



RAISING AWARENESS TO COUNTER PREJUDICE

www.leat.org.uk

strategic plan

2008 to 2012

Part 1 - Purpose of this document

LEAT has produced this strategic plan in order to highlight its current work organisational development and future plans. The document will also be used to support applications to funding organisations.

Part 2 - Background

Our Vision

Our Vision over the next 3 years is to build and develop from the last nineteen years and become a leading voice, enabler, educator, trainer and service deliverer of improved understanding, awareness, prevention, acceptance, support and rehabilitation for all those at risk from HIV.

Our Mission

Our mission is to: -

1. *Educate and Prevent* (by working with faith communities and media,, education and health service providers, partner organisations, youth and community groups) to
 - raise awareness,
 - provide strong educational tools which are well adapted to diverse audiences and viewpoints,
 - facilitate teaching and learning in the area of good sexual health and relationships

2. *Promote acceptance and understanding* of the nature of HIV, and the need for a Positive and Supportive response from ALL
 - who are personally infected or affected; or
 - who belong to groups, professions and communities which include individuals who are and
 - To combat stigma, fear and ignorance.

3. *Provide and Support* (by working with individuals, groups and partners) to
 - provide practical and effective services to meet the physical, spiritual, family, social, and psychological needs of those who are personally infected or affected.
 - encourage and disseminate research into the care, support and rehabilitation for those affected by HIV organisations
 - build the capacity of individuals, carers, groups, leaders and others to provide support and information.

4. *Proclaim and Advocate* by informing and engaging decision-makers, policy-makers, leaders, community members, media commentators, carers and educators about the importance of HIV/, and the needs and rights of those who are infected or affected.

Our Values

The values contained in the constitution of LEAT are fundamental to LEAT's work and the way in which services are delivered.

The Board of Trustees, staff and volunteers have all signed up to these values, which we feel reflect the service we provide for the community:

- Respect the cultural diversity of service users
- Services are driven by the needs of our service users
- Users are central to the services we provide
- To work in partnership with other agencies and provide our services jointly with them.
- A commitment to continually improve our services and our organisation
- Achieving value for money

Our history

In the late 1980's and early 1990's, both government and faith communities in London were faced with the reality of HIV, then an incurable and usually quickly fatal disease. There was growing statistical and anecdotal evidence that London was home to the largest concentration of people with or affected with HIV. A number of individuals (both lay and ordained) from within the Christian communities were actively involved with providing different kinds of both practical and pastoral support to people affected by HIV. There was a climate of fear, prejudice and ignorance which had an adverse effect on people affected by HIV. Issues of sexuality, and theology made the response to HIV both one in which they believed the churches should take a lead, but also which caused confusion and sometimes judgement within their communities. They originally came together for mutual support and to discuss how these problems might be handled effectively in a number of ad hoc groups, such as the inter faith group of Terrence Higgins Trust, the Ministers' Group (an informal meeting of ministers involved with people living with HIV, and London Christian Action on AIDS. All of these groups ceased to meet, although there was a general consensus that there was a need to continue meeting, the shortage of resources meant this was not possible.

In London, the London Churches Group (the Group) was the body given the task of co-ordinating the official response of the churches (and at that time, the Jewish community). The Group was an ecumenical group established by faith leaders within these communities to, "consider matters of social concern for London ..." and to take appropriate action." In a number of areas such as employment and housing, to support the response in line with good practice and faith commitment to social action, the Group set up "units" that reported to the main group. The London Churches HIV/AIDS Unit (the Unit) was established in September 1990 and what would later become (in 1993) LEAT (the London Ecumenical AIDS Trust). In 1991

after recognising the need to support people of faith working in HIV and to coordinate activities, the Unit established the London Ecumenical AIDS Forum (the Forum). The Forum brought together representatives of organisations, hospital chaplains, those appointed by denominations to work on this issue, and others within the Christian and Jewish communities in order to offer support, to share information and to identify needs and avoid duplication, as well as attend to their spiritual aspects of HIV. It was apparent that the Forum did good work, but that there were individuals outside its membership who worked in HIV related provision, especially within the non faith voluntary sector, the NHS and social services. To enable them to attend, a programme of regular speakers was initiated, allowing the approval of line managers for attendance, under the heading of professional development.

The London Ecumenical AIDS Trust

Late in 1992 the Unit's management committee accepted the results of a management consultant's review of its activities, which identified that the Unit should shift its primary focus from pastoral care provision to include prevention and education. Reflecting the change, a director (a lay person) was appointed in February 1993.

The name did not fully reflect the combined Christian and Jewish role of the Group and hence the Unit, after consultation, renamed the Unit the London Ecumenical AIDS Trust (LEAT) but ensured further representation on the Board of Trustees from within the Jewish community.

Key Activities 1993-1998

- The preparation and organisation of an annual service to mark World AIDS Day, an event promoted informally a few years earlier by a group of ministers and others involved in HIV related pastoral and other care. Initially small, with the help of a number of volunteers and support from the Anglican Cathedral at Southwark, this service grew and quickly attracted notice within the secular press and attendance rose to nearly 600 for the 1993 service. In keeping with the principle of involvement, LEAT undertook this work on behalf of the Forum, so as to further publicize the work already being undertaken within the Christian and Jewish communities. The service received generous support from Forum members, both in terms of volunteers and (especially from CARA) financial help. Families affected by HIV travelled long distances to obtain faith appropriate support free from the fear of prejudice and isolation – some family members still maintain regular contact with LEAT.
- A training and awareness programme taken to local churches. This programme involved a number of activities, of which the most frequent was taking into local faith communities' awareness raising events, often on weekend day to ensure attendance, but also talking to parish groups such as women's fellowships. The days were focussed on not only the giving of information, but awareness raising in a faith appropriate manner using as far as possible volunteers from within the faith communities who understood the language and beliefs of those attending. This allowed sensitive handling of matters of sexuality and other areas where potential prejudice and fear might exist. Such events were already undertaken by other groups so planning was

in consultation and aimed at using the official nature of LEAT's sponsorship to encourage participation of local churches which would not necessarily otherwise take up awareness events. This programme has now evolved into our HIV Prevention Project. The project is a targeted intervention programme aim at communities with particular targeting of the Black Majority Churches.

- The Home Support Scheme. The home support scheme is a tailored service that offers emotional, social and practical support to people living with and affected by HIV. Our trained volunteers provide high quality and compassionate home care and support to individuals, their families, and caregivers. Our service is provided in people's homes or hospital and is available 24 hours a day, 365 days a year, and can be tailored to meet unique needs.
- Contracting of services by Southwark Council

Part 3 - Policy context and our current response

An analysis of the problem

HIV is an important issue for everyone in the United Kingdom. Given the population and concentrations of communities it is especially important for people in London. The number of people living with HIV in London is growing and HIV remains a major cause of morbidity and mortality despite advances in medical treatment. Increasingly HIV is becoming a disease of disadvantage, with people facing social exclusion and being particularly vulnerable to infection. The stigma that continues to be associated with HIV adds an extra burden to those living with and affected by HIV.

Epidemiology:

- In 2007, there were at least 6,393 new diagnoses of HIV, contributing to a cumulative total of 93,231 reported by the end of 2007.
- Two thirds of England's HIV positive population live in London
- There have been 23,596 diagnoses of AIDS in the UK. At least 17,932 people diagnosed with HIV have died, and at least 80% of these deaths followed an AIDS diagnosis.
- Over 22,000 people from the BME communities are currently living with HIV in the UK and are under the care of an HIV specialist. The majority, (15,750) are black Africans, and over 3,000 black Africans were newly diagnosed with HIV in 2005. But the true number is higher still, as a third of people living with HIV do not know they have the condition and have not been tested.
- The rate of increase in numbers of residents with HIV varies between sectors of London, with the South East projected to increase by 54%, North East by 47%, South West by 36%, North Central by 34% and the North West by 29%

The underlying causes

The number of people living with HIV in London is growing every year, and HIV remains a major cause of morbidity and mortality, despite advances in medical

treatment. The impact of HIV services on people's lives is greatly influenced by issues of social exclusion and wider determinants of ill health. Health care provision for people living with HIV is not uniform across London with some people benefiting from excellent care in some areas while late diagnosis among those already very ill shows that others face real obstacles in accessing care¹.

Challenges faced by people living with HIV include:

- Inequalities of access to diagnosis and services, resulting in poorer treatment outcomes for some people, especially BME communities
- Stigma and discrimination – magnified within BME communities
- Services that are not shaped around patients, their families and their carers
- Services not responsive to the different needs of different populations
- Services that are not flexible to meet the changing population of people with HIV
- Gay men experiencing homophobia in many areas of their lives from the education system to employment and the fear of crime which all leads to social exclusion
- HIV and other mainstream sexual health information is not culturally sensitive and in some cases language appropriate
- Confidentiality
- The social and economic complexities individuals and communities face on a daily basis

Our position

It has been acknowledged that HIV does not exist in isolation. People's health is influenced by a complex set of factors which go well beyond the behaviour of the individual to the social environment in which people live, discrimination and access to services. Action to improve people's health and quality of life has to tackle issues at different levels in order to have an impact.

The London Churches HIV/AIDS Unit was formed by the London Churches Group in 1990 to mobilise Christian and Jewish communities to compassionate and constructive responses to the emerging HIV epidemic. In 1993 LEAT was formed to expand its practical and pastoral response to people of all faiths and those with none. LEAT continues to be affiliated to the London Churches Group.

LEAT's aim is to equip people with the knowledge and skills to fulfil their potential. We are raising opportunities for people affected by HIV with specific targeting of the Black Majority Churches and the BME community. We work in partnership with other agencies and are helping other organisations progress towards shared aims and objectives through clear thinking and coordinated efforts.

In order to meet this aim we have developed a number of services.

¹ Modernising HIV services in London – A Strategy for Prevention (2002)

Our Achievements over the last 2 years and Current Services

Over the last 2 years, LEAT has built on our long experience of working with faith communities in London, and of delivering support services to those infected or affected by HIV/Aids in the London Boroughs of Southwark and Lambeth, in a number of ways which together are enabling us to make a step-change in our capacity, and in the level and range of our activities.

Capacity-building to date

As part of that we have greatly increased the amount of funding which we receive, and broadened its sources beyond relying predominantly on grants from London-wide denominations and Southwark social/health services. We have done this through building successful partnerships with local voluntary sector groups, through developing our fund-raising and bidding capacity, and through developing a clear financial strategy which supports our delivery and strategic objectives.

That has enabled us to build significant new capacity, including: -

- Establishing an active Management Committee consisting of representatives of the Trustees, the Director and the (recently appointed) Project Manager, which meets monthly to lead, plan, and oversee the practical implementation of the policies and objectives which are set by the Board of Trustees. In addition to normal periodic Trustee meetings, LEAT has invested effort into Away day and seminar activity which has underpinned the development of additional services, and the objectives and priorities in this Business Plan.
- Building considerable additional capacity by recruiting a full-time Project manager, additional administrative and project delivery support and volunteers, and outreach worker posts. This has been supported by the introduction of much improved appraisal, communication and training arrangements for staff, which have also begun to be put in place for the many volunteers.
- Improving our formal policies, IT, financial and monitoring systems - which are increasingly able to respond to the needs of the Trustees/Management Committee, funders and managers.
- Improving our office and delivery facilities, our ease of access by public transport facilities, and our ability to draw on wider local support and development facilities for voluntary sector groups. We have done this by moving to new offices above the Elephant and castle interchange, alongside a number of other local voluntary groups and Community Action Southwark (CAS).

We recognise that we will need to further build our partnerships, systems, finances and capacity over the next 3 years, and this strategy includes a number of initiatives and objectives to achieve this.

Current Projects

Over the last 2 years, we have also significantly increased the scale, and widened the range of the services and projects which we deliver. We have built on our

experience of delivering to changing communities over many years, and our research and understanding of the diverse needs of clients and faith groups. The current range of projects is set out below. In all cases, we have also improved the arrangements for monitoring and feedback, and the Management Committee and Trustees regularly consider progress and priorities.

HIV Prevention Project

Our aim

This previously existing project aims to reduce the spread of new HIV infections with and through the Black Majority Churches and the BME community in London, and the stigma experienced by some who are infected or affected.

We offer all or some of the following services:

- Information on HIV
- Leaflets and posters for displaying in Church
- Speakers for meetings
- Material for special services, Church festivals and other events
- Prayers for those affected by HIV
- Short series of workshops and seminars on HIV

The Sergeant Project

Our aim

This recent project directly recognised the social and psychological needs experienced by many of the women and children who receive Home Support and who are from communities who are hard to reach. It aims to provide specialist support to HIV positive mothers and children under the age of five living in Southwark and Lambeth and it hoped to expand to other Boroughs.

This one day a week project aims to provide specialist support by:

- Encouraging peer support through the mothers meeting each other, socialising and sharing similar concerns as parents on HIV/AIDS related issues and others. Including mothers who may be caring for a child who is also HIV/AIDS positive.
- Providing access to one to one counselling where required.
- Providing advice and information through invited guest speakers at the request of the mothers on issues specifically relating to parenting and living with HIV/AIDS.
- Giving an opportunity for the mothers (some of whom are isolated because of cultural attitudes towards HIV) to share experiences with others from similar cultural backgrounds.
- Share and prepare a healthy hot meal with the cook for themselves and their children.
- Providing transport for the mothers and children to and from their home to Christ Church where the mothers will have their own space to meet and St Andrews, a short distance away, where there will be a crèche for the children.

The Home Support Scheme

Our aim

This previously existing project aims to provide home support to those who are chronically ill with HIV.

This scheme provides:

- Practical assistance with general tasks in the home e.g. befriending, DIY tasks, transportation/escorting, shopping, housework/cooking, gardening, child minding, walking pets, ironing etc.
- Support to individuals and families to live independently and remain within the community for as long as possible
- Development of parenting skills.

Someone to Watch over Me Project

Our aim

This recent project aims to develop new links with Lambeth and Southwark communities which are particularly hard to reach. It relies heavily on outreach work, and has a strong youth element. It aims to:

- To reach out, publicise and promote LEAT's work to G.P surgeries, STD clinics, other healthcare centres and faith communities.
- To assist in representing LEAT at health fairs, community events, conferences, seminars and other gatherings (may involve some weekends).
- To develop regular outreach sessions in the local market places in Lambeth and Southwark.
- To provide support to people affected by HIV by offering advice on: housing, immigration, accessing medical services, and on the provision of childcare.
- To provide confidential advice, support and information to individuals and groups as and when required.

Plus Point

Our aim

This developing project aims to provide low-cost psychotherapy for people affected by HIV

- The service will be available at a variety of locations throughout London.
- It will employ a therapeutic model ideally suited to the issues raised by HIV in which the emphasis is philosophical and reflective rather than medical or psychological and
- It works from the basic assumption that people need to find ways of making sense of their lives before they make sense of their problems and of themselves.
- The focus of the therapy is very much on the here and now rather than on the past.
- The service will be free from religious or ideological bias and will be available to people of all faiths or none.

Part 4 - Future Developments and Priorities

Planned Capacity developments

Over the next 3 years covered by this Business Plan, LEAT will seek to both embed and develop further the step-change achieved over the last 2 years in terms of both capacity and the projects which we deliver. We will continue to build capacity, by embedding and extending recent initiatives, and by basing further developments on the analysis of Strengths, Weaknesses, Opportunities and Threats which is at Appendix 2. In particular, we will concentrate on achieving the following capacity developments.

Fundraising

In conjunction with the future developments of services a Fundraising Strategy has been produced. This strategy defines our future fundraising plans. Both the Business Plan and the Fundraising Strategy take into account the government's agenda and the needs of our service users over the next three years, and will need to be regularly reviewed and updated in the light of any developments and external changes. We will embed and extend the recent improvements in our financial systems and monitoring.

Information Technology and capital improvements

Coupled with the above the government's Green Paper, "Rebuilding Lives" proposed a number of far reaching initiatives. In order for LEAT to be prepared for these changes we need to ensure our Information Technology systems and office facilities are improved to be able to implement these new areas of work. We expect this to also benefit record-keeping and access, and to further reduce administrative costs and the amount of paper which we need to retain. We also see considerable opportunity to use the web, texting and IT to improve our marketing and our ability to educate, proclaim, influence and advocate, and will seek to add this means of delivery to groups and individuals to our existing face-to-face, video and written material. We see these technological methods as potentially particularly important as a means of reaching and keeping in touch with young people who are at risk.

Accommodation and office facilities

We will complete our planned move to Elephant and Castle, establish good working relationships with our Landlord CAS, and seek to take full advantage of the wider benefits which the move of location and better facilities can provide.

Volunteers

To review our volunteer recruitment, selection, retention policy and procedures and training requirements for all our services. The aim is to provide joint introductory training for all volunteers and to research the training provided by the boroughs we deliver services in. It will also enable us to target recruitment at those volunteers that speak an additional language to English reflecting the languages spoken by our clients.

Staff

To keep our staff's standards, skills, contributions, numbers and needs under review, and to improve communications between them and the volunteers and Trustees.

Trustees

To review the range of skills, contributions, diversity, and needs of our Trustees, and the potential for broadening the choice of means whereby stakeholders and supporters can engage with us (for example by considering introducing “Patrons” and “Friends” schemes, newsletters, supporter-events and regular web-updates).

Statutory Responsibilities and Policies

We will maintain our existing policies in respect of key statutory requirements like diversity and equal opportunities, health and safety, CRB checks, financial and company law etc; and ensure that we monitor their implementation regularly, and review them as necessary. We will complete the range of subjects on which we have formal written policies to ensure that we have clear standards and expectations on all important aspects, and ensure that all staff and volunteers are introduced to them during their induction and can access them readily.

Planned Projects Development

We will continue to embed our existing projects, and will gradually extend their range to include more which are targeted at those parts of our mission which are concerned to educate and prevent; to promote acceptance and understanding, and to proclaim and advocate. Wherever possible we will seek to do so through strong partnership working. We expect the main project developments over the next 3 years to include the following: -

Outreach work – Black and Minority Ethnic, Refugee and Asylum Seeker Communities

Research at both a national and local level has identified that the majority of Race/Hate crimes are not reported to the police. The public perception of crime is that these communities are the perpetrators when in fact they are the victim. This is due to the fact that within the BME and refugee and asylum seeker communities many have fled persecution from their own countries which have hostile regimes. Due to this they have a mistrust of the police, health and Criminal Justice System and do not understand how they operate in this country. As a result often people do not access health services due to lack of information as well as additional barriers of language.

Children and Young Peoples Projects

Over the last year we have started to plan and provide a range of projects for young people who may have a parent or guardian living with HIV/AIDS. We believe it is important that young people have an opportunity to be involved with projects which provide both social, cultural and play opportunities in a safe secure environment. Our approach to this will directly support the Every Child Matters and Citizenship Agendas, and we will be seeking to work increasingly closely with local Education/Children’s Services Departments, schools and youth groups.

London’s HIV Community Chaplaincy

London’s HIV Community Chaplaincy was established in 2002 by the Methodist Church in London and staffed by our part-time Director until his recent retirement from active ministry. It was always hoped that this would be a service sponsored by all Christian denominations and others and his retirement has encouraged this to

happen. The Chaplain will be based in LEAT for management and support purposes and be part of the LEAT staff team and we will be responsible with the successful applicant to a sponsoring group set up by those four denominations.

More national responsibilities

This is more of a dream but we believe that LEAT is one of the few organisations from a faith perspective that could provide good quality material for publications such as Parish magazines, more regional publications and nationals that would help people to become more aware of the issues surrounding HIV. The thinking behind this is that the Christian Church in the UK potentially has more volunteers than any other organisation and if we can empower them with good up-to-date knowledge then we will increase the workforce of people involved in HIV prevention. To enable this dream to come to fruition we will need the services of someone with good journalist and theological skills in order to write such articles. If we are able to achieve this goal in London it can be expanded nationally.

Part 5 - The Strategy

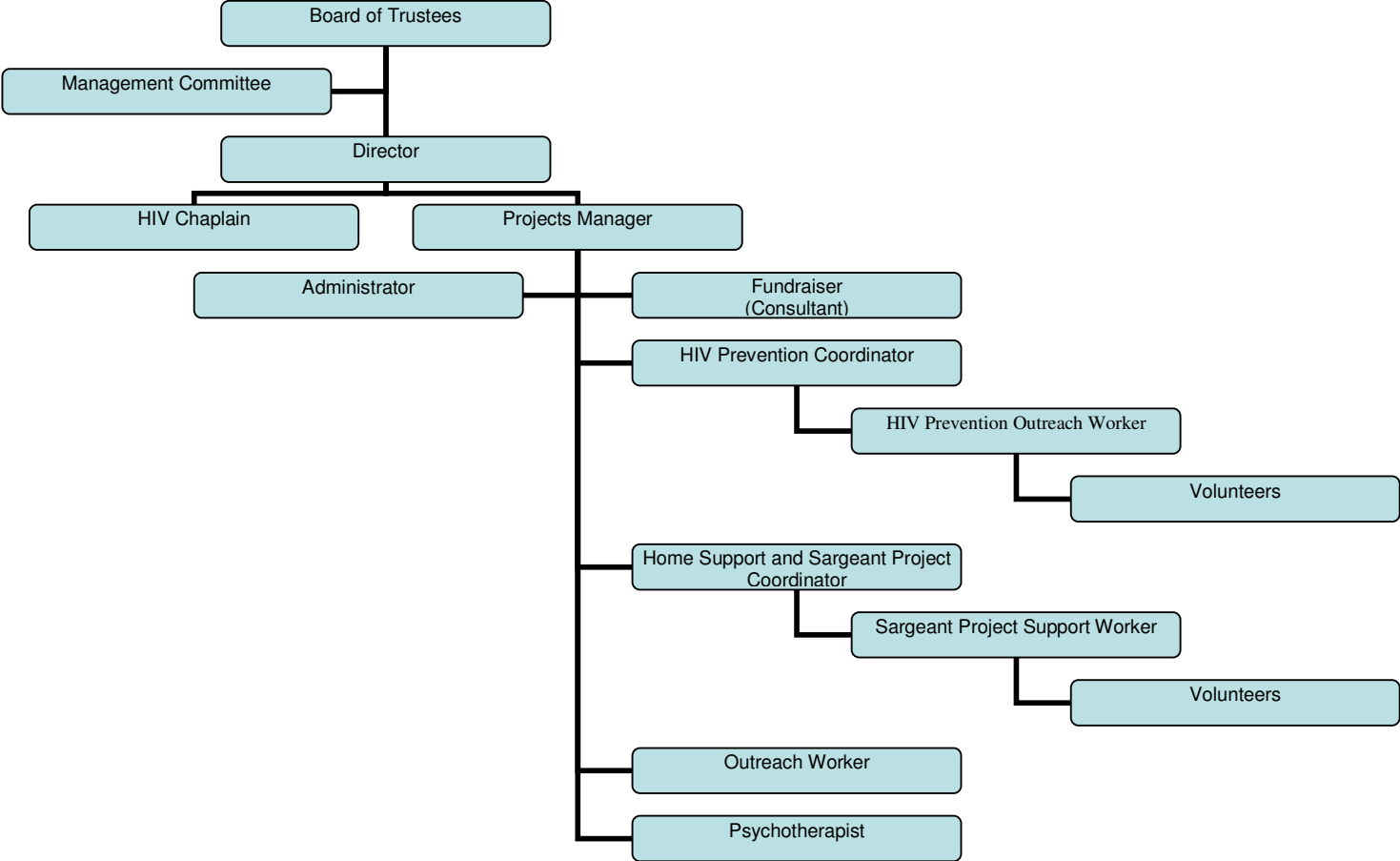
Our key aims for 2008-9 are to

- Consolidate and embed our existing projects and partnerships, and ensure that they are all meeting the key objectives and requirements of the Trustees and funders.
- Complete the bulk of the capacity-building work outlined above, and
- Identify the scope, order and resources required for project developments in the following 2 years.

During 2010 and 2011 we aim to be able to concentrate more on extending the range of our projects and activities, in the areas identified above.

LEAT Organisational Plan

Appendix 1



SWOT Analysis

Appendix 2

Strengths	Weaknesses
Good reputation across other Voluntary, and Public sector organisations across both Southwark and Lambeth boroughs, and more broadly amongst providers and faith communities across both London and nationally	The Trustees have recognised the need to review the fundraising strategy in the light of the expansion in basic capacity and projects achieved over the last 18 months, and their revised objectives for the next 3 years
Wide breadth of service provision with embedded experience of working with diverse staff and volunteers to meet the diverse physical, psychological, social and spiritual needs of clients	Feedback and communication from Management Committee and between staff and volunteers can be further improved.
Staff members and volunteers listen to the needs of clients, and the Trustees directly access their experience and needs in formulating proposals and taking decisions	Manual and computerised systems have been improved considerably, but require the further strengthening which is planned
Immensely hard working staff, volunteers and Management Committee, which have been considerably strengthened over the last 18 months, e.g. by the creation of the Management Committee, and the recruitment of a full-time project manager, and outreach workers	Need to improve information sharing and skills as part of improving manual and computerised record-keeping
Transparency around issues and a willingness to find solutions which break new ground and which add value and capacity to other providers and community groups	Although up-to-date policies are in place for key requirements (like diversity, health and safety, financial reserves and delegations, staff appraisals and training/development etc), further work is planned to review all policies
Ongoing improvements and expansion builds on good financial reserves, and 20 years experience	Communication between volunteers and staff and investment in training and development have increased, but a need has been recognised to provide more particularly for volunteers
Support and advice can be sought and given to staff and volunteers. Appraisal and monitoring systems are in place, and investment in training is increasing	Need to clarify the level of commitment for staff, volunteers and the Management Committee

A good level of trust and mutual respect	The need to broaden the skills and backgrounds of the Trustees to reflect the step change achieved over the last 18 months in the nature of funding and activities has been recognised, and some additions have been implemented in advance of the formal Review and Skills Audit of the MC and the Trustees which is underway. One of the issues this will address is that current Trustees have little time to devote, therefore a few people do all the work
Existing proven partnerships with other organisations, and excellent networking skills and links	
The concept of LEAT is widely supported, and there is a proven ability to engage with “hard to reach” and initially hostile groups	
Opportunities	Threats
Develop the services of the organisation (building on its established, experience, reputation and faith-based ethos) into areas which concentrate more on (1)building other group’s and organisations’ capacity and understanding; (2)advocacy and raising the profile of “Positive” issues; (3) more preventative and educationally-based projects, (4) more emphasis on supporting the needs of young people and carers	LEAT can encounter an assumption that LEAT is well funded because of the nature of the work. Historically LEAT has relied heavily upon regular core funding from mainstream faith denominations in London, and is continuing to go through a process of adjusting to the needs and requirements of wider funding sources. Over the next 3 years, LEAT needs to continue (1)to build its profile with (and response to) wider funding sources, and (2)to plan ahead and focus effort on the need to constantly renewing funding sources before existing grants come to an end
Reflect the practical experience, and the recent shift in image and scope/scale of activities in the annual report, in modern web-based communications, and in improved “marketing” generally. **This can also be seen as an opportunity in LEAT being seen as an agency of excellence and major provider – see threat**	Potential competition from agencies that do similar work unless LEAT continues to consolidate its existing partnership-building and networking activity, and to extend it to new areas. ** For example, over the next 3 years, LEAT needs to (1)extend its contacts with the faith communities and media nationally; (2) increase its profile with the primary health sector (GPs) locally, and (3)to build relations with education departments, schools and youth organisations (recognising the links between HIV

	prevention and the wider sexual health education/youth agenda)
The recently appointed additional outreach worker and project manager capacity will enable LEAT to be more proactive in approaching diverse communities and partners to invite them to participate in projects, and to represent their community at LEAT	Overload could result unless the Trustees continue to concentrate on the need to ensure that (2) there is a continuing emphasis on capacity-building; and that (2) new initiatives are well-planned, well-embedded, robustly monitored and well supported
Planned Review of volunteer recruitment, training, monitoring and quality control policy and procedures, and of communications between volunteers and staff/Management Committee	Staff and volunteers will continue to need increased training and development and (crucially) to continually adjust their levels of expectations and standards upwards. The Trustees will need to support this by e.g. (1) supporting and overseeing the work of the Project Manager, (2) keeping training/appraisal etc under review and ensuring that sufficient funding is available for these needs, and (3) improving communications between the MC /staff/volunteers
New website, improving IT, and new accommodation/physical location/co-location with other voluntary sector groups	