

Formstack Logo

Formstack Submission For: Project Application Form

Submitted at 03/02/20 4:56 PM

A1 - Organisation name: The Ernest Foundation

A2 - Street address: 45 Cardiff House

Peckham Park Road

Town: London

Postcode: SE15 6TT

A3 - Organisation telephone number: 07402958398

A4 - Charity number (if applicable): 1116823

A5 - Organisation legal status: Registered Charity

A6 - If you selected 'other' in the question above, please give details here:

A7 - Organisation website: <http://www.theernestfoundation.org>

A8 - Organisation Twitter handle (if applicable): TheErnestFoundtn@twitter.com

A9 - Summarise your organisation's aims, client group and services (keep your answer brief; maximum 300 words): The Ernest Foundation help supports people to improve their quality of life. We work with people from the disadvantaged community living with and affected by HIV. Our project provides safe space, support, facilitation and time for people living with HIV and related conditions to come together, build connections and friendships, support one another by sharing experiences and learning from one another and developing their employment skills so they can come out of isolation and compete in the economic market. The group meets weekly for 4 hours during we which they will shape the content of the sessions, from discussions to space to talk, share and learn, some training and knowledge sharing, myth busting and facilitated speakers.

The project is run under the supervision of the management board. Decisions regarding the project's running, monitoring and evaluation are made between the beneficiaries, the Project Coordinator, and management.

Our project is with the people for the people. The participants are involved from the start to finish. They are ambassadors of the idea; visiting clinics and public places distributing leaflets and newsletters, so others can be reached. We have realised that it is important for people living with HIV to stay with their families at home because this is the best place for the clients to gain affection from their beloved ones. In this regard, it is necessary to promote home visits, give counselling services and physical support to clients to help them live happily in their families and community. In the face of this need, we organise training for members of the group to develop their capacity and skills on home visits. We recruit volunteers from within faith groups, train and equip them to sell our project among their members. We organise seminars and workshops with them, to change their mindset.

B1 - Title: Mr

First name: Ernest

Last name: Nkrumah

B2 - Telephone number: 07402958398

B3 - Your position in organisation: Executive Officer  
B4 - Email address: info@theernestfoundation.org  
B5 - Please re-enter email address: info@theernestfoundation.org  
C1 - Title: Mrs  
First name: Evelyn  
Last name: Akoto  
C2 - Referee email: evenor23@hotmail.com  
C3 - How do they know you?: Southwark Councillor  
D1 - Amount you are requesting from London Catalyst: 5000.00  
Item of expenditure: Salaries  
Amount: 19675  
Funds from other sources: National Lottery Community Fund  
Amount: 19675  
Item of expenditure 2: General Running Expenses  
Amount Exp 2: 13200  
Funds from other sources 2: Gilead Community Grant  
Amount Other 2: 13200  
Item of expenditure 3: Overheads  
Amount Exp 3: 15460  
Funds from other sources 3: Trust for London  
Amount Other 3: 13960  
Item of expenditure 4: Capital Costs  
Amount Exp 4: 2148  
Funds from other sources 4: Gilead Community Grant  
Amount Other 4: 2148  
Item of expenditure 5: Other Costs  
Amount Exp 5: 3500  
Funds from other sources 5: London Catalyst  
Amount Other 5: 5000  
Amount Exp Total: 53983  
Amount Other Total: 53983  
Shortfall: 0

D3 - Project name/caption (150 characters or less): Hope for Life

D4 - Project detail: describe here what you plan to do – how, where, when. Include the role of any partner agencies.: The Ernest Foundation work with people living with HIV and related health conditions. Our work evolved from the experience we had of people feeling so desperate they considered suicide. These people, due to the stigma they faced from family members, friends and the public, tend to live in isolation. The project provides safe space, support, facilitation and time for people living with HIV and related conditions to come together, build connections and friendships, support one another by sharing experiences and learning from one another and developing their employment skills so they can come out of isolation and compete in the economic market. The group meets weekly for 4 hours during which they will shape the content of the sessions, from discussions to space to talk, share and learn, some training and knowledge sharing, myth busting and facilitated speakers. The participants provide

information sheets and newsletters to share information and experiences. We visit hospitals to share stories and bring the lonely people living with HIV into the group. We run the largest HIV peer-to-peer support group in the London Borough of Southwark. We also run HIV awareness programs with faith group and the community.

Feedback from group members indicates that attending the groups has improved their sense of wellbeing, confidence and self-esteem and the hope that they can apply for jobs and look for further training. Days out, including a trip to the seaside have been mentioned as a real treat, and built confidence in travelling outside their own neighbourhoods and not living in loneliness anymore. The participants have overcome stigma and having family members support, having been able to disclose the status to them. Hence why our approach is working. The beneficiaries have bonded as a family, encouraging and supporting one another, thereby making a great impact on the communities. Currently, 150 people are benefiting from the project.

The Ernest Foundation has been in operation since 2006, firstly as a purely voluntary operation to meet the need of people in the London Boroughs of Lambeth, Lewisham and Southwark whose lives were being affected by their HIV status. The project is run under the supervision of the management board. The Project Coordinator, with over 10 years' experience in project management, oversees the management of the project under the supervising of the Board. Decisions regarding the project's running, monitoring and evaluation are made between the beneficiaries, the Project Coordinator, and management. The Board members have the following skills: interpretation of the law (Solicitor), money management (Accountants), dealing with people (Social services). The Board and an external evaluator evaluate the project from time to time by attending sessions to interact with the user group. We have 1 paid staff, 1 part-time staff, 3 volunteers, and 8 directors.

Our projects are run at a relatively low cost with the help of volunteers. We use volunteers to carry out most of the activities of the organisation. There would be a savings in cost if we had used part-time or full-time staff to carry out same task.

The cultural and friendly atmosphere of the foundation gives it an advantage in dealing with the issue at heart. The evaluation report on our Reaching Communities pilot project equally testify to this foundation being in the best place for a project of bringing people together (Building Connections). The reasons for this lack of take up were cultural and social. Therefore, the solution would probably have to be found within the social rather than the medical sphere. Our pilot project and the work done prior to it has proved this beyond doubt. The Ernest Foundation has turned around the lives of many people, by encouraging people who are HIV positive to gain confidence so that they themselves could acknowledge their status, seek the correct medical help, and then encourage others. Our newsletters and files contain many such testimonies. We have also consulted widely and have good relations with our stakeholders.

D5 - How was the need identified? Include local findings, research and web references: The need for the project is based on these facts. Lambeth has the highest prevalence of HIV in England followed by Southwark. Lambeth has 29.8 % of adult (aged 15 or above newly late diagnosed with HIV whilst Southwark late diagnoses 33.4%; compared to England 41.1%. Coverage of HIV testing in England is 65.7%, but 65.1% in Southwark. New diagnosis rate/100,000 of HIV in Lambeth is 42.2% and in Southwark is 41.8% but 8.7% in England. Southwark HIV diagnosis prevalence rate/1000 age 15 -59 is 12.21%, and Lambeth is 14.65% compared with 2.32% in England (Public Health England, 2017). The key health issue

confronted with Southwark is sexual health (Southwark Council 2018). It is recommended that HIV testing be normalised where possible. The aim is to reduce undiagnosed and late diagnosis of HIV, normalise HIV testing in primary care and reduce stigma associated with the disease. Partners should consider declaring all late diagnosis of HIV a serious untoward incident and carry out a root cause analysis into the reasons for it occurring. The need to be supportive to those living with HIV will lead to 'Positive Living' and 'normalising' HIV and treated like one has asthma, hypertension or diabetes. The supportive measure calls for emphasis on formation and running of HIV peer-to-peer support group. This will build the group confidence and they will be able to disclose without fear. This will reduce the stigma against them and encourage early HIV testing and reduction in its spread.

While traditionally thought to be an issue for the elderly, social isolation was raised by almost every individual. It can be surmised that it appears to most, if not all, vulnerable individuals and groups across all ages, genders and cultures in Southwark. While this is becoming a national issue, loneliness and isolation was felt to be exacerbated in some part of Southwark by conditions. Studies have also shown that social isolation is greater in areas of higher deprivation, and that: 'The built environment can have a significant impact on whether or not a person becomes socially isolate'. (The Tale of Two Southwarks, Southwark Giving, 2018).

We will reach people in the community through several channels and partner organisations:

- Community centres (Bells Gardens Community Centre, Peckham Library, Lewisham Library and Ladywell Community Hall)
- Health and organisation partners (Metro, Africa Advocacy Foundation, Action Plus, and sexual clinics of King College, and Guys and St Thomas Hospital (Pembroke House)). In partnership with Africa Advocacy Foundation, our peer support group will include its service users.

Working with these channels will be a point of referrals and strengthen our reach as well forming more networks and an inclusiveness project.

E1 - At the end of the project, what would success look like? Briefly describe what you hope to achieve: As the title suggests, its aim is to tackle the dilemma (Lost of Hope for Life) posed by the persistently high level of HIV infection and mental illness among London residents of African origin, and the barriers they face in accessing testing, counselling, medical care, socialising and training.

The Ernest Foundation (TEF) has proved remarkably successful with resources from Big Lottery in our pilot project in meeting the needs of its service users and helping them take their place in society with renewed confidence and well-being, which benefits the whole community, and reduces the rate of illness and re-infection.

The project takes previous work to a new level, extending the Foundation's outreach services to support Africans and other national in South East London, with three main activity areas namely (1) peer support, (2) skills development, and (3) public education. The peer support involves a networking forum, medication, counselling, healthy eating, personal management, coping with the illness and confidence in community living.

In summary, the long-term goal of the project is to see no HIV positive person and any with mental illness is left unsupported, and without the right medical and social care to maintain a good quality of life. TEF's educational outreach work will support this by fighting persistent myths about HIV and mental illness within the West African community and among young

people. The rate of HIV infection and mental illness should then fall within the target communities, in line with the rest of the country.

Priority 1: Improved physical and mental wellbeing of participants over 12 months, resulting in healthier, more active HIV community members

What you hope to achieve 1: The number of people (about 120) who report improved physical, and mental wellbeing in one-to-one interviews and in self assessment reviews after taking part in the programme.

Priority 2: Improved understanding of HIV and mental illness as a medical condition and how appropriate medical therapies can contribute to improved health and well-being

What you hope to achieve 2: The number of people (160) who exhibit improved levels of social confidence and attend meetings and outings regularly.

Priority 3: People with HIV and mental illness have increased confidence and self esteem, experiencing reduced stigma in the community.

What you hope to achieve 3: Improved understanding of HIV and mental illness as a medical condition, and how appropriate medical and social care therapies can contribute to improved health and well being, leading to greater use of our service

F1 - How and what will you record to demonstrate the project has made a difference?:

Progress will be tracked continuously as the programme develops, firstly by participant feedback at the end of each session. Their comments will be recorded as computer data base before the next meeting; with any action points noted and followed up.

Participants will therefore see how their ideas shape and mould the programme, as confidence building is a core aim of this project. Gaining awareness of changing thoughts, feelings and knowledge from their groups, they will know they have the right to be heard, and their opinions count.

Each participant will meet with the Project Co-ordinator three times through the programme, with space and time for reflection about personal feelings and reactions. These interviews will be confidential, but changes in well-being will be recorded anonymously with the participant's permission, and stories added to the project's bank of evidence.

A user-led group will form part of the management structure, taking a lead role in monitoring and evaluation and driving positive changes.

Regular minuted helper meetings will record how the volunteer supporters of the programme see it progressing. Positive suggestions will be followed through.

Quarterly reports will be written for the Board, who will be encouraged to interact with the groups.

Towards the end of the project, an external evaluator will facilitate a full user led evaluation of the project against the outcomes, as this is designed for a longer term holistic programme of support. Recommendations from the evaluation will be shared with all stakeholders.

I confirm that I have an accurate budget which shows the breakdown of the costs of the project and all funds from other sources: Confirmed

Main borough: Southwark

Select any other borough(s) in which the project will operate: Barnet

Croydon

Greenwich

Hackney

Hammersmith and Fulham

Haringey

Lambeth

Lewisham

Newham

Tower Hamlets

Wandsworth

Westminster

I1 - Which ONE of the following describes the majority of the project users?: Adults

I6 - Would you describe the majority of project users as socially isolated?: Yes

I2 - Health/disability: Which ONE of the following could broadly describe your project users?:

Mental ill-health

I7 - Are the majority of project users LGBT?: No

I3 - Health/disability: Which ONE of the following might also be used to describe your project users?: Other long-term health condition

I8 - Are the majority of project users refugees and/or asylum seekers?: Yes

I4 - Income: Which ONE of the following would apply to the majority - more than half - of your users?: Unemployed/receiving welfare benefits

I9 - Ethnicity: Which one of the following options would apply to the majority of project users?:

Black / African / Caribbean / Black British

I5 - Are the majority of project users homeless/temporarily housed?: Yes

J1 - Please upload an accurate budget which shows the breakdown of the costs of the project:

[View File](#)

J2 - Please attach a copy of your most recent annual report and accounts:[View File](#)

J3 - I confirm that all necessary safeguarding policies and practice are in place that meet or exceed the regulatory standards expected for our client group and the proposed activity: Yes

Declaration - I have read and agree to the terms and conditions above: Yes

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