-positive living in the Southwest peninsula regarding specialised housing needs.
- Service users who are HIV-positive living in the UK for respite and retreat opportunities.
- Carers, families, and partners.
- Professional carer providers; regarding a quality sexual health information centre, conference/training facilities, which can be accessed by all relevant bodies within the local and national community.
- Professional organisations and companies for HIV awareness training, and may use the facility for Team Building Weekends/Days.
- Other life-threatening conditions during periods whereby HIV related occupancy may not be achieved (*to ensure sustainability of the project*).

**Operating hours**

Respite & Retreat-Residential including temporary accommodation 365 days a year - 24hrs per day. Conference and training courses programmes – special residential designated weekends/weeks/days as required.

**Office**

7 days per week.  
9am – 5pm.

**Help line**

7 days per week  
24hrs

**Drop-in facility**

7 days per week  
10.30am – 3.30pm.

### **Service charges**

KPS will charge for residential accommodation, respite, retreat and conference/training programme facilities on a daily, weekend and weekly rate. This service provision will include accommodation, breakfast, lunch and evening meal, including tea and coffee facilities throughout the day. All other services will be free-of-charge to those infected/affected by HIV. However, it is expected that users take an active role in fundraising and promoting the services should they be able.

### **Intended outcomes for Service Users**

- To increase the number of service users infected/affected by HIV for the future as a percentage of the total number of HIV-positive people living in the UK.
- To increase the number of hours each service user spends using the service that KPS provides.
- To increase the number of hours of the drop-in facilities initially to service users throughout the county. Investigation into the expanding of this provision in the long-term.
- To increase the number of service users accessing counselling and complementary therapies.
- To increase the number of volunteers working with KPS.
- To increase the number of conference/training course programmes that The Project will provide, for the purpose of education and information about HIV prevention and living with the disease.

### **How this is evaluated**

Each service user will complete a comment, questionnaire and information about usage times, purpose of visit and outcomes about the services that The Project provides, prior to their departure. This information will provide the basis for a report that will be distributed to our funders, stakeholders and sponsors.

A service user focus representation will be established to provide feedback to the trustees on details of service use and expectations.

At all stages of these evaluations service users will have been the prime source of the information.

### **KPS quality standards**

KPS is concerned that it should have the highest quality standard and to this end, we have the following procedures:

- All queries are answered within 24 hours and/or in a time frame negotiated. There will be a forum for service users to discuss their needs and wants.
- KPS has comprehensive policies and guidelines.
- KPS has a comprehensive confidentiality policy.
- 65% of trustees are HIV-positive.
- KPS will operate a usage policy whereby every service user completes a small questionnaire when using the service. Also a yearly questionnaire for all service users
- There will be an ad-hoc questionnaire sent to service users about the quality of service, this will be operated by an independent organisation outside of KPS from time to time.
- The performance of KPS will be continually monitored to ensure that services are constantly improving and meet the needs of the service users, staff and volunteers.

### **Equal opportunities**

KPS will take equal opportunities very seriously and will operate a strict equal opportunities policy (*policies & guidelines*) and will be constantly looking at any discrepancies. It is important that KPS address any imbalances, and if KPS are under-represented in any community then look at how it can deliver services that will attract that particular community. An example of this is, those users from the black and African community, and those service users that are currently of a refugee status have increased within the UK in the past five years. This is only a start, but by working with specific charities and other relevant organisations then KPS will be able to provide a service that is relevant and accessible.

### **Declaration of Trust and Management**

- KPS is a non-profit making organisation with a formal Declaration of Trust 'Governing Document'.
- KPS is a registered charity (No. 1104947).
- Statutory authorities will employ none of its staff, trustees.
- None of the KPS trustees will be directly employed by KPS.

### **Moving towards our vision**

Drawing together the context in which we're working the areas of need, this chapter proposes the actions which will be taken to achieve the objectives of 'The Project'.

The activities proposed should be implemented by KPS in partnership with Cornwall Council Departments of Adult Social Care, Children and Families services and other HIV stakeholders in Cornwall, Cornwall PCT and other independent trusts.

### **To improve access to social care services**

There should be improved availability of culturally appropriate information on the services available from the community care team at Cornwall Council - including access routes, eligibility criteria and confidentiality - as well as information on non-statutory service provision. The benefits for a person living with HIV to approach Statutory agencies for services should be publicised, in order to improve access to social care services, for example opening-up opportunities for respite and retreat care, communication with other local authorities if an asylum seeker is dispersed within the UK, home-care, and the provision of services available under the National Assistance Act 1948.

A named contact for all HIV-positive service users requiring social care support to be further developed through the designated HIV Link Social Worker along with other social workers being responsible for all stages of assistance, from access through to assessment and provision of support. Further awareness training to be provided for Cornwall Council and Housing Associations and agencies throughout the county including NHS staff on HIV issues and the named contact – possibly the HIV-focused social worker - should receive additional training to support their role. This training service would also be offered nationally.

All HIV-positive clients attending **The Project** should be, if considered appropriate, assessed for welfare, benefits, housing, advocacy, interpretation, peer support, and other practical support for life in the community nationally. Services should then be provided, if appropriate, or users should be signposted to appropriate provision. Community advocates could assist with this process.

### **To improve access to appropriate housing**

Service users accessing **The Project** will have improved information resource available on statutory housing provision and eligibility criteria, as well as clear advice and signposting for those living in the private sector. Community advocates could assist in improving access to the housing teams, advice agencies throughout the UK. It is proposed that a single point of access for all HIV-positive service users requiring housing support is developed within 'The Project', regardless of their current housing status, to make it easier for people to receive assistance and prevent them from having to publicise their HIV status in the reception area at the housing offices etc. Housing staff should also be offered updated awareness training on HIV issues, as well as more detailed training for those working at the single point of access nationally and well as locally.

### **To improve adherence to anti-retroviral therapy**

Peer support opportunities within **The Project** makes a valuable contribution to improving adherence to ART. Peer-led motivational and self-management programmes should be developed, as should more informal groups to provide peer support at flashpoints of greatest need. The KPS Peer Support and drop-in opportunities should be promoted and people living with HIV encouraged to attend and/or gain support and advice attending the **The Project**.

The provision of small grants advice and sign-posting for those on limited income should be considered. These could potentially be funded from the ASG, DWP Community Care Grant and other grant making organisations such as; Crusaid ad CWAC and distributed through the voluntary sector throughout the UK, whereby those attending 'The Project' reside outside the county.

### **To reduce mother-to-child transmission of HIV**

This does not cover children's issues per se – as the skilled staff within the children's department of local Social Services should primarily address these – however overlap occurs when a mother is HIV-positive and there is a danger of her passing on the virus through breastfeeding. As discussed, mothers on limited income and eligible for government benefits receive free vouchers for formula milk. Mothers who have no recourse to public funds, but who are in the country legally, should also be supported - under the Children Act 1989 - to receive free formula milk. This could potentially be advised and supported when a person is accessing **The Project**.

### **To improve the emotional well-being of people living with HIV**

**The Project** would cover a range of issues, connected with someone's knowledge and understanding of HIV-related issues, the attitude of front-line staff when they are accessing or enquiring about services, the emotional and practical support available (*both professional and informal*), and *the confidence and self-esteem of people living with HIV (which is often affected by their diagnosis)*.

Culturally appropriate information on all HIV-related services in Cornwall and the UK should be more available. Front-line staff, of both statutory and voluntary organisations, should be non-discriminatory and have an understanding of the issues and concerns of people living with HIV. Staff should be aware of the range of services available throughout the UK and signpost clients appropriately, according to need.

Professional counselling should be available and peer support groups should be developed to provide more informal support and advice. Any support to people living with HIV should be flexible, and the benefits of establishing an advisory and floating support service should be considered. A focal point for everyone infected or affected by HIV should be developed, to provide a range of services, support and advice to anyone infected or affected with HIV who accesses **The Project**.

People living with HIV should be encouraged to become 'Positive Speakers' and receive training to provide them with the skills and confidence to be able to do so whether local or from outside the county. Talks to local groups, schools, workplaces, and places of worship should be encouraged, potentially in collaboration with the HIV and Sexual Health Promotion Team within their area.

### **To improve the emotional well-being of carers and family members**

The impacts of HIV stretch beyond the infected individual. Carers and family members are also affected, through the caring and support role they provide, the emotional strains of someone close having a life limiting illness, and potentially being on the receiving end of discriminatory treatment.

Peer support groups should be developed for family members and carers who attend **The Project**, appropriate to their age, culture and particular needs. The development of a physical focal point within 'The Project' – as described above – would assist with this, giving people the chance to meet others in a similar position. Information on statutory and voluntary services available to carers should be made more available, and individuals should be signposted to appropriate organisations and opportunities (*including flexible respite and retreat care*) by front-line staff.

### **To increase the employment rate**

Many people living with HIV are physically able to return to (*or start*) work, but may lack the confidence to do so, be out-of-practice on the recruitment process, or may need encouragement for retraining with particular skills and opportunities. Practical advice on job-hunting, CVs, application forms and interview technique should be available within **The Project**, as should be one-to-one support in the early days of returning to (*or starting*) work - this could be assisted by the Government's 'Welfare to Work' initiative. There should also be signposting to skills-based training and motivational courses. For example, the 'Positive Futures Partnership' supports the employment, education and skills prospects of people living with HIV, through advice, training and guidance. People living with HIV within close proximity to 'The Project' should be offered opportunities for voluntary working, and links with the South West Peninsula Voluntary Services should be explored.

### **To increase access to education, leisure and social facilities**

This objective is again linked to the confidence of people living with HIV to access mainstream education, leisure and social facilities. Information on local opportunities should be made available and staff should signpost individuals to opportunities for motivational courses and programmes which promote skills development and option appraisal. On the education side, practical advice on application forms and interview technique should be available; on the leisure/social side, peer support groups should be encouraged (*perhaps with facilitation*) to organise local events. One-to-one mental support in accessing and attending education, leisure and social facilities should also be available.

### **To increase access to government benefits**

A significant number of people living with HIV live on limited income. Information on the Government's welfare and benefit systems, eligibility criteria and application processes should be more available, and advice and support on completing and submitting appropriate claim forms should be provided. Community advocates could assist in ensuring that people receive the benefits to which they're entitled who attend 'The Project'.

As discussed above, a number of people living with HIV, particularly Black Africans, have undetermined, or non-residency, immigration status. Information on immigration issues should therefore be made more available, as should advice, sign-posting and support on completing application forms, appealing immigration decisions etc. Once someone is classed as a refugee or has been given exceptional leave to remain (*for example*), they may then be eligible for financial support through the UK's benefit system.

### **To increase income received from non-governmental hardship funds**

For people living with HIV on limited income who have no recourse to public funds and are hence not eligible to receive government benefits, there are a number of hardship funds run by the voluntary sector. Information on these funds should be more available, with advice and support provided on completing successful application forms.

### **To improve coordination and collaboration between stakeholders**

**The Project** will be the first step towards improved coordination between the social care, housing, health and voluntary sectors in the field of HIV nationally as well as locally. An HIV Stakeholders Group should also be established – and meet regularly - to share information, monitor the implementation of **The Project**, and coordinate service provision and delivery. Front-line staff in all sectors should have a better understanding of the system and procedures of the other organisations. Longer-term planning for all organisations should also be encouraged.

**The Project** should also be supported to plan over a longer time period, through guaranteed funding from the statutory agencies within the county.

Given the mobility of clients, and issues of confidentiality and disclosure, **The Project** should further develop joint working or partnerships with neighbouring statutory and voluntary agencies (*locally and nationally*).

## **Our Vision and Strategic Objectives**

Considering the situation in Cornwall, discussed within the above document, the following vision and strategic objectives have been developed.

### **Vision**

*Our vision is a world where people infected and affected by HIV are able to live their lives to their fullest.*

This can be achieved by:

- Empowering individuals to live as independently as possible, with control over the decisions which affect them.
- Providing and facilitating links with a holistic range of services.
- Reducing the stigma and discrimination often associated with HIV/AIDS.

### **Goal & Objectives**

As part of this vision, the overall goal of **The Project** is:

*To improve the quality of life for people infected or affected with HIV, living in Cornwall and re-establish a cost-effective National Residential Retreat, Respite, Education and Training Centre, including a temporary accommodation solution for those within the Southwest peninsula with housing related needs (**The Project**) that is available to all those affected by HIV within the UK.*

Which will be achieved by:

- 1) *Improving the health of people living with HIV, and their families and carers.*
- 2) *Increasing the income of people living with HIV.*
- 3) *Increasing the awareness for the needs of HIV-positive people and their care providers.*

In order to realise these, we will work towards specific objectives. If progress is made in each of these – assuming other things remain constant – then the purposes above will occur and progress towards our goal can be assumed.