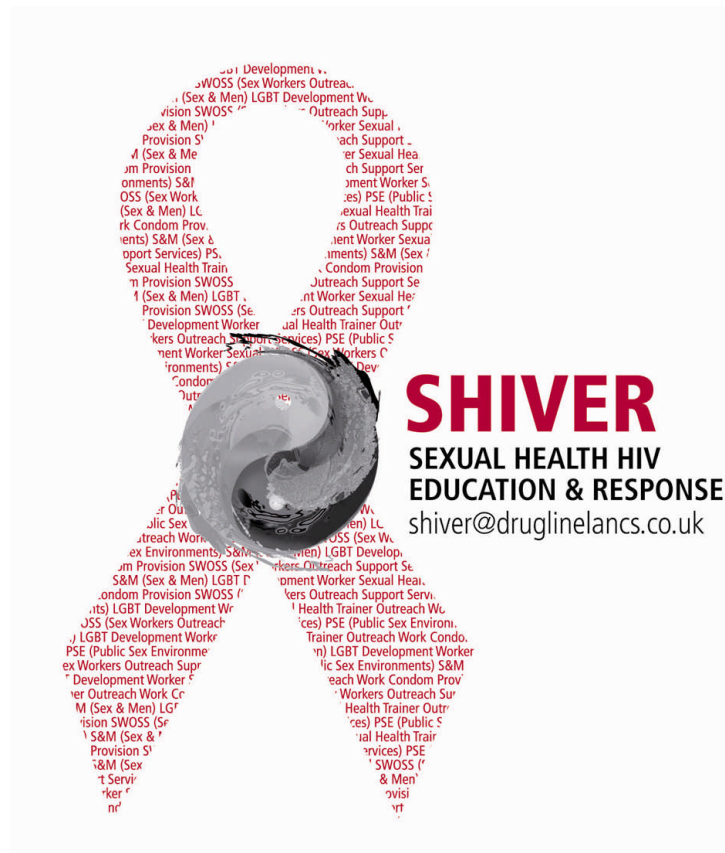


# drugline lancashire ltd



## Annual Report

2007/2008

**SHIVER**

*Report Author: HELEN HARDACRE*



**Project Annual Report Executive Summary to SHIVER 2007/08**

<b>1.</b>	<b>Name of Project:</b>
	SHIVER Project
<b>2.</b>	<b>Description of provision (including area(s) covered):</b>
	<p>SHIVER (Sexual Health, HIV, Education and Responses) encompasses a number of sexual health focused projects, particularly focused to Blackpool and the Fylde Coast. This encompasses SHIVER projects including S&amp;M project (sexual health for men venue outreach), PSE project (public sex environment), SWOSS project (sex workers outreach support service), One Stop Information Shop (LGBT Venue information and in-reach opportunity), PSE sauna project outreach/in reach, LGBT Project (Lesbian Gay Bisexual and Transgender) community development, Sexual Health Training project for Blackpool and Lancashire Voluntary Sector Capacity Building project for HIV services.</p> <p>All the projects mentioned above are joined together under the SHIVER (Sexual Health, HIV, Education and Responses) umbrella, the bespoke sexual health aspect of Drugline Lancashire, with the focus to target the hardest to reach communities within Blackpool and the Fylde Coast and one project covering Lancashire. The overall aim is to raise sexual health service awareness, to signpost to sexual health and other services, support access to sexual health and other services, offer sexual health and well being health maximizing information using targeted outreach and in reach techniques, married with increased opportunity for individual and community awareness and capacity building.</p> <p>The SHIVER Project, begun in July 2007, is allowing for Blackpool for the next five years the opportunity to work in partnership with existing HIV/STI/BBV services to offer better referral, assessment, care co-ordination and access to counselling, befriending, group support, issue programme support for those living with and affected by HIV/STIs.</p>
<b>3.</b>	<b>Tiers and strategic compliance coverage:</b>
	<ul style="list-style-type: none"> <li>• Tier one: offering information, education and awareness via posters, drop cards, leaflets, website, self-referrals and referrals from statutory and voluntary agencies, associated literature and advertising campaigns;</li> <li>• Tier two: offering one to one face to face or telephone contact, information provision and signposting by the project worker working from leads picked up via word of mouth, project resources and referrals from statutory and voluntary agencies; a mobile contact number or email address as advertised on project resources and web site);</li> <li>• Tier three: to be offered via leads gained from inreach/outreach events in local community venues, self-referrals and referrals from statutory and voluntary agencies, providing an assessment of needs and offering one to one counselling, befriending, complementary therapy, and group work, conducted either at the SHIVER site or a venue to be agreed to suit service user needs and SHIVER staff/ volunteer availability, via mail, email, telephone or face to face meetings.</li> </ul>



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<b>4.</b>	<b>Agreed outcomes of service:</b>
	<p>Annual Targets</p> <p>Outcome 1: To increase opportunities for support and learning for those living with or affected by HIV in Blackpool (20% of those living with 12% of those affected by based on 2005 data of 249 notifications) by the end of the project.</p> <p>Launch of volunteering (Induction and accredited), volunteer practice opportunities and direct service support.</p> <p>Outcome 2: The project to ensure through its responses that 75% of beneficiaries (those living with or affected by HIV in Blackpool) experience reduced isolation and discrimination (including homophobia) on an annual basis for the duration of the project.</p> <p>The project ensures direct service support is taken up by 50 people living with HIV per annum. The project ensures direct service support is taken up by 30 people affected by HIV per annum. The project ensures volunteer recruitment of 15 people per annum (including defined target groups) The project ensures movement to further education or employment of 5 volunteers per annum (including defined target groups) The project ensures advocacy for project service users in strategic forum to promote whole service developments and ensures through service user evaluation tool that evidence of project benefit and further service development to meet needs are established and undertaken in at least 6 monthly intervals.</p> <p>Outcome 3: The project to ensure though its responses that 75% of beneficiaries (those living with or affected by HIV in Blackpool) feel their needs are better able to be identified, they can access the support they require and better live with their diagnosis, enjoying present life and planning for the future on a annual basis for the duration of the project.</p> <p>The project to establish full project referral and infrastructure (referral pathways, assessment, care planning, care co-ordination, monitoring, volunteer learning and administration) systems. The project to launch volunteer learning (Induction and accredited) and participation in volunteer practice opportunities (as defined above) to minimum 15 and initial maximum of 20 individuals per annum. The project to launch direct service support to 80 individuals per annum (50 living with and 30 affected by HIV), services as defined above and annually reviewed for continued relevance and best benefit.</p>



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<p>The project ensures advocacy for project service users in strategic forum to promote whole service developments and ensures through service user evaluation tool that evidence of project benefit and further service development to meet needs are established and undertaken in at least 6 monthly intervals.</p> <p><b>Outcome 4:</b> The project to ensure 10% of those attending the service for support feel able to utilise their experience though volunteering/learning and 75% of beneficiaries feel through support /volunteering they are equipped to live healthier lives, (physically and emotionally,) feel better engaged in Blackpool life and more united in facing oppression through HIV status and/or homophobia by the end of the project.</p> <p>The project to establish full project referral and infrastructure (referral pathways, assessment, care planning, care co-ordination, monitoring, volunteer learning and administration) systems.</p> <p>The project to launch volunteer learning (Induction and accredited) and participation in volunteer practice opportunities (as defined above) to minimum 15 and initial maximum of 20 individuals per annum, with target of 8 drawn from those living with or affected by HIV (recruited through the direct service support).</p> <p>The project to launch direct service support to 80 individuals per annum (50 living with and 30 affected by HIV), services as defined above and annually reviewed for continued relevance and best benefit.</p> <p>The project ensures advocacy for project service users in strategic forum to promote whole service developments and ensures through service user evaluation tool that evidence of project benefit and further service development to meet needs are established and undertaken in at least 6 monthly intervals.</p> <p><b>Outcome 5:</b> The project to ensure it can strongly influence relevant local strategic agenda to the benefit of the service beneficiaries by the end of the project.</p> <p>The project to ensure though service beneficiary consultation mechanisms (individual-verbal and written and group) it can advocate for beneficiaries at relevant forums and project and area service development is relevant to the needs and changing needs of the service users.</p> <p>The project to ensure it actively shared project reporting to aid best evidence to support influence of local strategic agendas.</p> <p>The project to ensure project and/or service attendance including active networking at appropriate forums with appropriate agencies within at least the six relevant local agendas identified above.</p>
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<p>Quarterly Targets</p> <p>Outcome 1: Launch of volunteering (Induction and accredited), volunteer practice opportunities and direct service support.</p> <p>Outcome 2: The project ensures direct service support is taken up by 50 people living with HIV per annum. The project ensures direct service support is taken up by 30 people affected by HIV per annum. The project ensures volunteer recruitment of 15 people per annum (including defined target groups) The project ensures movement to further education or employment of 5 volunteers per annum (including defined target groups) The project ensures advocacy for project service users in strategic forum to promote whole service developments and ensures through service user evaluation tool that evidence of project benefit and further service development to meet needs are established and undertaken in at least 6 monthly intervals.</p> <p>Outcome 3: The project to establish full project referral and infrastructure (referral pathways, assessment, care planning, care co-ordination, monitoring, volunteer learning and administration) systems. The project to launch volunteer learning (Induction and accredited) and participation in volunteer practice opportunities (as defined above) to minimum 15 and initial maximum of 20 individuals per annum. The project to launch direct service support to 80 individuals per annum (50 living with and 30 affected by HIV), services as defined above and annually reviewed for continued relevance and best benefit. The project ensures advocacy for project service users in strategic forum to promote whole service developments and ensures through service user evaluation tool that evidence of project benefit and further service development to meet needs are established and undertaken in at least 6 monthly intervals.</p> <p>Outcome 4: The project to establish full project referral and infrastructure (referral pathways, assessment, care planning, care co-ordination, monitoring, volunteer learning and administration) systems. The project to launch volunteer learning (Induction and accredited) and participation in volunteer practice opportunities (as defined above) to minimum 15 and initial maximum of 20 individuals per annum, with target of 8 drawn from those living with or affected by HIV (recruited through the direct service support). The project to launch direct service support to 80 individuals per annum (50 living with and</p>
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30 affected by HIV), services as defined above and annually reviewed for continued relevance and best benefit.

The project ensures advocacy for project service users in strategic forum to promote whole service developments and ensures through service user evaluation tool that evidence of project benefit and further service development to meet needs are established and undertaken in at least 6 monthly intervals.

### Outcome 5:

The project to ensure through service beneficiary consultation mechanisms (individual-verbal and written and group) it can advocate for beneficiaries at relevant forums and project and area service development is relevant to the needs and changing needs of the service users.

The project to ensure it actively shared project reporting to aid best evidence to support influence of local strategic agendas.

The project to ensure project and/or service attendance including active networking at appropriate forums with appropriate agencies within at least the six relevant local agendas identified above.

Targets met to date

### Outcome 1:

From the start of the SHIVER Project in July 2007 to the end of March 2008, 106 individuals contacted in person resulting in 179 face to face contacts including 56 referrals (from voluntary and statutory agencies.) Individuals identified their need for support around HIV/BBV/STI issues and some more complicated by chaotic drug use and/or homelessness.

To date, 77 people have enquired about volunteering opportunities with SHIVER.

Of these, 29 have returned application forms, 2 are already working as volunteer counsellors, 25 are in the middle of the induction training and the remaining 2 have withdrawn their applications. Of the current people being inducted, 2 are qualified counsellors and 2 are complementary therapists. The remainder are interested in befriending or outreach/fundraising opportunities. Induction training, sexual health training and role-specific training is being offered to the volunteers.

### Outcome 2:

Clients receiving counselling have identified isolation as one of their presenting issues. The counselling sessions are helping to reduce this, as the clients work on self-esteem, past abuse and other issues, which minimise anxiety and depression, and the befriending service will also be able to reduce isolation and discrimination among the client group.

56 people living with HIV are so far accessing direct service support.

2 clients are affected by their partners HIV status.

2 volunteers have already been recruited as counsellors and a further 25 are undergoing induction training at present.

One volunteer has recently been offered employment and will shortly be leaving SHIVER.



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Advocacy for service users is currently taking place, with the Project Co-ordinator attending the Sexual Health Local Implementation Team meetings, and HIV Operational Group meetings, in addition to SURF meetings.

Service user evaluation tools have been developed, in the form of the initial Screening and Triage form which is completed at assessment, the Triage form, completed after six sessions, and the Client Feedback form, offered at the end of service-user involvement. These evidence client progress from the beginning to end of service involvement, and allow for further service development to meet the changing needs of the client group.

### Outcome 3:

Most clients are still being supported, however, all report having their needs identified at assessment, and can access the support they need through SHIVER and partner agencies. Many clients presenting with anxiety and depression, due to their diagnosis and other life factors, report improved ability to live with their diagnosis and make plans for the future as they progress through their individual care programmes.

Full project referral and infrastructure systems are now in place, with particular emphasis this quarter on volunteer learning and administration. All forms for volunteer recruitment and induction are now developed and being used, and the development of induction and role-specific learning is virtually complete.

Induction and accredited learning has been launched for volunteers as part of the current initial recruitment process, with 25 volunteers in the middle of training and 2 volunteer counsellors fully inducted and having partially completed their accredited sexual health training.

Direct service support has already been offered to 106 clients and taken up with 179 clients contacts .

The Project Co-ordinator attends the Sexual Health Local Implementation Team meetings, and HIV Operational Group meetings, in addition to SURF meetings.

Service users are offered the chance to complete a feedback form at the end of their involvement with SHIVER, to evaluate the service, ensure that it is beneficial, and develop the service as necessary.

### Outcome 4:

Full project referral and infrastructure systems are now in place.

Referral documents and pathways have been modified as the service has developed, to meet the needs of both service users and referrers. Particular emphasis this quarter has been given to developing volunteer learning and administration. All forms for volunteer recruitment and induction are now developed and in use, and the development of induction and role-specific learning is virtually complete. Induction training has taken place for 12 volunteers so far, and a further induction date will be arranged for any volunteers who were unable to attend the first session.



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<p>Induction and accredited learning has been launched for volunteers as part of the current initial recruitment process, with 25 volunteers in the middle of training and 2 volunteer counsellors fully inducted and having partially completed their accredited sexual health training.</p> <p>Direct service support has already been offered to 106 clients and taken up with 179 clients, The screening and triage process allows annual review and assessment for continued relevance and best benefit of existing service support for service users, with the possibility of further development of services relevant to client needs.</p> <p>The Project Co-ordinator attends the Sexual Health Local Implementation Team meetings, and HIV Operational Group meetings, in addition to SURF meetings, and SHIVER colleagues attend other relevant forums to establish and review service needs.</p> <p>The screening and triage process enables evaluation of the continued relevance of services, as it tracks client progress from initial contact, through service involvement, to discharge. Service users are offered the chance to complete a feedback form at the end of their involvement with SHIVER, to evaluate the service, ensure that it is beneficial, and develop it as necessary.</p> <p><b>Outcome 5:</b> Informal verbal consultation with service beneficiaries takes place at every contact, whether by telephone or face to face. Written consultation at present is in the form of the service user evaluation tool, offered to all clients at the end of service involvement. No group sessions take place at present, although these are planned for the future.</p> <p>Attendance at relevant forums (as detailed at Outcome 2) allows the needs and changing needs of service users to be voiced and developed as necessary.</p> <p>Attendance at local forums (as detailed at Outcome 2) allows project reporting to take place, thus providing evidence to influence strategic agendas.</p> <p><b>Project attendance at:</b></p> <ul style="list-style-type: none"><li>• The HIV Operational group;</li><li>• The Sexual Health LIT;</li><li>• The HIV Review Team;</li><li>• SURF.</li></ul> <p><b>Service attendance at:</b></p> <ul style="list-style-type: none"><li>• LGBT forum;</li><li>• Trans Forum;</li><li>• PACT meetings.</li></ul> <p>Active networking takes place at these forums with a number of agencies, for example Blackpool Primary Care Trust, the Police Service, Social Services, Body Positive.</p> <p>In addition, active networking also takes place regularly with the following local agencies:</p> <ul style="list-style-type: none"><li>• GUM Clinic;</li><li>• Community Nursing Team;</li></ul>
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	<ul style="list-style-type: none"> <li>• Blackpool Council Respect Parenting Team;</li> <li>• Blackpool Primary Care Trust Intermediate Mental Health Team;</li> <li>• Blackpool Social Services;</li> <li>• Preston Social Services;</li> <li>• Connect Young Person's Health Service;</li> <li>• Citizens Advice Bureau;</li> <li>• SURF;</li> <li>• Awaken Project;</li> <li>• Liberty Church;</li> <li>• Blackpool Volunteer Centre;</li> <li>• Vincent House;</li> <li>• Advice Link;</li> <li>• Hope House needle exchange.</li> </ul>
<b>5.</b>	<b>Current monitoring arrangements:</b>
	<p>Time sheets completed weekly.  Rota/ Itinerary filled in as requested.  Monitoring forms to Corporate SHIVER standards / Excel format completed and attached to all quarterly reports.  All quarterly reports completed and submitted on time and presented in the format requested.</p>
<b>6.</b>	<b>DIP linkages</b>
	N/A
<b>7.</b>	<b>LDAT /CSDP spend for year</b>
	N/A
<b>8.</b>	<b>Other funding source and spend for year:</b>
	Big Lottery Fund
<b>9.</b>	<b>Over view of activity and significant events for the year</b>
	<p>As I only came into post in July 2007, there was obviously no activity or significant events in Quarter 1.</p> <p>Quarter 2:</p> <p>Contacts developed to receive email updates and educational literature for service users- NAM, mandbf, UKNSWP.</p> <p>Building network of contacts and attending appropriate strategic forums- HIV Operational Group, Red Ribbon Committee;  and agencies- GUM Clinic, Community Nursing Team, Body Positive, Blackpool Council, Blackpool Social Services, Preston Social Services, Connect Young Person's Health Service,</p>



<p>Citizen’s Advice Bureau, Volunteer Centre, SURF.</p> <p>Planning publicity in Polish Newsletter for SHIVER.</p> <p>Developing forms for volunteer recruitment and Counselling clients’ files.</p> <p>Referral pathway developed.</p> <p>Monitoring systems being developed.</p> <p>Attendance at HIV Operational Group and Red Ribbon Committee.</p> <p>Visits to GUM Clinic, Community Nursing Team, Body Positive, Volunteer Centre, SURF.</p> <p>Counselling clients seen at Connect Young People’s Health Service and SHIVER.</p> <p>Quarter 3:</p> <p>The most significant event this quarter was the official launch of the SHIVER Project to the LGBT community, with outreach work at the Flying Handbag and the Flamingo Club, attendance at Tiramisu Restaurant with representatives from the community, and reading a speech at the World AIDS Day vigil.</p> <p>To date, 56 people have been referred to the project from a variety of sources, and clients are starting to self-refer. Many have requested counselling, but a diverse range of support is also in place, including referral to other agencies when appropriate.</p> <p>I have continued to develop links with local statutory and voluntary agencies and email contacts, to publicise the SHIVER Project and explore support opportunities for my clients.</p> <p>Agencies I have visited include Blackpool Council Respect Parenting Team, Connect Young Person’s Health Service, Vincent House, and Hope House needle exchange, to publicise SHIVER and obtain information about possible referral sources for clients.</p> <p>Weekly visits to the Community Nursing Team are made to collect referrals, and Allocation meetings take place with Body Positive to discuss immediate client needs. After initial assessment at SHIVER, clients are also referred to Body Positive and other agencies, when appropriate.</p> <p>Two volunteer Counsellors-in-training have now been recruited and two qualified Counsellors are also in the process of being recruited, along with a volunteer befriender. I organised a team meeting with the counsellors and am offering supervision to them.</p> <p>Advice Link forums on ‘Debt’ and ‘Working as an advisor’ provided opportunities for networking and gathering information leaflets from other agencies to pass on to clients.</p>
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Also, the Social Prescribing Conference was a valuable source of information to offer non-medical, self-help, holistic alternatives to clients, for example Bibliotherapy, Steps to Health etc. Attendance at the Cumbria and Lancashire Sexual Health Network Conference and Blood Borne Virus training also provided good opportunities for networking.

I took part in the Counselling and Diversity Task Group meetings, and will attend other task groups when meetings are arranged. In addition, I attended a meeting of the Sexual Health Local Implementation Team, which has resulted in a meeting with a GUM consultant, due to take place early in 2008.

In addition to the Blood Borne Virus training, I also attended The Navajo Understanding Sexuality course, and a six session Health Trainers course. I also completed training in Electro-Stimulation Therapy, which can now be offered to clients and used to train volunteers.

### Quarter 4:

The most significant event this quarter has been the development of volunteer recruitment procedures and induction training, and 25 people with a variety of backgrounds and experience are currently attending both induction and accredited training. They will be bringing a wealth of talents and experience to offer SHIVER service users counselling, complementary therapy and befriending support, so that direct service support can continue to be developed and offered to new and existing clients.

The Project Co-ordinator attended a meeting at Preston Drugline with the Preston Volunteer Co-ordinator to ensure that corporate standards for volunteer recruitment, induction and ongoing support are being met.

The Project Co-ordinator provides ongoing support to all the existing needle exchange volunteers and volunteer counsellors in the form of regular supervision and emergency ad-hoc support.

Five of the volunteers, along with members of SHIVER and Drugline staff, attended a charity cabaret event at the Flying Handbag on Easter Sunday to raise money for the SHIVER Hardship Fund. They actively worked to collect donations and sell raffle tickets, in addition to being a 'presence' for SHIVER throughout the day. The grand total of £1,185 was raised! (See Appendix for poster advertising the event.)

The Project Co-ordinator, other SHIVER staff and one volunteer also attended the Red Ribbon Ball in Preston. A display stand was set up with information and advice leaflets, and the evening was a good opportunity to publicise SHIVER and network with other agencies.

To date, 56 referrals have been made to the SHIVER Project since it was launched, some



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self referrals and others from a variety of statutory and voluntary agencies. The number of referrals far exceeds expectations, but all clients are offered assessment and subsequent support, tailored to their individual needs.

Links with local and national statutory and voluntary agencies continue to be made to enhance and increase service provision. A significant contact was made when the Project Co-ordinator attended a training day at Sahir House in Liverpool. The training was delivered by their Volunteer Co-ordinator, who also has contact with George House Trust, and an exploratory meeting to establish a North West HIV Volunteer Co-ordinator's Network and Support Forum, initially with Sahir House, George House Trust and SHIVER, is planned for early April. This promises to be a good source of help for Co-ordinators and clients alike.

The Project Co-ordinator is also attending a five session training course organised by the Volunteer Centre for Volunteer Managers. One session, about recruiting volunteers, has currently been held, and the remainder will take place from April to July.

A meeting was held with Dr. Wasef, HIV Consultant, at Blackpool Victoria Hospital GUM Clinic, arranged as a result of attendance at the Sexual Health Local Implementation Team meeting. This was to present SHIVER to Dr. Wasef and provided an opportunity not just to explain existing SHIVER services and support, but also to receive feedback from Dr. Wasef about what she would like SHIVER to offer her and her clients. As a result of the meeting, Dr. Wasef has expressed an interest in the Project Co-ordinator attending the HIV clinic on a weekly basis, to take pressure off her and other Consultants when clients have non-medical issues they want to discuss.

As a result of this meeting, the Project Co-ordinator also met with Suzan Potts, a lead nurse at the GUM Clinic, to explore the possibility of SHIVER attendance at the clinic and also to offer a presentation of SHIVER to all GUM staff at one of their monthly team meetings, to be led by the SHIVER Manager and Co-ordinator.

Regular weekly meetings with Queen Street Community Nursing Team take place, for the SHIVER Project Co-ordinator to collect client referrals and share necessary information. Telephone contact and extra visits to collect urgent referrals are also arranged as necessary.

A Body Positive volunteer attends SHIVER each week for updates about referrals, or if no volunteer is available, telephone or email contact is made. Partnership with Body Positive has been strengthened in 2008, and clients are supported by either or both organisations, according to individual needs.

Visits to Connect have also been made to continue existing links, and one of their workers has attended Sexual Health training at SHIVER as a result.



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An inter-agency meeting, hosted by the Community Nursing Team, was organised by the SHIVER Project Co-ordinator to provide co-ordinated care and support for a family in need. Child protection procedures were put in place.

A presentation was made at Hope House to the Community Drugs Team, including the Needle Exchange staff, to introduce SHIVER and explain about the referral system. Several clients have been referred by them.

A networking visit to Glenroyd Medical Centre, at the invitation of their Practice Nurse, has led to a planned visit to introduce and promote SHIVER to their staff.

In addition to the HIV Training course at Sahir House and the Volunteer Manager's training, the Project Co-ordinator has attended Drugline Team Days and Team Meetings, which included diversity training around Black Minority Ethnic issues and awareness of difficulties facing people with a range of mental and physical disabilities.

The Co-ordinator also delivered in-house training about sexuality to Drugline and SHIVER staff at Team Day in February, in line with agency diversity training needs. This was based on material developed by Carol Painter and Jo Adams, from Sheffield Centre for HIV and Sexual Health, and also from the Navajo 'Understanding Sexuality' Training for Trainers course, amended according to agency requirements. (See Appendix for sexuality training model used)

The Co-ordinator completed a portfolio to meet accreditation requirements for the Navajo 'Understanding Sexuality' Training for Trainers course and was successful in gaining accreditation, dropping only two marks over the whole portfolio. (See Appendix for Candidate Feedback sheet.)

The Project was also represented at an Advice Link event at Blackpool Winter Gardens, where the service was promoted to members of the public and other agencies in attendance at the event.

The Project Co-ordinator hosted a Trans-Inclusion group meeting at SHIVER during the LGBT Worker's annual leave. This was a chance to network with members of the group.

Attendance at Age Concern Preston's 'Friends of Dorothy' Group's book launch of 'Nowt so Queer', to mark LGBT History Week, was an excellent opportunity to network with many contacts from local and national agencies. It was a privilege to meet many of the contributors of the book, who have endured discrimination and suffering throughout their early lives and who fought tirelessly for recognition not just for themselves but for others from their community who were less able to voice their needs and rights.

Attendance at the Sexual Health Local Implementation Team and SURF meetings gave an opportunity for SHIVER to be represented and to provide advocacy for the needs of the



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	client group.
<b>10.</b>	<b>Statistical activity for the year</b>
	<p>Face to face contacts: 179            Group work and activity -number of events/ no of individuals: 0            Education/training-number of events and individuals:            SHIVER Induction Training- 1 session/ 12 volunteers;            Drugline/SHIVER Team Day- Sexuality training- 1 session/18 staff members.            Number of information materials distributed: 510            Number of networking contacts: 149</p> <p>For SHIVER Project-            Key stage development activity:            Assessments completed- 56            Care Plans completed- 56.</p> <p>Maximum number of days any client had to wait for initial contact: 4 working days.</p> <p>Number of referrals and from whom:            Total=56</p> <ul style="list-style-type: none"> <li>• Self referrals- 24;</li> <li>• Internal referrals- 4;</li> <li>• Community Nursing Team- 19;</li> <li>• Connect Young Persons' Counselling Service-2;</li> <li>• Inward House-1;</li> <li>• CDT- 1;</li> <li>• Dr Sweeney, GUM Clinic- 2;</li> <li>• Preston/ Lancashire Specialist HIV Social Worker- 1;</li> <li>• Intermediate Mental Health Team- 2.</li> </ul> <p>Numbers referred to and to who:            Total clients= 12 (Some clients have been referred to more than one agency)</p> <ul style="list-style-type: none"> <li>• SHIVER LGBT worker- 1;</li> <li>• Body Positive/HEAL- 5;</li> <li>• Blackpool Social Services- 5;</li> <li>• Preston Social Services- 1;</li> <li>• Blackpool Children's Services- 1;</li> <li>• Advice Link- 2;</li> <li>• Inward House- 1;</li> <li>• George House Trust- 2;</li> <li>• Citizen's Advice Bureau FIF Money Advice Worker- 1</li> </ul> <p>Numbers in treatment:</p>



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<p>Counselling – 23 Befriending – 0 (Waiting list- 1) Complementary Therapies – 0 (Waiting list- 5) Other support- 10</p> <p>New Client presentations for the year - 56 Numbers retained over 12 weeks – 7 Numbers discharged below 12 weeks - 13 Numbers discharged over 12 weeks – 0</p> <p>Meetings attended:</p> <ul style="list-style-type: none"><li>• Blackpool Drugline/SHIVER Team meetings;</li><li>• Drugline Lancashire Team days;</li><li>• Internal and external supervision meetings;</li><li>• Volunteer Centre AGM and Board Meetings;</li><li>• HIV Operational Group;</li><li>• Meetings with HIV Consultants;</li><li>• Meetings with Preston HIV Social Worker ;</li><li>• Meetings with Blackpool HIV Social Work Team;</li><li>• Red Ribbon Committee;</li><li>• Allocation Meetings with Body Positive;</li><li>• Formal and informal Meetings with Community Nursing Team re clients;</li><li>• Sexual Health Local Implementation Team meetings;</li><li>• Drugline blood borne virus task group;</li><li>• Connect Young Person’s Health Service;</li><li>• Community Drugs Team;</li><li>• Preston Drugline Volunteer Co-ordinator;</li><li>• SURF AGM and forum meetings;</li><li>• Sexual Health Local Implementation Team;</li><li>• Blackpool Housing Department;</li><li>• Preston job Centre;</li><li>• Citizens Advice Bureau;</li><li>• Preston and Western Racial Equality Council.</li></ul> <p>Conferences attended:</p> <ul style="list-style-type: none"><li>• Sexual Health of the North West Conference;</li><li>• Advice Link Debt Conference;</li><li>• Advice Link Conference for Advisors;</li><li>• Social Prescribing Networking Conference;</li><li>• Cumbria and Lancashire Sexual Health Network Conference.</li></ul>
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	<p>Training /presentations offered: Presentations of the SHIVER Project given to the following people/ agencies:</p> <ul style="list-style-type: none"> <li>• Vincent House;</li> <li>• Hope House needle exchange;</li> <li>• Respect Parenting Project;</li> <li>• Community Drugs Team;</li> <li>• GUM Clinic Consultant.</li> </ul> <p>Internal training delivered to:</p> <ul style="list-style-type: none"> <li>• Drugline/SHIVER team day;</li> <li>• SHIVER volunteer induction training.</li> </ul> <p>Training received:</p> <ul style="list-style-type: none"> <li>• SHIVER OCN Level I Introduction to Sexually Transmitted Infections;</li> <li>• Terence Higgins Trust HIV and Hepatitis C co-infection;</li> <li>• Navajo Training for Trainers (5 day course);</li> <li>• Health Training course (6 sessions);</li> <li>• Electro-Stimulation Training;</li> <li>• Blood Borne Virus Continuing Professional Development training;</li> <li>• Sahir House HIV Training;</li> <li>• Volunteer Centre- Volunteer Manager's course- Recruiting volunteers;</li> <li>• Black Minority Ethnic awareness training;</li> <li>• Disability Awareness training.</li> </ul>
<b>11.</b>	<b>Overview of Conclusion for the year</b>
	<p>Since I took up my post, I have constantly been learning from colleagues and networking contacts, to build on my existing knowledge of HIV and STIs. Much of my initial time was spent networking and developing the project's referral systems and infrastructure.</p> <p>The SHIVER Project has been consistently ahead of targets.</p> <p>Administration forms for clients and volunteers have been developed and are in use, with revisions taking place as necessary.</p> <p>Direct service support for clients requiring counselling is already well established, with counselling being delivered and co-ordinated by the Project Co-ordinator and a vibrant and active team of volunteer counsellors, and complementary therapies in the process of being offered, as soon as decorating is completed and the therapy rooms are refurbished in the new discrete SHIVER premises. A range of volunteer complementary therapists and befrienders are currently being recruited and inducted, some through advertisements in local papers and others by word of mouth contacts from within and outside the local Lesbian Gay Bisexual Transgendered community. Opportunities for volunteers include in-house sexual health training and full agency induction, along with ongoing supervision and future training opportunities.</p>



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	<p>Strong active networking contacts are in place with many statutory and voluntary agencies throughout the Blackpool area and further afield in the North West, resulting in good working relationships, and the confidence for referrers to approach SHIVER for quality service for a range of diverse clients. Networking with North West area colleagues means that SHIVER services are becoming well-known and wider-spread, with minimum financial costs to Drugline/ SHIVER and Sexual Health Commissioners. Networking with, and referrals to, national agencies also means that additional specialist support can be provided for clients with more complex needs, thus enhancing SHIVER's support and responding to the needs of the clients, as identified in the 2005 Blackpool HIV Needs Assessment.</p> <p>The Project Co-ordinator attends various local forums and strategic meetings to publicise the SHIVER Project and report on progress. This also allows the opportunity to advocate for service users supporting their current needs and influencing strategic agendas and service development to support their future needs by developing relevant, 'state of the art' services. Robust monitoring systems are in place and will be regularly reviewed throughout the project , to offer as evidence to influence strategic agendas and future service development.</p> <p>The World AIDS Weekend events provided a good opportunity to advertise the SHIVER Project to the local community, and the outreach workers received a great deal of interest and many favourable comments. This awareness and education work was further consolidated by a fundraising event on Easter Sunday at The Flying Handbag pub, which was well-supported by SHIVER staff and volunteers, and favourably received by the community members who were present.</p>
<b>12.</b>	<b>Overview of Plans for the following year</b>
	<p>During the next year, the following plans for the project are in place:</p> <p>Recruitment, induction and training of volunteers will continue, to support the existing and newly-identified needs of the service users. Role-specific training will be delivered by the Project Co-ordinator to enable the volunteers to provide a quality service with confidence.</p> <p>A dedicated volunteer area will be developed, with access to computerised and written education and information about sexual health and volunteering issues, to be updated on a regular basis. Team-building and other volunteer training needs will be identified, developed, and delivered. Partner agencies will be invited to speak to volunteers to inform them of their services, so that volunteers are made aware of other referral pathways to support client needs. Formal and informal events and activities will take place to recognise, thank and value the commitment and expertise of the volunteer team.</p> <p>SHIVER's relocation to discrete premises have provided a more confidential area for clients to be seen, with the full range of identified direct service support able to be developed and offered.</p>



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	<p>Group work will commence, and it is hoped that one of the HIV Community Nurses will co-facilitate the group on some occasions. Other contacts are interested in developing and co-facilitating groups to offer assertiveness training for vulnerable clients, especially gay men, and also support for service users who self-harm. Social groups will also be offered, as an addition to the befriending service, to help reduce social isolation and discrimination, allowing clients to better with their diagnosis, enjoy present life and plan for the future, in response to identified project outcomes.</p> <p>It is hoped that, as the Project continues, service users will be empowered to utilise their experience through volunteering, feel better engaged in Blackpool life, and more united in facing oppression through HIV status and/or homophobia.</p> <p>Active networking with a range of agencies and attendance at strategic meetings will continue, to try to reach the most vulnerable communities and ensure advocacy for service users, promoting and developing services in line with service user requirements, and influencing relevant local strategic agendas.</p> <p>Training opportunities for service users, volunteers, and SHIVER staff, will be identified and accessed as available.</p> <p>Project outcomes will be reviewed and developed in line with annual targets, using verbal and written service user and volunteer feedback and corporate monitoring systems.</p>
<b>13.</b>	<b>Significant events for the project for the year</b>
	<p>In Quarter 2, the following significant events took place:</p> <p>Contacts developed to receive email updates and educational literature for service users- NAM, mandbf, UKNSWP.</p> <p>Building network of contacts and attending appropriate strategic forums:</p> <ul style="list-style-type: none"> <li>• HIV Operational Group,</li> <li>• Red Ribbon Committee;</li> </ul> <p>and agencies:</p> <ul style="list-style-type: none"> <li>• GUM Clinic,</li> <li>• Community Nursing Team,</li> <li>• Body Positive,</li> <li>• Blackpool Council,</li> <li>• Blackpool Social Services,</li> <li>• Preston Social Services,</li> <li>• Connect Young Person's Health Service,</li> <li>• Citizen's Advice Bureau,</li> </ul>



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<ul style="list-style-type: none"><li>• Volunteer Centre,</li><li>• SURF.</li></ul> <p>Planning publicity in Polish Newsletter for SHIVER.</p> <p>Developing forms for volunteer recruitment and Counselling clients' files.</p> <p>Referral pathway developed.</p> <p>Monitoring systems being developed.</p> <p>Attendance at HIV Operational Group and Red Ribbon Committee.</p> <p>Visits to GUM Clinic, Community Nursing Team, Body Positive, Volunteer Centre, SURF.</p> <p>Counselling clients seen at Connect Young People's Health Service and SHIVER.</p> <p>Quarter 3 was marked by the following significant events:</p> <p>The most significant event this quarter was the official launch of the SHIVER Project to the LGBT community, with outreach work at the Flying Handbag and the Flamingo Club, attendance at Tiramisu Restaurant with representatives from the community, and reading a speech at the World AIDS Day vigil.</p> <p>To date, 56 people have been referred to the project from a variety of sources, and clients are starting to self-refer. Many have requested counselling, but a diverse range of support is also in place, including referral to other agencies when appropriate.</p> <p>I have continued to develop links with local statutory and voluntary agencies and email contacts, to publicise the SHIVER Project and explore support opportunities for my clients.</p> <p>Agencies I have visited include Blackpool Council Respect Parenting Team, Connect Young Person's Health Service, Vincent House, and Hope House needle exchange, to publicise SHIVER and obtain information about possible referral sources for clients.</p> <p>Weekly visits to the Community Nursing Team are made to collect referrals, and Allocation meetings take place with Body Positive to discuss immediate client needs. After initial assessment at SHIVER, clients are also referred to Body Positive and other agencies, when appropriate.</p> <p>Two volunteer Counsellors-in-training have now been recruited and two qualified Counsellors are also in the process of being recruited, along with a volunteer befriender. I organised a team meeting with the counsellors and am offering supervision to them.</p>
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Advice Link forums on 'Debt' and 'Working as an advisor' provided opportunities for networking and gathering information leaflets from other agencies to pass on to clients. Also, the Social Prescribing Conference was a valuable source of information to offer non-medical, self-help, holistic alternatives to clients, for example Bibliotherapy, Steps to Health etc. Attendance at the Cumbria and Lancashire Sexual Health Network Conference and Blood Borne Virus training also provided good opportunities for networking.

I took part in the Counselling and Diversity Task Group meetings, and will attend other task groups when meetings are arranged. In addition, I attended a meeting of the Sexual Health Local Implementation Team, which has resulted in a meeting with a GUM consultant, due to take place early in 2008.

In addition to the Blood Borne Virus training, I also attended The Navajo Understanding Sexuality course, and a six session Health Trainers course. I also completed training in Electro-Stimulation Therapy, which can now be offered to clients and used to train volunteers.

The most significant events of Quarter 4 were as follows:

The most significant event this quarter has been the development of volunteer recruitment procedures and induction training, and 25 people with a variety of backgrounds and experience are currently attending both induction and accredited training. They will be bringing a wealth of talents and experience to offer SHIVER service users counselling, complementary therapy and befriending support, so that direct service support can continue to be developed and offered to new and existing clients.

The Project Co-ordinator attended a meeting at Preston Drugline with the Preston Volunteer Co-ordinator to ensure that corporate standards for volunteer recruitment, induction and ongoing support are being met.

The Project Co-ordinator provides ongoing support to all the existing needle exchange volunteers and volunteer counsellors in the form of regular supervision and emergency ad-hoc support.

Five of the volunteers, along with members of SHIVER and Drugline staff, attended a charity cabaret event at the Flying Handbag on Easter Sunday to raise money for the SHIVER Hardship Fund. They actively worked to collect donations and sell raffle tickets, in addition to being a 'presence' for SHIVER throughout the day. The grand total of £1,185 was raised! (See Appendix for poster advertising the event.)

The Project Co-ordinator, other SHIVER staff and one volunteer also attended the Red Ribbon Ball in Preston. A display stand was set up with information and advice leaflets, and the evening was a good opportunity to publicise SHIVER and network with other agencies.



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To date, 56 referrals have been made to the SHIVER Project since it was launched, some self referrals and others from a variety of statutory and voluntary agencies. The number of referrals far exceeds expectations, but all clients are offered assessment and subsequent support, tailored to their individual needs.

Links with local and national statutory and voluntary agencies continue to be made to enhance and increase service provision. A significant contact was made when the Project Co-ordinator attended a training day at Sahir House in Liverpool. The training was delivered by their Volunteer Co-ordinator, who also has contact with George House Trust, and an exploratory meeting to establish a North West HIV Volunteer Co-ordinator's Network and Support Forum, initially with Sahir House, George House Trust and SHIVER, is planned for early April. This promises to be a good source of help for Co-ordinators and clients alike.

The Project Co-ordinator is also attending a five session training course organised by the Volunteer Centre for Volunteer Managers. One session, about recruiting volunteers, has currently been held, and the remainder will take place from April to July.

A meeting was held with Dr. Wasef, HIV Consultant, at Blackpool Victoria Hospital GUM Clinic, arranged as a result of attendance at the Sexual Health Local Implementation Team meeting. This was to present SHIVER to Dr. Wasef and provided an opportunity not just to explain existing SHIVER services and support, but also to receive feedback from Dr. Wasef about what she would like SHIVER to offer her and her clients. As a result of the meeting, Dr. Wasef has expressed an interest in the Project Co-ordinator attending the HIV clinic on a weekly basis, to take pressure off her and other Consultants when clients have non-medical issues they want to discuss.

As a result of this meeting, the Project Co-ordinator also met with Suzan Potts, a lead nurse at the GUM Clinic, to explore the possibility of SHIVER attendance at the clinic and also to offer a presentation of SHIVER to all GUM staff at one of their monthly team meetings, to be led by the SHIVER Manager and Co-ordinator.

Regular weekly meetings with Queen Street Community Nursing Team take place, for the SHIVER Project Co-ordinator to collect client referrals and share necessary information. Telephone contact and extra visits to collect urgent referrals are also arranged as necessary.

A Body Positive volunteer attends SHIVER each week for updates about referrals, or if no volunteer is available, telephone or email contact is made. Partnership with Body Positive has been strengthened in 2008, and clients are supported by either or both organisations, according to individual needs.

Visits to Connect have also been made to continue existing links, and one of their workers has attended Sexual Health training at SHIVER as a result.



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An inter-agency meeting, hosted by the Community Nursing Team, was organised by the SHIVER Project Co-ordinator to provide co-ordinated care and support for a family in need. Child protection procedures were put in place.

A presentation was made at Hope House to the Community Drugs Team, including the Needle Exchange staff, to introduce SHIVER and explain about the referral system. Several clients have been referred by them.

A networking visit to Glenroyd Medical Centre, at the invitation of their Practice Nurse, has led to a planned visit to introduce and promote SHIVER to their staff.

In addition to the HIV Training course at Sahir House and the Volunteer Manager's training, the Project Co-ordinator has attended Drugline Team Days and Team Meetings, which included diversity training around Black Minority Ethnic issues and awareness of difficulties facing people with a range of mental and physical disabilities.

The Co-ordinator also delivered in-house training about sexuality to Drugline and SHIVER staff at Team Day in February, in line with agency diversity training needs. This was based on material developed by Carol Painter and Jo Adams, from Sheffield Centre for HIV and Sexual Health, and also from the Navajo 'Understanding Sexuality' Training for Trainers course, amended according to agency requirements. (See Appendix for sexuality training model used)

The Co-ordinator completed a portfolio to meet accreditation requirements for the Navajo 'Understanding Sexuality' Training for Trainers course and was successful in gaining accreditation, dropping only two marks over the whole portfolio. (See Appendix for Candidate Feedback sheet.)

The Project was also represented at an Advice Link event at Blackpool Winter Gardens, where the service was promoted to members of the public and other agencies in attendance at the event.

The Project Co-ordinator hosted a Trans-Inclusion group meeting at SHIVER during the LGBT Worker's annual leave. This was a chance to network with members of the group.

Attendance at Age Concern Preston's 'Friends of Dorothy' Group's book launch of 'Nowt so Queer', to mark LGBT History Week, was an excellent opportunity to network with many contacts from local and national agencies. It was a privilege to meet many of the contributors of the book, who have endured discrimination and suffering throughout their early lives and who fought tirelessly for recognition not just for themselves but for others from their community who were less able to voice their needs and rights.

Attendance at the Sexual Health Local Implementation Team and SURF meetings gave an



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	opportunity for SHIVER to be represented and to provide advocacy for the needs of the client group.
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### I. Introduction

SHIVER (Sexual Health, HIV, Education and Responses) encompasses a number of sexual health focused projects, particularly focused to Blackpool and the Fylde Coast.

SHIVER is the bespoke sexual health aspect of Drugline Lancashire, with the focus to target the hardest to reach communities within Blackpool and the Fylde Coast.

The overall aim is to raise sexual health service awareness, to signpost to sexual health and other services, support access to sexual health and other services, offer sexual health and well being health maximizing information using targeted outreach and in reach techniques, married with increased opportunity for individual and community awareness and capacity building.

The SHIVER Project, begun in July 2007, is allowing for Blackpool for the next five years the opportunity to work in partnership with existing HIV/STI/BBV services to offer better referral, assessment, care co-ordination and access to counselling, befriending, group support, issue programme support for those living with and affected by HIV/ BBVs, STIs.

### Background to the project

The project, which commenced in July 2007, is in response to the 2005 Blackpool HIV Needs Assessment, and is providing identified direct service support (counselling, befriending, complementary therapies, group work), along with advocacy for service users at relevant, local strategic agendas. In addition, opportunities are offered to volunteers from within the HIV and LGBT communities, as well as people affected by, or interested in supporting, those with HIV/BBVs and STIs.



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### Definition of Terms

**AIDS:** Acquired Immune Deficiency Syndrome

**Bibliotherapy:** A form of supportive psychotherapy in which the patient is given carefully selected material to read, to supplement face to face sessions

**Body Positive/HEAL:** Body Positive/ Health Education AIDS Liaison- a Blackpool voluntary organisation providing emotional and practical support, regardless of gender, age, sexuality, lifestyle, race or creed, for people living with or affected by HIV & AIDS

**BBV:** Blood borne virus

**CDT:** Community Drug Team

**Electro-Stimulation Therapy:** a safe and simple complementary therapy which involves small, painless electrical pulses being passed through the body via surface electrodes to stimulate the production of substances which form part of the body's natural mechanism for dealing with stress. Its principles are common to acupuncture, however, the skin is not pierced and no needles are used. Treatment enables the body to regain the functioning of its natural stress-coping mechanisms, thus boosting the immune system.

**GUM Clinic:** Genito-Urinary Medicine Clinic

**HIV:** Human Immunodeficiency Virus

**HIV Operational Group:** A multi-agency group to plan HIV care and support for the people of Blackpool

**HIV Review Team:** A multi-agency team to review local HIV care needs

**LGBT community:** Lesbian Gay Bisexual Transgendered community

**mandbf:** Mentoring and Befriending Foundation- aiming to ensure that mentoring and befriending are at the centre of current and future national volunteering strategies

**NAM:** National AIDS Manual

**Navajo:** An umbrella group for LGBT self help groups, named after the largest tribe of North American Indians

**OCN:** Open College Network

**PACT:** Police and Community Together- A group concerned with building relationships between the police force and local communities

**PSE project:** Public Sex Environment Project

**Red Ribbon Ball:** The Red Ribbon Cabaret was first conceived in Blackburn as 'Aid for AIDS' in 1992 and moved to Preston in 1997. This annual event, now held at 53 Degrees Club at the University of Central Lancashire, raises money for local people affected by HIV

**Sexual Health LIT:** Sexual Health Local Implementation Team- Strategic planning for the sexual health needs of the local community

**SHIVER Project:** Sexual Health HIV Education and Responses Project

**STI:** Sexually transmitted infection

**S&M project:** Sexual Health for Men Project

**SURF:** Sustainable Urban Regeneration Forum

**SWOSS project:** Sex Workers Outreach Support Service

**Trans-inclusion group:** A group dedicated to the interests of members of the transgendered and transsexual community, looking at issues such as sexual equality, human rights and social acceptance amongst the general population



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### **UKNSWP: United Kingdom Network of Sex Work Projects**

#### **Rationale**

The 2005 Blackpool Needs Assessment identified gaps in provision of services for local people living with and affected by HIV, Blood Borne Viruses and Sexually Transmitted Infections. Its focus is to target the hardest to reach communities, and is an opportunity to work in partnership with existing HIV/STI/BBV services to offer better referral, assessment, care co-ordination and access to counselling, befriending, group support, issue programme support for those living with and affected by HIV/STIs.



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### 2. Aims and Objectives

#### **Aims:**

- To offer better referral, assessment, and care co-ordination for those living with and affected by HIV, STIs and BBVs;
- To provide access to counselling, befriending, and group support for those living with and affected by HIV, STIs and BBVs;
- To provide for the unmet needs of those living with and affected by HIV, STIs and BBVs, as identified in the 2005 HIV Needs Assessment;
- To reduce isolation, discrimination and oppression;
- To provide opportunities for learning and volunteering;
- To benefit service beneficiaries by influencing relevant local agendas.

#### **Objectives:**

- To increase opportunities for support and learning for those living with or affected by HIV in Blackpool (20% of those living with 12% of those affected by based on 2005 data of 249 notifications);
- To ensure that 75% of those living with or affected by HIV in Blackpool experience reduced isolation and discrimination (including homophobia);
- To ensure though that 75% of those living with or affected by HIV in Blackpool feel their needs are better able to be identified, they can access the support they require and better live with their diagnosis, enjoying present life and planning for the future on a annual basis for the duration of the project;



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- To ensure that 10% of those attending the service for support feel able to utilise their experience through volunteering/learning and 75% of beneficiaries feel through support/volunteering they are equipped to live healthier lives, physically and emotionally, feel better engaged in Blackpool life and more united in facing oppression through HIV status and/or homophobia by the end of the project;
- To strongly influence relevant local strategic agenda to the benefit of the service beneficiaries by the end of the project.

### 3. Methodology

- By establishing full project referral and infrastructure (referral pathways, assessment, care planning, care co-ordination, monitoring, volunteer learning and administration) systems;
- By developing direct service support (helpline, counselling, group work, complimentary therapies, befriending, drop-in, health education, outreach support, issue based programme);
- By launching direct service support (helpline, counselling, group work, complimentary therapies, befriending, drop-in, health education, outreach support, issue based programme) and reviewing it annually for continued relevance and best benefit;
- By developing and using a service user evaluation tool to provide evidence of project benefit and further service development to establish and meet needs;
- By developing and launching volunteering (Induction and accredited), and volunteer practice opportunities;
- By encouraging movement to further education or employment of 5 volunteers per annum (including defined target groups);
- By advocating for beneficiaries to ensure that service development is relevant to the needs and changing needs of the service users;
- By advocating for project service users in relevant strategic forums to promote whole service developments ( e.g. Sexual Health and HIV, Blood Borne Viruses, Drugs Treatment Plan, Community Safety, LGBT and Regeneration);



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- By developing and using robust project monitoring, both qualitative and quantitative, to support and offer as evidence to aid influence of strategic agendas and area service developments.



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### 4.1 Implementations

Implementation has occurred by employing a full- time project worker. The Co-ordinator is responsible for arranging all aspects of the project including:

- Networking with referrers;
- Establishing full project referral systems (referral pathways, assessment, care planning, care co-ordination, monitoring);
- Networking with relevant local and national statutory and voluntary organisations;
- Creating project advertising materials;
- Developing volunteer administration;
- Developing induction and role-specific training for volunteers;
- Recruiting, training and retaining volunteers to deliver counselling, complementary therapies, befriending services, group work, and outreach support;
- Supporting volunteers to move into further education and employment by helping with application forms, interview presentations and providing references;
- Developing direct service support - counselling, complementary therapies, befriending, drop-in, outreach support;
- Creating client administration systems;
- Managing referrals, assessing clients and allocating to appropriate volunteers;
- Offering assessments and regular counselling sessions to clients;
- Creating written and verbal service user evaluation tools and consultation mechanisms to evidence project benefit and develop the service further to meet unmet and changing needs;
- Advocating for service users in local forums;
- Promoting whole service developments in local forums;
- Offering qualitative and quantitative evidence to aid and influence strategic agendas and area service developments;
- Actively sharing project reporting and best practice to support and influence local strategic agendas;
- Promoting and advertising SHIVER services within the local community by attending awareness raising events;
- Presenting SHIVER services to local statutory and voluntary organisations.

SHIVER is now a vibrant presence in Blackpool, with service uptake far exceeding initial expectations. The next year will see the continued development of services and reviews to ensure client needs are being addressed, in addition to an increase in volunteering opportunities.



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### 4.2 Impact

Overall and long-term impact of the project aims to cover:

- Increased opportunities for support and learning for those living with or affected by HIV in Blackpool (20% of those living with 12% of those affected by based on 2005 data of 249 notifications);
- Reduced isolation and discrimination (including homophobia) for 75% of beneficiaries (those living with or affected by HIV in Blackpool) annually;
- On an annual basis, 75% of beneficiaries (those living with or affected by HIV in Blackpool) to feel that their needs are better able to be identified, that they can access the support they require and better live with their diagnosis, enjoying present life and planning for the future;
- 10% of those attending the service for support feel able to utilise their experience through volunteering/learning and 75% of beneficiaries feel through support/ volunteering that they are equipped to live healthier lives, (physically and emotionally,) feel better engaged in Blackpool life and more united in facing oppression through HIV status and/or homophobia;
- Relevant local strategic agenda are strongly influenced to the benefit of the service beneficiaries.



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### 5.1 Outcomes

Overall Outcomes of project has focused in the 2007/08 period on ensuring:

- Increased support and learning for those living with and affected by HIV in the Blackpool Area;
- Reduced isolation and discrimination (including homophobia) for those living with and affected by HIV in the Blackpool area;
- The needs identified in the 2005 Blackpool Needs Assessment are met, allowing service users to access the support they require and better live with their diagnosis, enjoying present life and planning for the future;
- Through support/ volunteering that people are equipped to live healthier lives, (physically and emotionally,) feel better engaged in Blackpool life and more united in facing oppression through HIV status and/or homophobia;
- Attendance and influence at relevant local strategic agenda to benefit the service beneficiaries.

### 5.2. Monitoring statistics

Face to face contacts	89
Counselling sessions	90
Networking sessions	149



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Networking and meetings regularly attended:

- Blackpool Drugline/SHIVER Team meetings;
- Drugline Lancashire Team days;
- Internal and external supervision meetings;
- Volunteer Centre AGM and Board Meetings;
- HIV Operational Group;
- Meetings with HIV Consultants;
- Meetings with Preston HIV Social Worker ;
- Meetings with Blackpool HIV Social Work Team;
- Red Ribbon Committee;
- Allocation Meetings with Body Positive;
- Formal and informal Meetings with Community Nursing Team re clients;
- Sexual Health Local Implementation Team meetings;
- Drugline blood borne virus task group;
- Connect Young Person's Health Service;
- Community Drugs Team;
- Preston Drugline Volunteer Co-ordinator;
- SURF AGM and forum meetings;
- Sexual Health Local Implementation Team;
- Blackpool Housing Department;
- Preston job Centre;
- Citizens Advice Bureau;
- Preston and Western Racial Equality Council;
- Vincent House;
- Hope House needle exchange;
- Respect Parenting Project;
- Blackpool Council Respect Parenting Team;
- Blackpool Primary Care Trust Intermediate Mental Health Team;
- Awaken Project;
- Liberty Church;
- Advice Link.



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### 6. Goals and Priorities

From the start of the SHIVER Project in July 2007, many networking contacts have been made, both with statutory and voluntary agencies in Blackpool and the North West, and members of the local community in Blackpool.

Full project referral systems are in place and the project is ahead of all targets, having received referrals from partner agencies and self referrals approximately 6 months ahead of schedule. Direct service support is in place, with clients seen for assessment of needs, reviewed as necessary, and offered counselling and face to face support for a variety of needs, from immigration issues to concerns around HIV medication. There is now a waiting list for counselling, despite a team of three counsellors, and also for befriending services and complementary therapy. Several clients have expressed an interest in group support for a variety of issues, from self esteem workshops to groups supporting survivors of sexual abuse. All areas of need identified in the 2005 Blackpool HIV Needs Assessment have been addressed, and new areas of support are covered in counselling and face to face support sessions.

One priority for 2008/2009 is the development and launch of the befriending service, which will hopefully address areas of client need concerning isolation and homophobic discrimination.

Volunteering opportunities are well developed, with two volunteer 'counsellors in training' already in post and 25 volunteers who have almost completed their sexual health and induction training. Induction and role specific training are near to completion, and are regularly reviewed and refined as the project develops.

Several volunteers have assisted at outreach events, namely the official SHIVER launch during World AIDS Weekend and a fundraising event during the Easter Bank Holiday weekend.

One volunteer has recently gained a paid job as a direct result of her volunteering opportunities at SHIVER, and requests for references have been received from other employers.

The Project Co-ordinator's attendance at local strategic forums allows the voice of service users to be represented, and whole service development to be acknowledged and modified according to client need.

Priorities for the next year include further development of direct service support. It is hoped to make contacts within local Black Minority Ethnic groups to reach out and offer support to as many local people as possible.

Contacts will be maintained and expanded with local, regional and national agencies to develop service support. Included in this are plans to attend local agencies to present and develop SHIVER services, reaching out to local people in the venues they attend, whether they be social, medical or community locations.



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SHIVER has already developed a good reputation among the local community and good working relationships with partner agencies and it is hoped that these will continue and be expanded upon during the coming year.



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### Appendix