

## SAHIR HOUSE

---

Case study of good partnership practice between the  
health and care sector and the voluntary sector

April 2014



# Sahir House – case study of good partnership practice between the health and care sector and the voluntary sector

## About Sahir House

---

Sahir House is a HIV charity based in Liverpool operating across Merseyside and North Cheshire. They provide support, information and training for people and families living with or affected by HIV. Their work also focusses on other aspects of health besides HIV care – particularly mental health support and management of drug and alcohol issues. They have an in-house counselling and psychotherapy service and also work alongside mental health services operating in the community.

Sahir House is service user led, free for clients, confidential and accepts self-referrals, and clients include a mixture of HIV positive people and their partners, families, friends and carers. They are an organisation of paid staff, and have around 50 volunteers that provide ongoing support in a variety of ways including training, fundraising, service support, and skills coaching to provide support to clients around IT and job searching. Services provided are guided by the individual's needs, therefore service users can access multiple strands of the service (counselling, one to one support, holistic therapy, peer support, employability course) or just one according to their personal needs. Service users can volunteer with Sahir House. Their work also involves challenging prejudice and raising awareness of HIV to reduce the stigma surrounding the virus. Funding for the service is provided by 7 local authorities, charitable trusts, donations, and generated revenue.

## Working with offenders

---

Over the previous 2 to 3 years they have supported several people at various stages of the Criminal Justice System (CJS) to engage actively with the health and care sector, building on their established relationships with local HIV community nurses, local GUM (genito-urinary medicine) clinic staff, and HIV (or generic) adult social workers, probation officers (where they have been in place) in addition to other statutory and non-statutory services. Up to 5% of their clients are known to have been involved in the CJS. However, this statistic is approximate as they are not funded specifically to work with this client group and so do not keep this information on record. However, where the client is a known offender, working with this group has presented Sahir House with a few challenges, for example...

- Difficulties in building a support relationship with clients whilst in prison
- Prison visiting and communication processes
- Repeat offending whilst providing support
- Confidentiality of HIV status and support workers' role when speaking to police, prisons, probation and other agencies

---

## Good partnership working

In the following section, Sahir House describe their experience with one particular client in which their relationship with the health and care sector was vital to the client's wellbeing after they were released from prison, and how they overcome some of the challenges of working with this client group.

### How did you come into contact with the client?

"A male living with HIV was referred to Sahir House for support from a local cultural support service, Irish Community Care Merseyside (ICCM). He was in his 40s and was serving the last 18 months of his sentence. Having served several sentences previously, he had been diagnosed as HIV positive whilst in prison but described that he had a lack of information and support to understand what living with HIV meant for him.

We visited this client a handful of times in prison in preparation for his release. Whilst we were offered support by the prison to see the client in a healthcare setting, we were most successful in seeing him during booked visits with ICCM with whom we were working in partnership, and at this time we also gained consent to speak to relevant workers in the prison, including the chronic conditions lead and the drug team (his CARAT worker). We were notified directly by the prison a week before his release date. At this stage I was able to pass details to his key worker at ICCM of a partner housing agency who offered supported accommodation. We have links with the housing agency as they had been providing a drop in service at Sahir House, therefore it was easy to link the client to this service when they needed it.

Coordinated by the ICCM key worker, within a week they had visited the client in prison to assess his needs and accepted him onto their supported living project. This meant that on his day of release he would go into a furnished flat and have a worker who would visit him at least weekly. Tasks were split between us in order to resettle the client and provide ongoing support, with ICCM working with Addaction to support him with his drug use, and with our particular focus being on the client's healthcare.

## Who in the health and care sector did you partner with?

Sahir House receives referrals from NHS services including GUM Clinics, community nurses, social workers and other social care services across Merseyside and North Cheshire. We also have referrals from local drug and alcohol services and voluntary sector homelessness charities.

Prior to release I was able to gain consent to make referrals for the client into the local specialist HIV community nurse team; the client was therefore seen on the day of release. With the support of the specialist community nursing team, we were able to ensure the client was also seen by a consultant at the HIV treatment centre within the first week of release and was able to register with a GP.

**“This joint working meant there was no break in our client’s life-sustaining antiretroviral treatment”**

Living with the virus, you would normally see your doctor every 3 to 4 months and be given medication to last between appointments, but the client was only given 1 week of medication upon release. Prescriptions on release can be problematic, because it may take some time before a client is able to contact and see their local HIV treatment centre. I arranged an appointment with the HIV treatment centre in hospital to ensure that an appropriate amount of HIV medication could be issued. This joint working meant there was no break in our client’s life-sustaining antiretroviral treatment and so this, along with their other ongoing health conditions, was managed effectively.

## Why do GUM clinics and community nurses refer to Sahir House for support?

We can’t offer the clinical support around HIV, that has to be done by the GUM clinic, but the stigma and discrimination around HIV can lead to intense isolation and mental health problems, and many clients present with drug, alcohol, housing and financial issues. As the GUM clinic is not able to support clients with these issues and around coping with their diagnosis in the long term, they refer to us as we are known to be the main service to support people with HIV through counselling and emotional support. Often we will see a client on the same day as their diagnosis.

## How did you build a support relationship with the client whilst in prison?

The problem that we have is the issue of confidentiality. We have had about 3 clients recently in women’s prison and occasionally find that booking visits into prison is difficult. With this particular example, because we had consent to speak to healthcare

professionals within the prison, it was quite easy to book visits in this setting. Before we had consent to disclose the client's HIV status, we were invited to visit the client by ICCM. If we were to arrange the visit directly with the prison, we might inadvertently disclose the client's HIV status, and the prison might automatically make assumptions about that person. We cannot breach somebody's HIV status without their consent - we need to respect their privacy. At first, appointments were arranged with ICCM and communication was through them, as to write to the client the letter would have had to be written on headed paper, and this would have disclosed the client's HIV status to people in the prison other than healthcare professionals which the client wasn't happy with. This is a distinct challenge of working with this virus. We have to be incredibly creative in the way we communicate who we are sometimes. It has been more difficult where a client has been yo-yo-ing in and out of prison, but in one instance, because Sahir House was trusted by the client as their primary source of support, one of the first things they've done after returning to prison is made contact with their Sahir House support worker. This has made it a lot easier to link the client with the right health service at the right time, both inside of prison and on release.

**“Sahir House is trusted by the client as their primary source of support, one of the first things they've done after returning to prison is made contact with their Sahir House support worker.”**

We have good relationships with probation and it is much simpler to work with probation than with prisons. When a client is on probation it is easy to get consent and normally a client will ask us to attend their probation appointment with them. We have a unique relationship whereby our point of contact will be with individual probation officers, as we are unable to disclose the HIV status any wider.

We also run a training service on HIV for health, social care and community sector workers. These range from 1 hour sessions to full day courses, and we do also have probation officers attending these to up-skill them. Often they will decide to come in as a result of working with a HIV positive offender. Often the reason they feel they need to attend is that they are not familiar with the virus, and so are not sure how to assess perceived risk to themselves. Part of my job is information sharing with probation officers and dealing with any concerns they might have. Usually perceived risks can be dispelled with information and/or training.

## Do you provide ongoing health care support?

Sahir House and ICCM, along with the HIV community nurses, have continued to provide ongoing support to the client over a 2 year period. All services have stayed in open communication with each other and have had multi-disciplinary meetings with the service user when needed. The team have since also worked with other organisations as needed including drugs services, occupational therapy, probation services, and welfare rights support. The joint workers have also given the service user emotional support and prompted him more recently to engage with counselling. He recently attended a Sahir House 'life skills' session to refresh his knowledge on the basic facts of HIV and a Men's Health course run at Sahir House by the Liverpool Football Club Foundation.

Our client needed only six months in supported living before accepting an independent tenancy; he was empowered enough to search for this accommodation through the local area social housing scheme. His confidence to advocate for himself in these situations has increased exponentially. His new goals include exploring volunteering opportunities and building social contacts. Through Sahir House he is currently accessing a 'skills coach' to learn about computers. He needs a reduced level of support in appointments now, and for many months has attended drug worker appointments, probation and often his GP on his own.

## What are the main benefits of working in partnership with the health sector?

Working together has meant the support worker has had capacity to attend medical appointments as needed with the client, giving him consistency and enabling him to properly engage with his healthcare. This, along with Sahir House's involvement in booking appointments pre-release, helped the client establish the initial relationship with healthcare professionals and we could support him with any anxiety he felt about his appointments. Therefore this reduced the chance of a 'no-show' which can be costly to the medical profession as well as to the client.

**“Working in partnership has strengthened the support and stability the service user has had”**

There are times when as a result of our close working with the health and care sector, we share information about a client's current health situation with healthcare professionals (with their consent), and book appointments on their behalf. For example, sometimes I can become aware of a health problem a client might have and,

as we are not medically trained, contact their GP, community nurse or the GUM clinic for advice and book an appointment. This has worked really well in this case and the client's health has improved as a result.

This method of working has given him time to address his health issues first, which has then given him space to address family and emotional issues, and the client is now at a point where they can manage most of their issues themselves. We're now looking at volunteer opportunities, making friends and becoming more involved in their community. This wasn't possible whilst the client was in crisis and their need was very high. At that point it was more about getting through each day, as the client was almost completely institutionalised, so we were sorting the basics out, for example where he was going to sleep, how he was going to eat. Working in partnership has strengthened the support and stability the service user has had and lengthened the time the support workers have been able to stay working with him, which has then enabled him to build trust in his support workers allowing them to address his changing needs over time."

---

## A positive outcome

The support that Sahir House has given, whilst partnering with the health and care sector, has supported the client to deal with a complex medical condition, given him access to the correct treatment at the right time, and therefore had a big impact on the life of the client. The holistic support provided over a prolonged period, whilst mainly focussing on treatment of the virus, has clearly had a much wider effect. It has improved the effectiveness of engagement with his healthcare, reduced the impact on the Criminal Justice System, and improved the individual's wellbeing.

Recently the client has stated that this is the longest period of time he has spent out of prison in the past 20 years, and the longest period of time in which he has not offended since he was 16 years old.

Written by Ben Watson, Clinks. Information provided by Victoria Davenport from Sahir House in interviews and correspondence throughout April 2014.

## STAY INFORMED WITH CLINKS



Live updates of news and resources from Clinks and those working within criminal justice [@Clinks\\_Tweets](https://twitter.com/Clinks_Tweets)



Discuss, share and learn from other criminal justice professionals in our online community. To find out more visit [www.clinks.org](http://www.clinks.org)



Features and interviews with speakers at our conferences [www.youtube.com/user/ClinksVideos](https://www.youtube.com/user/ClinksVideos)



Free weekly digest of opportunities, resources, funding, events and job vacancies [www.clinks.org/subscribe](http://www.clinks.org/subscribe)



A huge resource of information for anyone working in the VCS in criminal justice [www.clinks.org](http://www.clinks.org)

# CLINKS

59 Carter Lane, London EC4V 5AQ  
020 7248 3538 | [info@clinks.org](mailto:info@clinks.org)  
[www.clinks.org](http://www.clinks.org)



## Sahir House

HIV Support, Information & Training  
Centre in Merseyside