

LASS STRATEGIC FRAMEWORK AND BUSINESS ACTION PLAN 2009/10

This business action plan outlines the key areas for LASS development to ensure we meet funder's contractual requirements while also working towards our own strategic objectives and building on the feedback we have had from our service users and evaluation by managers and the Board of Trustees. It is not intended to list every element of our work in this plan and some of the work identified in the plan may change as other opportunities and circumstances arise during the year. The strategic framework for 2009-2012, agreed by the Board of Trustees, is as follows:-

Strategic Framework

Over the next 3-4 years LASS aims to:

1. Ensure more people living with HIV have access to and make use of the services we provide.
2. Address the challenge of providing services to people living with HIV in the County and Rutland as well as providing services for the growing population living with HIV in the City.
3. Increase the involvement and empowerment of people with HIV in managing, planning and delivering the services they access.
4. Work with partner organisations in the prevention of HIV and the promotion of positive sexual health through challenging stigma and discrimination in -
a) Schools and colleges, b) local community settings, c) work places
This will include the introduction of community based HIV testing
5. Work with others to improve the range of relevant and accessible information about Sexually Transmitted Infections, Hepatitis and HIV, including HIV testing, services of LASS and local partner support services.
6. Improve and extend the range of services offered by LASS in Leicester, the County and Rutland by maximising the use of the premises and outreach support and providing specific support groups and activities as identified by service users, partners and funders.
7. Increase and diversify our funding streams to support a wider range of work. This may include the possible piloting of LASS as a potential provider of direct payment services; training and supporting service users to support each other and in the establishment of a social enterprise to support LASS charity; working with a range of partners to increase funding for awareness raising among young people; and, in particular seeking funding to address the specific needs of the local area.

8. Work with others in the promotion of Leicester as a City of Sanctuary and contribute to partners' efforts to address the poverty and destitution faced by many of our service users who are asylum seekers and refugees living with and affected by HIV.

The service user feedback was limited this year due to low levels of returns. The summary of service user feedback findings is attached as an Annex and actions have been built into the plan. The Board have recommended using the Richter scale personal approach in evaluating service user feedback this year and a Board member will lead on this exercise. We hope this will lead to greater participation. It should also be noted that service users contribute to feedback and development of our services through regular meetings with the CEO and through submission of feedback forms. This feedback has also been built into the plan for this year.

This business plan gives the staff taking lead responsibility for areas of work and is in 3 sections – Direct Services, Sexual Health Awareness and Corporate Services. Each section identifies what we do well and gaps or areas for development. The action addresses the gaps and builds in any **new** specific requirements for the main funders.

DIRECT SERVICES

What we do well

In general emotional, practical and financial support, advice and information is provided to people affected by HIV/AIDS living in the City of Leicester and the Counties of Leicestershire and Rutland. This includes information and advice in adhering to medication, advocating on peoples behalf in relation to housing, healthcare, financial concerns, sexual health skills and knowledge – their asylum status in HIV related matters. A wide range of social needs and issues are addressed, including debt management, housing and well-being. The “A life and Kicking” DVD which we made is useful in allaying peoples fear about being diagnosed

Direct Services respond to directly expressed needs of service users, these range from intensive emotional and practical support to requests for more socially interactive pieces of work. Salsa and later sewing classes have helped meet these needs. Direct Services work in a very fluid manner, crisis can happen at any time and we are flexible to respond to urgent needs in order to keep the person as ‘well’ as possible whilst sorting out what may be a practical but no less important issue. We fill gaps left where statutory services have no remit and work in collaboration with a wide range of service providers both within the statutory and voluntary sectors.

Over all we have refined and developed the services of nutritional support in installing a kitchen and café for service users to get good quality meals twice a week particularly in response to the destitution experienced by some of our service users. Food share and the food vouchers we provide maintain this support when the cafe is not available. We open from 11 – 3 for drop-in sessions twice a week serving food in our own new CAFÉ, where we have provided Volunteer Service users with Food hygiene training. Enabling them to gain skills and provide a diverse range of cookery

Taster courses in particular those helping with communication or self development have been well received, the BSL course enabling other service users to communicate with a deaf blind service user, we respond quickly to these stated needs and are able to do so through the skills both within the agencies and with people externally who are allied to us.

LASS has introduced new complimentary therapies which work in a holistic way to emotionally support people who are feeling stressed or have difficulty relaxing or sleeping.

Outreach sessions have been set up and work on a fortnightly and monthly basis respectively in Loughborough and Oakham in recognition that rural communities often have no local support service available to them.

Service users feed back to us in various ways, through our talkback sheets, in 1x1 conversations, in surveys and service user group consultation. Service user volunteering has increased and will continue to grow through the peer support, be-friending and mentoring project we are delivering jointly with Action Homeless. Service users are actively engaged in shaping their services and have taken part in regular meetings, provided on going feedback and ideas and been engaged in developments such as the re-furbishment of LASS, re-branding and sharing ideas for taster activities.

We also provide access to specialist HIV hardship funds, through fund raising and through supporting applications to specialist charities and we also give food vouchers out to those in the greatest need.

6 -8 weeks counselling (Brief therapy counselling accessed by 8 service users last year) and complimentary therapies accessed by 25 service users are delivered by trained therapists.

We facilitate and attend the Leicestershire HIV Multi Disciplinary Team meetings also attending the city employment and disability group, the MAF for new arrivals and attend various other appropriate forums and networks to support and improve work with service users who are affected by HIV.

PQASSO and MEDFASH quality standards are applied as appropriate to ensure the quality of our work is maintained.

The data base has been updated to capture work done in relation to levels of support needed by individuals and outcomes achieved. These outcomes have been linked with the Government report "Our health our care our say" - 7 outcomes for adult care and health –

Gaps:

The speed at which other services respond to required and urgent developments of services such as helping destitute service users is slow and means that LASS at times has to intervene in areas that are not strictly HIV related.

The changes in medical conditions being seen mean that both staff and service users are more aware of the new and differing services to set up. Dementia, mental health and sight problems as well as an ageing population of HIV positive people who have age related conditions to deal with means that we are setting up sessions more to do with general health that may impact on HIV health than that of HIV alone. (needs to be about what we do well and the services we need to set up need to be in the action plan)

New staff and different roles within the Direct Services team will go towards addressing a lot of the more wide-ranging need for support whilst at the same time the need for up to date training in the changing and developing needs of service users continues.

Limited additional funding for food – from Lloyds TSB foundation ran out in March 2009.

Budget:

Direct Services posts are funded mainly from Councils funding for Supporting people (City only) and also the 3 local Council's social care and health departments. A small amount of funding from both the PCT/NHS contributes to the team's delivery of sexual health advice and awareness for HIV+ people. The team also has access to money raised by LASS Charity to provide additional support to HIV+ in most financial hardship and need. An additional mentoring project with Action Homeless has been funded to train service users as mentors and befrienders for each other.

ACTION AND OUTCOMES

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
<p>Provide support to 35 HIV+ people and people affected by HIV in the County and 334 in the City</p> <p>Provide 1000-1300 support sessions for people affected by HIV.</p>	<p>Addressing stated needs and assessed requirements, using ISP as an action plan for staff and service user. Work with volunteers to provide some of this work</p> <p>Refer on to appropriate internal and external service providers/services</p>	ML	Throughout the year	<p>Monthly Board reports and quarterly reports to funders</p> <p>Outcomes reported from database, letters from service user, feedback sheets and service user survey.</p> <p>Ourcomes cross refer to those in the government report 'Our Health Ourcare Our say'</p>	HIV related issues are addressed, health improves, finances maximised and outcomes for service users are achieved.
Respond to the needs of people that statutory agencies are unable to fund support for	Fit it in alongside already funded areas of work, use donations, extra targeted fundraising	ML	.	Greater uptake number of destitute people recorded on the data base.	Service provision meets the needs of destitute service users.

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
Set up new services coming out of the new SLA,	<p>Listen to service user needs, staff knowledge, other stakeholders and what are others providing.</p> <p>See what is happening elsewhere</p> <p>Data base recording</p>	ML and JH	Ongoing with monthly management and Board reports	<p>We will use the data base to report on outcomes of different people using our services and gaps in provision will be reported to the Councils quarterly.</p> <p>work around ageing population faster ageing and non HIV related illness/cancers will be delivered with other appropriate providers</p> <p>Service user feedback.</p>	<p>Greater choice for service users delivered in a service user led way</p> <p>Feeling of inclusion in work of LASS more self direction and responsibility</p> <p>Better health or maintained health in older service users</p>
Set up 6 outreach sessions in the county and continue sessions in Rutland and Loughborough.	Identify what is needed, where Suitable venues are for this to take place, how much cost, which partners and volunteers will help deliver alongside LASS.	ML,.	End May with review end November	<p>The statistics will evidence this with an increase in county people up taking services, plus service user feedback.</p> <p>Needs of County and more rural positive people will be identified.</p>	Numbers of county service users rises, people get their needs met closer to home.
Increase activities and open access provision at LASS in response to service user survey of 2007/08	Using risk assessment and H and S guidelines put on a wider range of activities for positive people. Encourage and train them if they	ML,	Aim for activities on 2 days a week basis by end March 2010 plus 6 weekend activities through out the year.	<p>numbers will increase in relation to building use which will be collated in stats.</p> <p>Service user</p>	People have improved support, well being and health.

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
	want to run their sessions. Identify potential funds for additional work	CEO		feedback	
Involve service users in development of open access programs Service user Audit to identify skills and use them to train other service users and volunteers	Invite people to belong, give them clear roles, and understanding of responsibility. Set up core user involvement groups for different pieces of work. Train Service users as facilitators to run specific groups i.e. Group for gay men/women's group.	ML ML Matt Tomlin	From June 09 September 08	Numbers involved in activities taking place and accessing training. Evaluation of group work sessions. Training feedback and evaluation.	Self development confidence and skill building for service users
Deliver mentoring programme to service users and develop the involvement of service users as "mentors" and befrienders for each other.	Recruit, train and support and supervise service users as mentors and be-frienders.	ML , Lucy Ball	June to July for training. July onwards for matching mentors to mentees	Feedback from volunteers who mentor, and people who are mentees, and through timesheets and volunteers stats	Service users are supported by people who have a closer understanding of what they are experiencing and therefore maintain better health outcomes.
Deliver support to 17 City service users as identified in the SP contract	Frequent visits, health and safety monitoring, maintain housing in safe	ML	Ongoing	Monthly data base management reports, quarterly reporting to funders	17 people's housing maintained and safety in the home continued Sustained health

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
	condition support to move if not, ensure health needs are met				enables them to remain in housing
Deliver health workshops	Provide smoking cessation, weight management support and meds adherence to service users and volunteers	ML	August	Feedback sheets	Attendees see weight maintained at a healthy level, smoking is reduced, V/L and cd4 are good
Recruit, support and train volunteers, students and work placements for Direct Services work	Advertise, recruit, train, manage and support volunteers and students on placement.	ML	During University year and as students approach LASS	Time will be freed up from DS staff to carry out more complicated detailed pieces of work.	Volunteers will be valued and gain work experience and service users will have their needs met
Continue to deliver drop in sessions in the City twice a week.	Train and support volunteers and staff to run activity, oversee cooking and look at maintaining health and safety issues	Matt Tomlin, ML,	Ongoing	Database, signing in record sheets, talk back sheets, feedback from service user consultations	Social interaction improved, healthy diet met Skills developed
Develop food for drop in so that it is self financing and skills of volunteers are maintained to appropriate food hygiene levels Look at working an allotment to further reduce costs whilst providing exercise and sense of involvement in the	Using all 'members of LASS' look at what is needed and how it could work; employ cook. Train up volunteers and service users (who would then be volunteers) to work in the kitchen and develop their skills. Use existing Service user	ML,	Start end June with food hygiene training for service users and volunteers. (do you need another course is the budget in place and the timescale realistic?) Ensure support for those taking on lead role in cooking and other food provision, ongoing training, feedback to staff as	New service shows as number of people in Drop-in will increase. Feedback sheets ISPs Service user consultation meetings Drop-in procedures	Varied diet meeting cross cultural wants Better ability to take meds Feeling of well being and achievement Skills enable service users to move on/gain employment/feel better about them selves Costs of food come

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
Café + Drop-in	gardens/allotments to grow produce Use 'Esky' to teach service users/volunteers food hygiene skills		drop-in progresses	book Listed qualifications	down Qualifications attained Develop skills within the kitchen

SEXUAL HEALTH AWARENESS

What we do well?

- Increased health promotion materials for general public – DVD, Valentine's cards, radio station, magazine articles and adverts, DVD launch – A Life and Kicking – living with HIV in LLR also available on our website.
- Increased number of active volunteers have contributed to increase in numbers of events, new groups and training.
- Work with partners to plan community testing – talks with groups, hospital, training plan, planning for different groups.
- Multi-agency training and advice – led to an increase in attendance at sessions and number of sessions.
- Increased our profile and reputation with specific partner organisations which has led to new opportunities for funding – adults with learning disabilities, work with domestic violence and rape crisis etc.
- Increased community events – hard to reach people, diversity of groups, number of events
- Increased SRE in schools – number of schools/youth groups, number of students/volunteers

What gaps identified?

- Still need to grow capacity to fulfil all the opportunities for awareness raising / sessions etc as this is an ever expanding opportunity.
- Need to source additional funding to continue to develop and enhance PSHE work with young people in partnership with others providing in the general area of sexual health so that there is comprehensive centrally coordinated programme for and delivered by young people in school and in informal settings.
- Particular need for more Black Male volunteers to expand awareness raising in the African male communities
- Continue to establish and develop community based HIV testing and LASS and in the wider community.
- Use training evaluation findings to set up and advertise training on a term by term basis to respond to needs identified on an on going basis and to meet HIV training needs at every level from awareness raising to continuous professional development for specialists.
- Develop use of DVD as an awareness raising tool together with training for HIV+ people to become trainers.

Budget

The current funding for this area of work comes entirely from the two NHS (PCT) budgets. This year we have an extra £4000 to develop materials on sexual and reproductive health for adults with learning difficulties. We will work with partners to try to source additional funding for a comprehensive PSHE sexual health awareness peer training programme, possibly together with developing positive people as HIV awareness trainers. We will work with partners to source additional funding for Phase 2 of the Rapid HIV Community Testing.

ACTION AND OUTCOMES

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
Develop streamlined and accessible ways of involving and supporting volunteers (including service users) to respond to current and future needs for prevention activities	More 'on the job' training / involvement. Build up capacity of people who can deliver sessions in particular HIV+ people. Recruit more BME male volunteers for awareness raising	CF		Check uptake and how many get involved. Monitor volunteer recruitment and involvement once recruited. Provide access for HIV+ people to train as trainers.	Increase in volunteers delivering more awareness sessions and involved in events and activities.
Facilitate provision of 12 multi agency training/advice sessions across all 4 tiers of training needed, i.e. from awareness raising to professionals working in HIV.	Set up and provide training menu of options on a termly basis using range of trainers and working with range of other partner organisations	CF	Termly throughout the year	Evaluation of training provided	Appropriate training delivered to over 240 people at all levels of training need in the City, County and Rutland
Adults with Learning Difficulties (including parents and carers)	Work with partners in City and County to start to develop Positive Relationships strategy, policy and plan for people with learning difficulties (PWLD). Develop suitable materials about sexual health and contraception for PWLD.	CF	Throughout the year.	Progress on frameworks Suitable Materials available and reviewed / evaluated by PWLD.	Framework of strategy, policy and plan agreed. New materials about sexual health and contraception available to PWLD, their parents, carers and professionals who work with them.

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<p>Set up Community based HIV testing, train volunteers, pilot, evaluate and review. Co-ordinate with a campaign to promote the benefits of testing and knowing HIV status. Primary focus of African and Asian communities in UK.</p>	<p>Train 'volunteers' to deliver HIV tests and develop appropriate procedures to support testing and referral. Coordinate promotion and health events with others to promote this. Offer community testing at accessible but selected sites</p>	CF	April to March	<p>Monitor number of people attending for testing.</p> <p>Survey during WAD period to find out how many people know about rapid testing by LASS / partners.</p>	<p>Increase in people tested for HIV.</p> <p>Increased numbers of people know that testing is available.</p>
<p>Continue to raise the issues of discrimination and stigma through Awareness-raising of HIV/AIDS and sexual health issues across all communities in the city and county.</p>	<p>Provide health events Stalls & festivals Sessions with different community groups Include county focus with outreach in Rutland, Loughborough, Coalville. Targeted use of different media – radio, leaflets, magazines etc.</p>	CF	Average of 2 per month	<p>Monitor each event and session to determine responses and number of people who get engaged.</p>	<p>Increase in number of events attended (and repeat events). Increase in number of requests for sessions. Increased number of people who get engaged.</p>
<p>Hepatitis Awareness Raising.</p> <p>Needs assessment and feasibility study for support group.</p>	<p>Coordinated campaign around World Hepatitis day (18th May) with Drugs projects and NHS in Leicester and County. Deliver sessions and training including Hepatitis</p> <p>Coordinate with LCPT Trust / Others to determine if support group needed and whether it is feasible to run this at LASS.</p>	CF	<p>May 2009</p> <p>On-going during year.</p> <p>Jan – Mar 2010</p>	<p>Media coverage</p> <p>Number of sessions including Hepatitis.</p> <p>Assess outcome of needs assessment</p>	<p>More people aware about Hepatitis and risks.</p> <p>Need assessed and feasibility determined.</p>

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World AIDS Day – awareness raising and events	WAD planning and action team set up in collaboration with partners. Identify activities and events for 2 weeks around WAD with person(s) responsible identified. Regular review and action meetings Sites and venues taking posters, red ribbons etc. Service users involved with pinning ribbons, getting materials out, designing posters	JH / CF / RS working with partners	April to December 09	Number of media shows/articles Range of events provided increases. Number of packs distributed increases. Increase in money collected	Higher profile for WAD, in a wide range of places through information, events, posters, red ribbons etc.
PHSE pilot project set up in collaboration with partners, schools and colleges.	Work with partners to develop, review and submit bid for funding. Coordinate to identify schools which will participate during the pilot. Develop suitable material and deliver it during the pilot.	JH	March 2010	Coordinated bid submitted with agreement from partners. Schools identified and agreed to participate. Evaluate feedback from pilot.	Coordinated PHSE pilot programme running in a number of schools.

CORPORATE SERVICES

What we do well

Premises fit for purpose

- Internal refurbishment completed
- The building custodianship has been set up with the Charity Commission

Adequate finance for plan etc

- Additional funds raised for building refurbishment
- Dilapidation fund being set up
- Statutory funding is in place until 2010 with some on potential 4 year basis to 2013.

Health and Safety

- Regular fire test
- Fire risk assessment carried out

HR practices

- New Job descriptions and person specifications now in place with full job evaluation review having taken place.
- Recruitment and induction of new volunteers from a range of different communities, and with a wide age spectrum.
- Awarded investing in volunteering until October 2010.

Communications

- Links made with local, regional and national radio and TV made in November as a result of local HIV incident

Gaps identified

- External decorating needed
- There will be gaps in funding as a result of the current national and global economic situation as well as managing reduced funding from supporting people and the end of the Lloyds TSB funding for food bank.
- Job/role competencies need to be developed and built into the new appraisal system and training needs to link more closely with appraisal objectives and could include options such as role swapping. HR practices to support volunteers need to be strengthened and volunteers need clearer progression pathways and training options/menus related to both HIV and their roles.
- Communications strategy is needed for internal and external communications.
- Work on logo and re-branding still outstanding.
- New developments at LASS, such as the Café and external users delivering training need a comprehensive risk assessment

- Equality and Diversity strategy and policy needs to be updated in line with funder's requirements for equality schemes and plans to ensure continuous improvement in relation to equality.
- Would help for future funding to work towards a company wide externally validated quality award.

Budget

Corporate services are funded through a share of all external funded with the exception of monies fund raised. Fund raising is the responsibility of volunteers and funds raised through volunteers are allocated by the Board. Some developments, such as PSHE work or social enterprise in corporate services and other areas of this plan will only be achieved if additional funds are raised.

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
Paint and renovate exterior of building	Use dilapidation fund, current and future finances to pay for this.	GM	October	Building maintained to appropriate standards for Conservation area for next 7 years and no further expenditure required	Building meets standards required for external health, safety and environment
Ensure adequate finance for delivery of plan and financial security of LASS in future years	Set fund raising strategy Set and manage budget including setting forward strategy for building upkeep and external decoration. Contract monitoring and negotiation of renewed contract, identification of new funding opportunities.	JH, GM and Board GM, JH and Fund raising sub group GM/JH/Treasurer/Board JH	June Throughout year April and ongoing	Budget breaks even Audit report and AGM	Funding secured for next 3 years
Develop the LASS Social enterprise	Bid to DOH and/or other for infrastructure funds to		July 09	Social enterprise	Social enterprise

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	help set up an income generating arm of LASS	JH/ GM and Board		established	trading
Ensure compliance with health and safety regulations	Carry out regular fire tests 1 x staff to have basic first aid at work qualifications	GM 1 x staff	Weekly Dec 09	Accident and safety reporting	No legal actions against LASS for breaches of H and S
Ensure compliance of HR practices and employment law	Link staff training to appraisals via new job evaluations and new job roles. Work towards Investor in people standard	JH GM	September 09 June 2010	Training enhances job roles and performance of the organization. Staff satisfaction survey informs IIP Work towards Investor in people standards and review progress against bench mark evaluation of 2008	Achieve IIP or similar quality award
Communication strategy developed and applied	Review practices for internal and external communication including feedback from receivers of communications, setting protocols for media relations, work on media campaigns and joining with partner organisations	JH	October 09	Feedback from staff and current volunteers for internal communication. Record of media engagement and service user and partner comments for external coms.	Higher penetration of messages about HIV and LASS, more contact from new organizations via telephone, website and in person.

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	to strengthen messages.				
Agree marketing and branding for LASS	Confirm logo and branding Plan introduction of any new branding/messages about LASS. Update website to reflect new branding and types of messages and information	Board with JH JH	April 09 May 09 June 09	Hits on website, feedback in press and from volunteers, service users and partner services	HIV awareness and awareness of LASS and our work increases and is measured by nos of visitors to the building and to the website and increased public profile and partnership working.
Management of risk	Carry out annual risk assessment and disaster recovery	JH, ML, CF, GM and Board	July 09	No significant increase in identified risks and no need for disaster recovery	LASS continues delivery with no unexpected closures during the year.
Ensure equality and diversity in access to all our provision, services and employment practices.	Complete revision of Diversity and equality policy, strategy and action plan to ensure continuous improvement	JH CF and ML	May 09	Monitoring of access to services demonstrates improvement in take up of service reflecting the demographics of the user group and of the local population.	No breaches of equality or human rights laws. Services accessed by more service users and wider range of people access training.

<u>WHAT</u>	<u>HOW</u>	<u>WHO</u>	<u>WHEN</u>	<u>EVALUATION/ HOW WILL WE KNOW</u>	<u>OUTCOME</u>
Volunteer management, training and support	Consolidate support to volunteers, including training, reporting and their involvement in developments	JH	March 2010	Maintained standards required for volunteer award. Volunteers feedback and engagement in developments	Volunteers commitment and satisfaction increases and is demonstrated through hours recorded and feedback.

LASS Service Users Survey

Summary of recommendations

The following are recommendations that are made to LASS in light of the report as points to consider for future practice and development within the organisation:

- LASS to look into the possibility of charging people for meals within the drop-in and to also look at the possibility of charging its service users for complementary therapies
- LASS to look at the survey findings on activities and outings and to devise an activities plan for the coming year encompassing these findings
- LASS to look into developing the activities that it offers as part of its drop-in service and the resources that may be required in order to achieve these changes
- LASS to review the way it conducts its service user meetings to include more service users and enable a greater amount of feedback
- LASS to look at the possibility of improving the conditions within the service user kitchen. A possible way of achieving this could be to run a smaller consultation now that all re-decoration has been completed to see how service users would like the building to be developed in the future
- LASS to look at the findings of the survey in relation to the information given and how this can be improved in the future, specifically to look at ways in which the website could be used more effectively to give information to its service users
- LASS to review its outreach service and the way that it is advertised to ensure that it is effectively reaching out to the community
- LASS to look at ways in which it could improve on this year's survey, to improve on the response rate and feedback from its service users. One possible way of achieving this could be to have a shorter survey and to also look at how the surveys are completed and whether there is anything that the organisation can do to improve the response rate, for example fill out questionnaires with people during home visits

