

**We have a**  
**STRATEGIC PLAN**  
It's called  
**DOING THINGS**  
**2013-2017**



## **Aims**

The aim of this document is to formalize our organizational 'to do' list for the next three years so that all staff, volunteers, trustees, service users and other stake holders can see what we plan to do.

The aims of our organisation are:

**Support ↔ Prevention ↔ Action**

## **Our Mission**

To reduce the spread of HIV and to promote good sexual health for all; to seek to improve the health, welfare and quality of life of those living with and affected by HIV; and to challenge the stigma, ignorance and discrimination surrounding HIV and AIDS through the promotion of greater public awareness and understanding.

## **Our vision**

Our vision is of a time when people do not die of AIDS, a time when HIV is not met with stigma and discrimination, and a time when communities have come together to prevent HIV and sexual ill-health, and to provide equal and fair access to high quality services and support.

## **Message from the Board**

As the board of trustees for Dhiverse we are responsible for setting the overall strategy and direction of the charity and for ensuring Dhiverse uses its resources effectively in pursuit of our mission statement. As is made clear in the rest of this document, we face exciting challenges and opportunities in the coming years as a charity that provides support to those affected by HIV and also advice about sexual health to all. Developments in HIV medication and in society have meant that the charity has always had to review its most pressing aims and ambitions, and this remains the same today. Given the longer life-spans of HIV+ people it is important for us to address more carefully the ways in which issues associated with older age affect people living with HIV. So too, we must continue to reach out to disenfranchised and marginalised communities by having a noticeable presence across Cambridgeshire. Since the charity began in 1986 our mission has developed and diversified, and the following document outlines our ambitions over the period 2013-17. But of course none of the really excellent work undertaken by the charity would have been possible over nearly thirty years, nor would it be possible moving into the future, without the dedication of numerous people. As a board we would like to express our particular gratitude to the current team at Dhiverse: Sharron Spindler, Grant Chambers, Roz Naderer, Heather Williams, Lindsey McAuley, sessional workers and our volunteers. Of course we would not be able to function without the support of our funders and donors, to whom we are extraordinarily grateful. And yet most important of all, we would not exist without our service users who continue to inspire and challenge us to offer them the best possible support we can. As a board we commend to you the following plans for the future; though ambitious, with your continued support we will together achieve our mission.

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## 1. INTRODUCTION

### What is HIV?

HIV, which stands for Human Immunodeficiency Virus, is a virus that over time damages the human immune system, and so the body's ability to defend against infectious organisms and infections.

If someone has HIV they are said to be HIV positive (HIV+). If someone does not have HIV they are said to be HIV negative (HIV-).

Anyone who puts themselves at risk can become infected. HIV does not discriminate, but people do.

### What is sexual health?

The **World Health Organisation (WHO)** defines sexual health as:

A state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexual health concerns sexually transmitted infections (STI), contraception, abortion and reproductive health, and requires a holistic understanding. For example, where there are high rates of teenage pregnancy there is a high risk of an increase in sexually transmitted infections and abortion. There is also a clear link between sexual ill health, poverty, social exclusion and the disproportionate burden of STI infection on young people, men who have sex with men (MSM), and men and women from BME communities.

## HIV in Cambridgeshire and the East Anglian Region

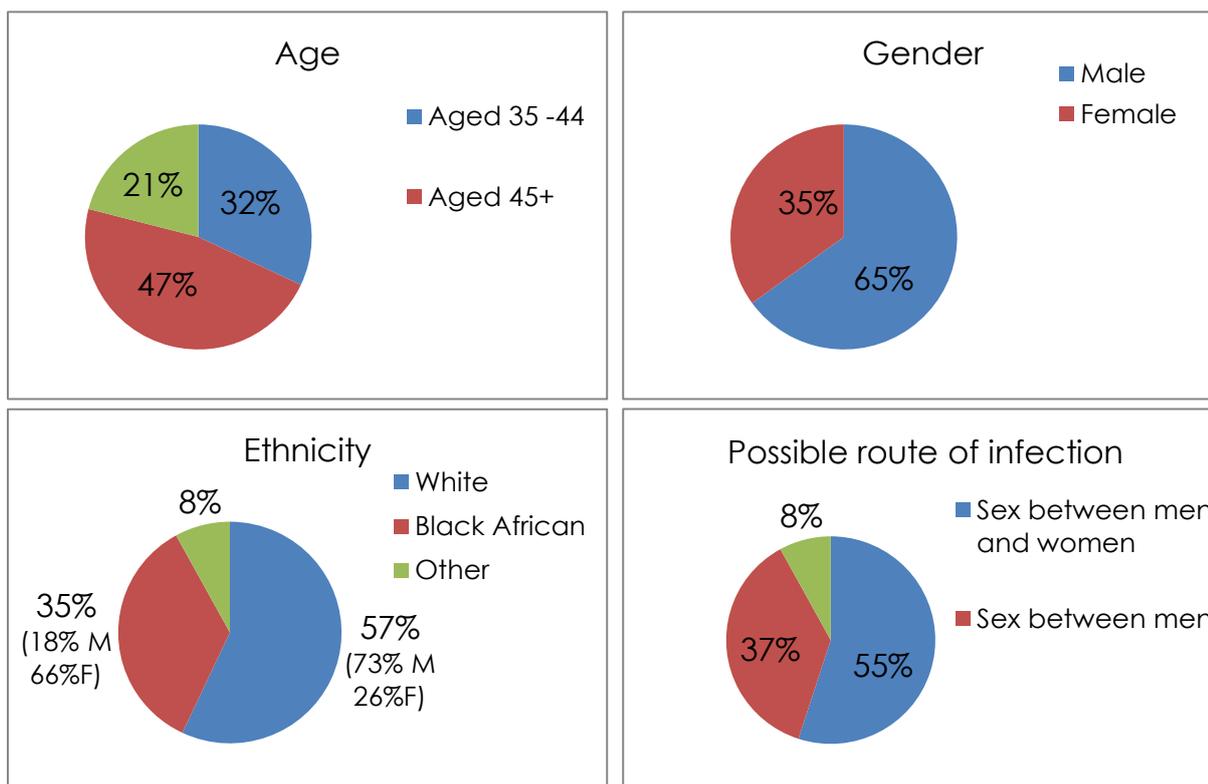
In the UK 24% of the estimated 100,000 people living with HIV remain undiagnosed and are therefore unaware of their infection.

People living with diagnosed HIV in the UK can expect a near-normal life expectancy and quality of life, particularly if diagnosed promptly. There are health benefits for people with HIV from being diagnosed and starting treatment early.

In 2010 there were 4,463 people diagnosed with HIV resident in the East of England who accessed HIV-related care, and it is estimated that there were a further 1100+ people living with HIV who did not know they had been infected.

In 2011 414 people accessed HIV-related care in Cambridgeshire (a 7% increase from 2010), and it is estimated that there were a further 100+ people living with HIV in the County who did not know they had been infected. It is also estimated that the same number (100+) of people could be living with HIV and resident in Cambridgeshire but accessing services out of County.

### Breakdown of people accessing HIV related care in 2011



### CD4 Count

CD4 cells are a type of white blood cell that fights infection. A normal CD4 count is 500-1500.

Over 30% of the people who accessed HIV related care in Cambridgeshire had a CD4 count of below 500. People who are living with undiagnosed HIV, and people who seek late treatment, are more likely to have a low CD4 count and high viral loads in their system.

## **Sexual Health in Cambridgeshire and the East Anglian Region**

### **Teenage conception rates**

Since 2008/9 the teenage conception rate in Cambridgeshire has been consistently and significantly lower than the national and East of England rates. In 2010 there was a County wide (with the exception of Fenland) reduction in the number of conceptions of 13.4% and an increase in the number of terminations of 11.60%. In Fenland the conception rate increased by 11.90% and the number of terminations decreased by 6.50%.

We know from working with schools and youth groups in these areas that there is a growing need for young people to be better informed about healthy relationships, pornography, body image, and self-esteem, and so to be better equipped to make informed choices about their sexual health.

In 2012-13 we received more enquiries from schools, youth groups and supported accommodation projects around the County than ever before.

### **Sexually Transmitted Infections (STIs)**

Detailed local (Cambridgeshire) information and stats are not easy to access unless you are a relevant statutory or government agency. It is necessary for us to have access to this information on a regular basis to enable us to develop our services appropriately. One of our aims is to establish a method of being a regular recipient of the information and stats which are necessary for us to work effectively.

Overall the rates of STIs in Cambridgeshire have remained consistent since 2008, with 572.6 cases per 100,000 in 2010.

The total number of reported STIs in Cambridgeshire in 2012 was 3677; Chlamydia accounts for around half of these infections.

### **The challenges of living with HIV**

Being diagnosed with any long term chronic condition can be very difficult. First reactions can be ones of shock, panic, fear or even a feeling of numbness. Being diagnosed with HIV is no different to being diagnosed with any other condition, but it can be harder and more challenging to accept and adjust to the diagnosis. Accepting that you not only have to live with HIV, but that you also have to manage it and adhere to a very strict regime of medication and healthy lifestyle, can be difficult. Living with anything which is associated with social stigma, as is the case with HIV, means that there are many other challenges to face.

Many people living with HIV talk about guilt, embarrassment and shame because of the high levels of stigma associated with this condition. This can adversely affect the levels of support they receive, not only from family and friends but also professional support, and it is often one of the main barriers to people taking a HIV test and receiving an early diagnosis.

Panic and fear of the unknown and what the future might bring means that people diagnosed with HIV often ask themselves:

'Am I going to die?' 'Who can I tell?' 'Who do I need to tell?' 'Will I be able to have a baby?' 'Will anyone ever want to be in a relationship with me?' 'How will I explain this to a new partner?' 'Can I ever have sex again?' 'Will my sex drive be affected?' 'How will this change me?' 'What illnesses am I likely to get?' 'Will I be able to get a mortgage or life insurance?' 'Does this mean I won't be able to travel?'

Due to the wonderful developments in HIV treatments people are now living with HIV rather than dying of HIV related illnesses, and in many cases they have the prospect of a normal lifespan, provided they live a healthy lifestyle. This means that many of the challenges people face are now social and/or psychological. Many people living with HIV face financial problems on account of having had to take time off work at the point of diagnosis, for example, and not feeling able to return to work because of the stigma or mental health issues brought on by the diagnosis. This in turn can lead to feelings of isolation and being unable to socialise. Some people also have problems adhering to the strict regime of medication and the need to live a healthy life, particularly if they have led or are leading disrupted lives. These are just a few of the many challenges that people living with HIV have to face.

For those people living with HIV who were diagnosed in the early stages of the epidemic, one of the biggest challenges they face is that they are living with HIV when they never expected to survive. Living with age-related illnesses as well as HIV is challenging, and because some people cashed in their pensions or sold properties so that they might enjoy what they thought would be their final years, there are now associated financial problems. It is only now, over thirty years on from the start of the epidemic, that these and other issues are presenting themselves. People often need help in coming to terms with the fact that they have outlived friends and partners; they need help to manage their finances; they also need help to manage their concerns that one day they might need to go into residential care.

Excellent social and psychological support is paramount in enabling HIV + people to live happy and fulfilled lives.

***People living with HIV should receive care and support which promotes their mental, emotional and cognitive well-being and is sensitive to the unique aspects of living with HIV.***  
BHIVA (British HIV Association) Standards of Care for People Living with HIV 2013

***Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators, and increasing access to HIV testing is important to meet this indicator.***  
DOH (Department of Health) Commissioning Sexual Health services and interventions March 2013

## **The Importance of good Sexual Health**

Sexual health is an important part of physical and mental health, and of emotional and social well-being. It is important to take care of your sexual health and, if you have children, research shows that it is good to talk with them about sex and relationships.

Early diagnosis of sexually transmitted infections (STIs) reduces the risk of costly complications and onward transmission. Furthermore, undiagnosed STIs increase the likelihood of HIV transmission. Poor sexual health is much more common amongst people who already experience inequalities associated with their age, gender, ethnicity, sexuality, or economic status. For some, this inequality is compounded by the stigma which is still attached to HIV, poor sexual health and teenage parenthood. Poor sexual health also affects a significant number of people who have other public health needs, in particular those relating to alcohol and drug misuse, and violence.

People with disabilities have the same right to information and support about sexual health and relationships as everyone else. This information and support should be provided in a way suitable to their needs. As with everyone, information should help them to make informed choices about their sexual health.

Not having opportunities to find out about or have support with sex, relationships and sexuality can lead to misunderstandings and stress. Young people, for example, can be confused by the physical and emotional changes that occur with puberty if they do not learn about these in advance. Without good education and support, young people and adults with a learning disability can be vulnerable to abuse or exploitation. Understanding our bodies and what we want from intimate relationships, and also learning to say no to unwanted contact are essential for us all to be able to protect ourselves.

All men, women and young people need to look after their sexual health and receive the support needed to understand the issues that surround contraception and sexually transmitted infections (STIs).

**Good sexual health is important to individuals, but it is a key public health issue as well.**

A Framework for Sexual Health Improvement in England March 2013

- **Compared to non-disabled peers, people with learning disabilities have a more limited and incomplete understanding of sexual health issues.**
- **Most carers acknowledge that people with learning disabilities have the right to sexual expression.**
- **Staff feel under pressure from managers and carers to supervise and limit the sexual expression of people with learning disabilities.**

Key Facts from 'Sexual health and people with learning disabilities' FPA (Family Planning Association) Factsheet 2012

**Sexuality and relationships should feature in all training courses for professionals who are involved with people with learning disabilities.**

Recommendation from a 3 year study into sexual health and people with learning disabilities carried out 'by the FPA (Family Planning Association) and partner organisation 2004-7

**Teenagers and adults with learning disabilities should have access to information about sex, sexuality and relationships.**

Recommendation from a 3 year study into sexual health and people with learning disabilities carried out 'by the FPA (Family Planning Association) and partner organisation 2004-7

## Our values

- ✓ **Empowerment:** We do not tell people what to do but support them in the choices they make. It is important that we give people the range of choices and options available to them so they can make their own informed decisions. This ensures that they receive the best possible treatment, support and care in order to maximise their health and wellbeing.
- ✓ **Confidentiality:** Maintaining service user confidentiality is a core value of DHIVERSE. It is our responsibility to ensure service user information is held securely and not disclosed without written permission, unless the service user is at risk or is a risk to someone else. We understand unequivocally the need for confidentiality and in some exceptional cases anonymity.
- ✓ **Respect:** We respect that not everyone wants to be supported or given information in the same way. We treat every person as the individual they are. We support, respect and value each other, work without prejudice, inequality or judgement and we promote diversity. We are professional and united in our vision and aims.
- ✓ **Quality:** We aim to provide the highest quality of service possible. Our service users are the focus of what we do and we want to provide a good and positive experience for all.

Our staff are fully trained in all aspects of their work and receive regular supervision and support to ensure they have the most up to date skills, knowledge and experience to deliver the services we provide.

We seek and welcome all feedback from anyone involved with us. This feedback helps inform and shape improvements and developments within our provision.

- ✓ **Fun:** We embrace individuality, encourage creativity and create opportunities for voluntary sector work to be exciting and meaningful. Engaging our team, our service users and the people we work with in activities that strengthen positive relationships is important to us. We maintain a healthy perspective on work/life balance and inject fun, spontaneity and humour into our working day.

## **2. WE LEARNED FROM YESTERDAY**

DHIVERSE is the HIV & Sexual Health charity for Cambridgeshire. Our focus is to promote good sexual health and we work to prevent the spread of sexually transmitted infections and HIV; we provide support for people living with and affected by HIV and AIDS; we work to challenge the stigma and prejudice which can affect people living with HIV; and we challenge sexism, homophobia and transphobia.

We have grown considerably since our early days as Cambridge AIDS Helpline. Cambridge AIDS Helpline was set up in 1986 by a group of friends who were concerned by the lack of locally available information and support around HIV/AIDS. Within a year a free telephone information service was in operation, leaflets on HIV had been produced and were being distributed, and a team of trained and skilled volunteers had been established.

The next eight years witnessed the gradual expansion and intensification of the organisation's activities. Counselling and 'buddying' services were introduced, health promotion and outreach programmes were developed in the local community, and a small, skilled team was formed, with the appointment of a full-time manager in 1994.

In 1996, in recognition of the range and diversity of services then offered, Cambridge AIDS Helpline changed its name to Cambridge AIDS Action and acquired new, and significantly larger, premises at Dales Brewery, where we are today. The change in title reflected the increasingly proactive role of the organisation in identifying and meeting the changing needs of the local community.

With the introduction of combination therapy in 1996 the challenges of living with HIV over the long term became an increasing focus, and so the range of our support services diversified. The shift in government – and therefore funding – agendas towards empowering those who were living with long-term conditions, including HIV, supported this diversification.

In 2001, the year of its fifteenth anniversary, Cambridge AIDS Action changed its name to Cambridge DHIVERSE, where DHIVERSE stands for: developing HIV Education, Resources and Support. This shift reflected a change in the nature of the HIV/AIDS epidemic in the UK from the mid-nineties onwards, which necessitated a changed response from support providers.

In 2004 the charity expanded its geographic focus to include Cambridgeshire and the surrounding counties. This change facilitated the development of a range of regional activities in addition to the focus on projects in Cambridgeshire. With this change the organisation simplified its name to DHIVERSE.

DHIVERSE met changes in the epidemiology of the HIV epidemic in the UK by broadening and intensifying its outreach and health promotion programme for both the general population and groups identified as experiencing higher prevalence of HIV infection. The charity also expanded its work in schools, developed peer education and support initiatives, and challenged stigma and discrimination.

In 2010 DHIVERSE undertook a review of its service provision and the way it promoted this provision. It was determined that there was a need for more clarity around both our organisational structure and our service provision. With this in mind we restructured both the staff team and service provision, and now we have three key streams of work:

- To promote good sexual health and work to prevent the spread of sexually transmitted infections (STIs) and HIV.
- To support people living with and affected by HIV and AIDS, and also people in need of general sexual health support.
- To challenge the stigma and prejudice which can affect people living with HIV, and to challenge sexism, homophobia and transphobia.

A key strength of DHIVERSE is the involvement of people living with HIV, who are engaged in developing and designing all aspects of our work and at every level of the organisation.

### **3. WE ARE PLEASED WITH TODAY**

In 2013 we have a reputation as a professional, caring and innovative organisation. We are well respected by our peers and we advocate and practice a joined-up approach to supporting people with needs around both HIV and sexual health.

We now have a clear and focused service portfolio and model that can be represented schematically:

#### **Support ↔ Prevention ↔ Action**

We are more financially stable than we have been for some time, and we provide quality services which offer good value for money to our funders and commissioners.

In 2012-13:

- ✓ We had over 250 registered service users of whom approximately 60% were male and 40% were women
- ✓ Our service users ranged in age from 18 to 79 and came from a variety of backgrounds and cultures.
- ✓ We worked with over 30 schools and supported accommodation projects and youth groups.
- ✓ We educated over 5000 young people under 25 about safe sex, good sexual health, correct condom use and relationships.
- ✓ We facilitated over 60 service user led drop in sessions/support groups for people living with or affected by HIV and for men who have sex with men (MSM)
- ✓ We provided over 170 individual face to face support sessions for people living with or affected by HIV.
- ✓ We provided over 180 individual telephone support sessions for people living with or affected by HIV.
- ✓ We provided over 40 HIV and Sexual Health information and update sessions to other organisations.
- ✓ We provided over 100 HIV and Sexual Health training sessions and workshops to a range of organisations and agencies.
- ✓ We carried out over 200 Chlamydia screenings for young people under 25.
- ✓ We ran a 'HIV Early Testing Campaign' to raise awareness of the importance of early diagnosis.
- ✓ We distributed over 8000 condoms.
- ✓ We promoted our services to over 300 organisations and agencies across the county, including 98 GP practices.

## 4. WE ARE EXCITED ABOUT TOMORROW

### The way forward

Since our inception in 1986 we have grown and adapted to meet the changing needs of people living with HIV and people seeking sexual health support and information.

This current plan has been formulated in response to:

- our understanding of the needs of people living with and affected by HIV;
- our experience of supporting and empowering people living with HIV;
- the work we do both with young people and the larger community vis-à-vis good sexual health and responsible sexual behaviour;
- schools telling us that they need support to educate students in contraception, correct condom use, STIs and HIV, healthy relationships and how risky behaviour can impact on sexual health

Our model of provision - **Support ↔ Prevention ↔ Action** - is a holistic and cyclical approach to HIV and Sexual Health that focuses our efforts towards the delivery of our mission, our vision and our values.

### Key Strategic Aims 2013-2017

#### Support

To provide support and signposting to people living with and affected by HIV.

To provide support and signposting in relation to anything linked to sexual health, to anyone in need.

#### Prevention

To prevent increases in HIV Infection, the spread of Sexually Transmitted Infections (STIs) and unintended teenage pregnancies, through training, education and consciousness-raising.

#### Action

To campaign and lobby to affect change for people living with and affected by HIV.

To promote equality in sexual health by challenging sexism, homophobia and transphobia.

## **SUPPORT**

### **Young People under 25**

We will continue to educate young people about the importance of safe sex, correct condom use and the importance of early testing for both HIV and STIs. We will support them with C Card registration, Chlamydia screening and pregnancy testing.

We will develop a programme of work to educate young people about healthy relationships.

### **People with learning disabilities**

We will develop a specialist sexual health support and information programme for young people with learning disabilities that will help them to understand puberty, the importance of good sexual health and healthy relationships.

We will develop a specialist sexual health support and information programme for older people with learning disabilities that will help them to understand their bodies, the importance of good sexual health and healthy relationships.

### **Older People**

Because developments in HIV medication have enabled HIV+ people to live healthy lives with normal lifespans, it is now necessary to address the ways in which issues associated with older age affect people living with HIV. We will continue to develop our support services for people living with HIV to ensure that they get the physical, social, medical and emotional support they need.

We will work with care and residential homes and other agencies who offer support to older people and those living with age-related conditions. We will support staff in understanding the needs of people living with HIV and in understanding that older people have sexual health needs.

In general people are living longer, healthier and more active lives than ever before and more people (around 42%) are divorcing or splitting up after long relationships or later in life. A consequence of this is that more postmenopausal women and men over 50 are having sex with new people for the first time in many years, but they are not necessarily having safe sex.

We will develop a programme of work to help support older people to understand the importance of safe sex and healthy relationships.

### **Anyone affected by HIV**

We will continue to provide support, help and information for partners, families, carers and anyone supporting someone living with HIV.

## **Emotional support and counselling**

We will continue to offer 1-2-1 and group emotional support to anyone living with or affected by HIV.

We will ensure that people living with HIV receive the psychological support they need by employing (either paid or voluntary) a trained and registered counsellor who understands the psychological needs of people living with HIV.

## **Disclosure**

Choosing who to tell about your HIV can be a difficult decision. We will continue to support people as they make these decisions; we will also provide information and support to those who have been told about another's HIV.

## **Coming to terms with your Diagnosis**

We will continue to support newly diagnosed people by working closely with key stakeholders, including clinicians, HIV social workers, HIV nurses, benefits and housing advisors and other relevant organisations.

We will further develop a 'Positive Health' programme aimed at anyone newly diagnosed or newly 'ready for support'. Amongst other things the programme will help people come to terms with their diagnosis, understand HIV terminology, understand their medications and the need to live a healthy lifestyle, recognise that they can live a normal healthy life with HIV and that they can still have sex and relationships.

## **Website**

We will update and redesign our website to ensure that, where possible, anyone needing HIV and sexual health support and/or information has it at their fingertips 24/7. This is particularly important for people in rural areas, people who feel isolated and for people who do not have the confidence to speak to someone.

## **Countywide access**

On account of the various stigmas associated with HIV diagnosis, it is important that our service provision is easily accessible and that we have a presence across the county. Consequently:

We will continue to have a base in Huntingdon.

We will open a base in or near Wisbech to ensure that people living in the area have easier access to support and information.

We will secure funding for a minibus to enable us to do rural outreach and road shows.

We will apply for funding so that we can extend our HIV Support Service and preventative work into Peterborough.

## **Referral Pathways**

We will review referral pathways for support to ensure that all agencies that refer their service users to DHIVERSE are fully aware of the services we provide, who we provide them to and how we provide them.

## **Employment and training**

We will create a programme to help people living with HIV develop their careers, and so also their general wellbeing. This will include sessions on interview techniques and CV writing workshops.

## **Benefits, Housing and Debt**

The recent, current, and forthcoming welfare reforms will have an adverse effect on many of our service users. Financial problems are a worry to anyone, but even more so when that person is living with a long-term condition and facing the stigma and prejudice associated with HIV.

We will maintain the level of our current service provision in this area, and develop it to make it more accessible to people who work or train.

## **PREVENTION**

### **Testing**

We will continue to promote the 'HIV Early Testing' message through all areas of our work and through specific events.

We will continue to promote and provide Chlamydia Screening for under 25s.

We will continue to promote the importance of general sexual health testing.

We will apply for funding to provide rapid HIV testing at our sites in conjunction with key GPs and pharmacies.

### **Condoms**

Condoms are the most effective method of preventing HIV transmission. We will continue to be a registered C Card provider and will continue to provide and distribute condoms to a range of venues free of charge.

We will raise awareness and understanding in older communities (45+) that condom use is not just about preventing unintended pregnancies. The information we develop and distribute will be formulated in consultation with people in this age group.

### **Young People**

In our effort to help prevent STIs, HIV, unintended teenage pregnancies and unhealthy relationships, we will continue to provide Sexual Health and HIV workshops in schools, colleges, youth clubs, supported accommodation and any other appropriate youth setting.

### **Older People**

We will develop a programme of work that helps older people understand the importance of safe sex and healthy relationships. In particular, we will educate postmenopausal women on the importance of condom use for reasons other than avoiding unwanted pregnancy.

### **Outreach**

We will extend our health promotion work to ensure our presence in rural and hard to reach communities. People in these communities are often more reliant on public transport and so can struggle to access adequate and relevant support and information.

## **ACTION**

### **User Involvement**

We will recruit a HIV Support service user and a young person (under 25) to the board to ensure that we have full representation of our service provision at board level.

We will continue to seek feedback and input from our service users to help us to further develop our services and identify new challenges and opportunities.

### **Education & Training**

Whilst we consider ourselves experts in providing HIV and sexual health support and education, we recognise that if we are to provide these services to people with learning and physical disabilities, and mental health issues, we must ensure that we fully understand the needs of these groups and how they prefer to receive information and support. In view of this our staff have embarked upon a training programme to equip them to do this, and this will continue. We will also work closely with organisations and agencies who are experts in working with and supporting people with disabilities.

### **Media engagement**

We will continue to build our relationships with the local media, including radio, TV, newspapers and other relevant publications.

### **Research and Information**

We will recruit a Volunteer Information Worker to ensure that we have the most relevant and up to date information in all aspects of our work.

### **Fundraising**

We will recruit a Grants Fundraiser to help us increase our income and therefore enable us to increase our reach and our range of provision in line with this plan.

## 5. WHAT THEY SAY

"I am new to Cambridge, therefore being HIV+ and not knowing anyone, I feel without DHIVERSE being around I would have felt isolated and would have had to fight my house issue on my own."

"For someone who HIV was a devastating shock I know I would not have had the positive outlook that I have now and would have stayed very withdrawn and isolated."

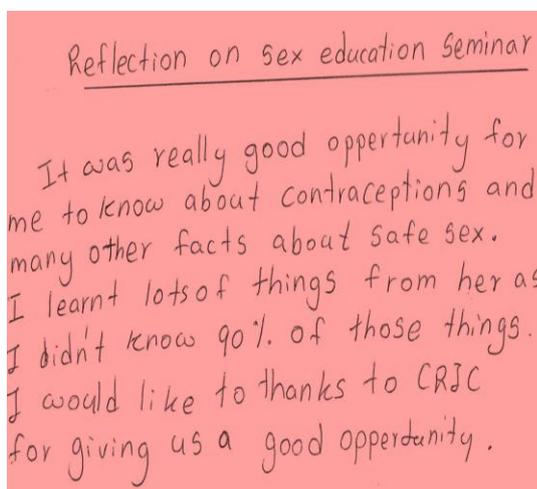
"I can honestly say that Dhiverse was the first stepping stone to start living and accepting that I could have a normal and healthy life living with HIV, it had been for me a life line."

"I also have mental health issues. Problems dealing with HIV and personal life brought me to Dhiverse. I wouldn't know what to do if it wasn't for the support received from all members of staff. Thank you, Dhiverse!"

"Dhiverse has shown me that I am not the only one with HIV. Without Dhiverse I would have seriously considered taking my life."

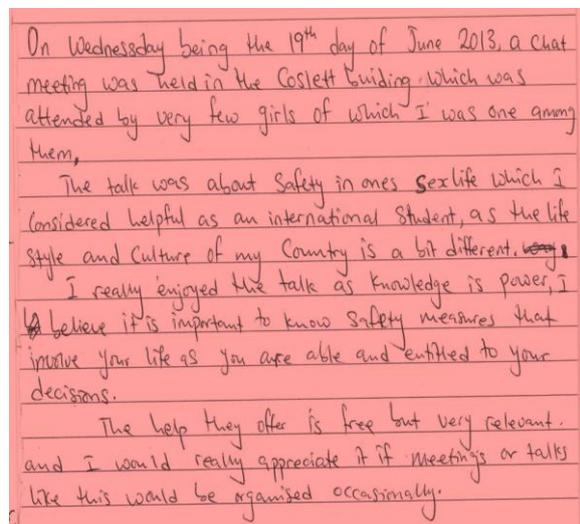
"Dhiverse has been a fantastic support, helping me practically, emotionally and socially. I enjoy the drop ins, it's great to socialise with other positive people and to share our experiences."

**The above comments are from DHIVERSE Service Users who access HIV Support**



Reflection on sex education seminar

It was really good opportunity for me to know about contraceptions and many other facts about safe sex. I learnt lots of things from her as I didn't know 90% of those things. I would like to thanks to CRJC for giving us a good opportunity.



On Wednesday being the 19<sup>th</sup> day of June 2013, a chat meeting was held in the Goslett building, which was attended by very few girls of which I was one among them.

The talk was about Safety in ones sex life which I considered helpful as an international student, as the life style and culture of my country is a bit different.

I really enjoyed the talk as knowledge is power, I believe it is important to know safety measures that involve your life as you are able and entitled to your decisions.

The help they offer is free but very relevant. and I would really appreciate it if meetings or talks like this would be organised occasionally.

**These comments are from young people who attended a sexual health workshop**

"I will let all the service managers know about this so that they can take up your support services and find out more about the ABC programme. In fact, what I can do is send the content of the programme to managers who are interested for their residents and then sign post them your way for further details, if that's okay with you. Can I just take this opportunity to say a massive thank you; this will make a big difference to young people's lives."

***The above comment is from a manager of a Learning Disabilities project***

"It has been really beneficial for our young people to attend specialist sexual health workshops as part of their PSHE programme. Both the Year 9 and Year 11 sessions were positively received by the students at Swavesey Village College and students agreed that they would prefer to receive this information from specialists rather than teachers."

***The above comment is from the PSHE teacher who organised the event***

"Thanks for doing the group today. We got some very positive feedback. We would like to run another session as there are more ladies who will clearly benefit from the fantastic work that you do. Thank you."

***The above comment is from a group worker for people with learning disabilities***

"Thanks so much for all your support and enthusiasm in supporting us; I have received brilliant feedback from all of the sessions you carried out. It's really helped our workers think about the way they talk to young people about sexual health and deal with complex situations."

***The above comment is from staff in youth offending***

"I have found it incredibly helpful having Grant in to train domestic staff as there was quite a bit of anxiety and ignorance about HIV prior to him coming in. People didn't know how HIV was transmitted and might have taken all sorts of inappropriate measures if they hadn't received this training."

***The above comment is from a college nurse***

"Thanks so much for the training session you ran for us - we all thought it was brilliant! It was easy to understand, and it will make it easier for us to talk to residents about sexual health without being embarrassed or embarrassing them."

***The above comment is from staff at a night shelter***

## **Acknowledgements**

We would like to thank everyone who contributed to this document.

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Without our service users, volunteers, friends and committed staff team DHIVERSE wouldn't exist.

All of you make what we do worth doing.



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