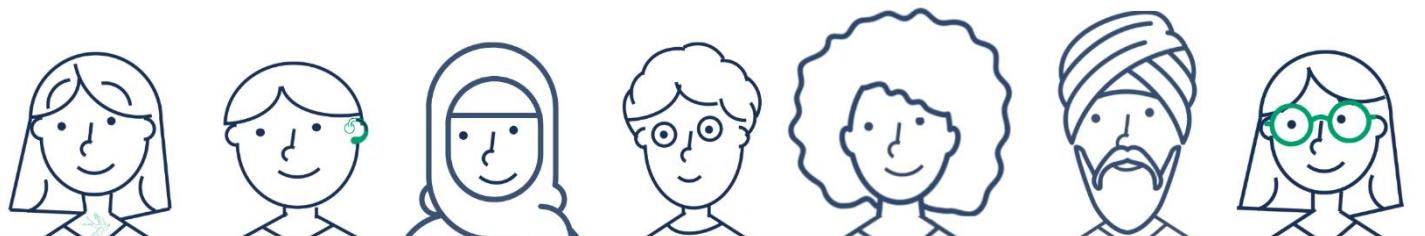




The Advocacy Project

Organisational Strategy 2025-2030

April 2025



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2 Executive summary

For 25 years The Advocacy Project has been providing opportunities for the most marginalised and vulnerable individuals and communities in London to have a voice, and have that voice heard. Over that time, our services have evolved to meet changing demands. In 2024, we were proud to reach over 3000 people through our high-quality, person-centred, rights-based approach, rooted in the communities we serve. We've broadened our remit by hosting Healthwatch but have stayed true to our vision of "**a world in which every person has a voice**". We benefit from the voices of those with lived experience through our service user council and trustee board, which ensures we put the people we work with at the centre of our decision making.

The Advocacy Project has been through a challenging period with a significant reduction in contracts and a change in leadership and senior staff. We've worked hard in the last 18 months to restructure and reform, building our reserves while adapting to external demands and funding pressures. We've learnt from our mistakes, improved our processes and prioritised staff engagement. The recruitment of a new permanent CEO and 5 additional trustees in 2024 has enhanced our governance and leadership and we have an engaged and committed team of staff and volunteers. It's from this stable base that we're launching the new strategy.

As a charity currently completely reliant on statutory funding, the environment in which we operate continues to be extremely challenging. Whilst the demand for our services is increasing¹, we know that funding is not in place to meet this demand. This year, only 10% of local authority adult social care directors reported being confident that they'll meet their 2024/25 statutory duties², whilst nearly three-quarters (72%) of councils in England overspent on their adult social care budgets in 2023/24 (predicted to increase further in 2024/25)³. Likewise, while we welcome the proposed strengthening of access to advocates in the revised Mental Health Act, we have reservations on the funding that will be made available to meet increased demand. Through our work with communities, we know that people's needs are getting more complex; the cost-of-living emergency, COVID and the lack of joined-up front line provision has driven people into crisis and many whom may not have needed help previously find themselves looking for support.

It's an opportune time to review our direction and plans. We want to create a shared vision of The Advocacy Project in the future, clearly defining what we need to do and identifying the most effective way of achieving our vision.

We've engaged with staff, volunteers, service users and professionals for their views, and are delighted by the rich insight we've gathered. The trustees and senior leadership team have used this data to inform our strategy, and we thank everybody who contributed to this.

¹ There's a projected 55% increase in older users of social care ([Projections of Adult Social Care and Demand and Expenditure 2018 to 2038, LSE](#)) and there's been a 45% increase across all admissions under the Mental Health Act in the last 5 years, which is expected to continue to grow ([The state of health care and adult social care in England in 2023/24, CQC](#))

² [Directors of adult social services 2024 Spring Survey](#)

³ [Social Care 360: Expenditure, The Kings Fund](#)

Three key themes emerged strongly from our work and formed our strategic goals:

We want sustainability without compromising on quality - it came across strongly that we want to continue delivering high-quality, person-centred, outcome-focused services that make a true difference to individuals and communities. We are good at what we do, and we want to focus on this rather than moving into new areas of work. This, however, is often challenging with the financial pressures being felt by our funders. Therefore, we need to find creative and innovative ways to deliver and fund our work, involving the voice of those with lived experience in those decisions while getting better at recording and evidencing our impact so we can fully demonstrate efficiency and value for money.

We want to grow and reach more people - we know there are many people still facing significant challenges who could benefit from access to advocacy, resources, and information. We want to be there no matter what someone's situation or the barrier they may be facing. We will strengthen our footprint in London, working in partnerships to do this while at the same time improving our digital resources enabling people who can find the information, they need for self-advocacy. We plan to grow thoughtfully, investing where we can see potential, scrutinising opportunities carefully ensuring we can commit to quality, not growth for growth's sake; We are describing this as '**aspirational consolidation**'.

We should speak up more about our work - we have an expert staff team with immense insight into the challenges that communities are facing, and we are well-placed to amplify those voices while finding creative solutions. The value of advocacy and the impact it can have is often underestimated; we need to increase our influence both locally and nationally by joining with others.

We will...



Achieve a sustainable business model, through current areas of work while maintaining quality.

Expand our reach to increase access to advocacy, advice, and information for more people.

Speak up for the work we do, increase our brand awareness and amplify our voice and reputation.

To help us achieve these ambitions we have identified 5 priority areas, these are the workstreams that will enable our strategy, from these we will develop our supporting strategies and annual business plans, ensuring all activity aids achievement of our strategic goals.

SERVICES

We will develop our work in our current areas of expertise

IMPACT

We will make better use of our data to evidence our work

PEOPLE

We will invest in and nurture our people

VOICE

We will capitalise on our expertise and networks to have more influence and impact

FINANCE

We will focus on innovation to increase our income levels and achieve full cost recovery on the work we deliver

This strategy is a living document and will be used to develop annual business plans, key performance indicators and objectives. We have several exciting projects planned to help us achieve our ambitious targets and are committed to investing where needed, to help us achieve planned growth.

We know the environment we work in is unpredictable, but we're an agile and adaptable organisation and will continue to review and respond to changing circumstances to ensure we achieve our goals.

3 About The Advocacy Project

3.1 History

The Advocacy Project's vision is a world in which every person has a voice, including those who are marginalised or vulnerable because of their circumstances. We know that the people who use health and social care services are experts on how those services should be developed and delivered and we're dedicated to supporting people to speak up and to make their own choices about their lives. Our work is located within the local communities we serve, providing flexible services close to our residents. This means we're able to respond to the changing demand and need of both residents and health and social care providers, and our many years' experience means we have a well-earned reputation for collaborative work and high-quality advocacy.

Founded 25 years ago, our work began because a small group of individuals identified a need in their community and recognised that many adults with a learning disability were not getting their thoughts and wishes heard, and had no-one independent to support or help them speak up. The clear need for advocacy led to the development of projects which eventually extended to support adults with learning disabilities, older adults, adults with mental health issues and children and young people.

Early on, The Advocacy Project prioritised the need for a collective voice and began to facilitate self-advocacy through user-led groups of adults who were able to support each other to understand and defend their rights, make choices and challenge decisions to improve health and social care services for all. Our work today continues with the same ethos on which it was founded. We support people to have their say and help improve important services we all need; we seek to tackle testimonial injustice which occurs when someone is ignored, or not believed, because of identity prejudice (for example because of their circumstances, gender, race or disability); we work in creative and innovative ways to engage people who face discrimination and are often excluded, to be involved in sharing their views and shaping and improving services and influencing change.

3.2 Vision, mission and values

We remain happy with our current vision for "**a world in which every person has a voice**" and still believe this reflects our organisational goals well. We may review the wording to ensure it's the best summary of our mission statement, a piece of work that would be undertaken as part of this strategy. Through recent consultations, it's clear that many of our current values are still relevant. However, we'll reflect on these in order to plan how we can best integrate our values more thoroughly in every part of the organisation; this will ensure we can easily recognise how we practice and demonstrate our values in our day-to-day work.

Current Values

- 3.2.1 **Quality:** we are professional, accountable, skilled and experienced
- 3.2.2 **Partnership:** we listen to people; their views shape our services
- 3.2.3 **Accessible:** we believe everyone can communicate; we use creative methods to engage with people
- 3.2.4 **Local:** we are part of the community, with a visible presence and local knowledge
- 3.2.5 **Independent:** we deliver an independent, confidential service that puts people first
- 3.2.6 **Passionate:** we are passionate about making a difference

3.3 Current activities

We deliver our aims through a range of contracted services in 6 London Boroughs: statutory advocacy, user involvement, Healthwatch, and personal budgets. We have some separately funded activities, including production of easy read materials and information, peer support and capacity building to address health inequalities. All our services connect and complement each other:



In 2023-24 We worked with over 3000 people with a staff team of 43. We're increasing our work with volunteers, and our service user council and service user trustees hold us to account, ensuring the people we work with are key to our decision making.

Currently, we're greatly reliant on statutory funding, a risk we want to address in this plan. We're also heavily reliant on one contract, and therefore a key driver for us is to increase

the diversity of our income sources.

4 Strategic context & current position

3.4 Stakeholder consultation

We've gathered data from several sources using a variety of methods:

- **Staff:**
 - **Workshops:** Data gathered from over 50% of our workforce at an in-person staff consultation day, with staff from both support and front-line services, with mixed lengths of service. We undertook two exercises in three groups: SWOT (Strengths, Weaknesses, Opportunities and Threats) and 'Picture the Future'. Areas of work in which feedback was positive: staff skill and experience; knowledge of communities; working with vulnerable communities. Areas for improvement included: salaries; brand awareness and digital presence; hesitation in responding to emerging issues, influence on local and national policy; equal focus on support for those with learning disabilities as those with mental health issues; more collaborative work.
 - **Survey:** an online staff survey of 8 self-rating questions and 7 qualitative questions. From a 56% response rate, themes that were identified positively: staff felt proud to work for us; our work is high quality; user involvement work is prioritised. Areas to improve: the collecting and sharing of evidence of our work in a competitive environment; brand awareness; community links; securing new business (although not at the expense of quality). Internally, staff expressed their frustration with silo working, lack of progression, lack of resources and poor IT systems.
- **Commissioners:** we sent out an online survey and had a 50% response rate. Some of the areas recognised as being strengths: supporting those with lived experience; identifying unmet needs; expertise in advocacy; accessibility and co-production; making local services more accessible. Areas identified for improvement included: sharing the work we do with commissioners; focusing on innovation.
- *"[The Advocacy Project] can stand out among other, similar, organisations by giving more space to the local level, customising the strategies in line with the local needs and strengthening its connections with affected residents to ensure that it has a wider reach"* **Local Authority commissioner**
- **Service Users:** face-to-face workshop with our user. Council members described the charity as having staff that went the extra mile and had emotional intelligence. Words used to describe the organisation included: kind, empowering, empathetic, knowledgeable, specific and amazing. Areas to explore developing included:

disability awareness; spot purchase; partnerships; training other organisations; digital resources and piloting new projects and ideas.

- **Away day:** We held a full-day workshop with the whole board and senior leadership team (SLT), facilitated by Mike Zywina from **Lime Green Consulting**. We undertook a range of activities including a SWOT analysis. We reflected on what we are currently doing, what we should continue to do and what the future should look like. We drew out key themes and refined data in order to develop our strategic priorities. We also undertook a desktop review of sector competitors (please see the Appendix for more information).

3.5 SWOT Analysis

The following comprehensive SWOT analysis maps out our current position, performance, and potential. It provides vital context for our new strategy.

For easy reference, we have numbered all the ideas. We have also highlighted the most significant elements with the following symbol: 

Strengths

Services, Reputation & Positioning

- S1.**  We are advocacy experts and have a proven, successful, trusted model that is easy to “drop in” to new locations, where the funding is available. Our quality, person-centred approach was recognised in recent Quality Performance Mark feedback; a key marker in a competitive landscape.
- S2.** We have a good network of community relationships and have been successful in rebuilding our reputation following previous feedback from commissioners.
- S3.** We capture evidence of our work using Salesforce to record and streamline data. However, we could be doing more to proactively use, analyse and share this data with commissioners and stakeholders (e.g. see W2 and W4).

Human Resources & Governance

- S4.**  We have a very knowledgeable, passionate, and resilient staff team. They are forward-looking and positive about the future. Nurturing staff, harnessing their knowledge, and protecting them in a challenging working environment must be a core value that underpins all our work.
- S5.** We have a strong and committed leadership team and Board of Trustees (following recent additional recruitment) who bring expertise in many areas, including healthcare and public and commercial sectors. Their experience is well-aligned with our vision for the organisation.
- S6.** We have a diverse team of staff and volunteers, with a strong focus on inclusion

and good EDI values (to be formalised into up-to-date policies as a priority).

S7. Our staff training is of a good standard, although we're thinking about how we can make it as easy as possible for staff to take up existing training opportunities within a very busy work schedule.

Finance & Fundraising

S8. We are in a solid short-term financial position and are on course to generate a surplus this year and increase our unrestricted reserves level to 15 weeks' running costs (against a policy of 13 weeks' running costs). This makes us a nimble organisation and, while we face lots of external threats and financial challenges (see T6-11), we are better placed to withstand them in the short term and to invest in growth areas.

Weaknesses

Services, Reputation & Positioning

W1. We currently lack a unified vision which successfully brings all our teams together under one collective goal to guide strategic action (consultation feedback indicates there are too many silos and not enough joined-up working).

W2. We need to do more work to map the landscape and unmet needs to determine which areas and services (e.g. mental health, learning disability) we should prioritise.

W3. We need to improve our storytelling and how we share successes to build clarity and pride both internally and externally. We hear lots of informal stories, but they rarely make it onto our website and into our comms (though we recognise the additional challenge of sharing vulnerable people's stories).

W4.  We need to improve how we use data to demonstrate our impact, improve services, monitor staff performance, and enhance organisational learning both within and across our services, including by:

- clarifying what data is relevant and strategically important to support our objectives;
- reviewing our systems (including Salesforce) to determine whether they are efficient;
- upskilling staff to make better use of our systems and standardise how we enter data and record outcomes;
- improving our data analysis, impact assessment and external impact reporting.

W5.  We have a fundamental brand recognition issue – not enough people know who we are, what we do and how we could help them. This is crucial, because

we depend on referrals from others to run our advocacy services.

- W6.** We need to invest in developing a stronger website that is a better shopfront for the organisation. It needs to be more engaging, more comprehensive, and better at demonstrating our impact. This requires work to identify specific target audiences to appropriately develop tailored messaging. An identified challenge is to balance developing an engaging website for commissioners/funders whilst maintaining an accessible, easy-to-navigate portal for service users.
- W7.** Similarly, we need to improve our use of social media by identifying specific target audiences to focus on (i.e. decision-makers), then developing appropriate messaging. For example, we need to align more with awareness days and better promote the positive things we do (e.g. the Michael Rosen interviews).
- W8.** There is some inefficiency within our infrastructure that could be eliminated with better advocacy systems/processes and better use of technology and AI; we need to address this by developing a technology strategy, supported by a cost/benefit analysis.
- W9.** While we have a carbon reduction plan, we need to do more work to enact it effectively, live our values, and demonstrate our carbon reduction achievements.

Human Resources & Governance

- W10.**  While we have good EDI values, we need to clarify specific objectives to underpin our training in key EDI areas (e.g. unconscious bias) to reinforce this. Staff have previously felt disengaged from this work, and we sometimes make claims about our EDI credentials in funding bids that would be difficult to evidence.
- W11.** Consultation feedback suggests a perception among some staff that some frontline advocacy workers do not have sufficient skills and training to perform well. However, we don't have a clear picture of this and need to develop clearer KPIs across teams to define what quality looks like across the organisation.
- W12.** Consultation feedback suggests a perception among staff that pay is low. We believe it's comparable to other sector organisations but that unfortunately advocacy in general is underpaid. However, we need to benchmark pay against other organisations and communicate a clear position to staff.
- W13.** Consultation feedback suggests that some staff feel they lack career development and growth opportunities. We need to develop a learning and development strategy to address this.
- W14.** While our training is generally of a good quality (see S7), we have a known gap in training related to British Sign Language and Makaton.

Finance & Fundraising

W15.  Our current funding model (we are almost entirely funded by local authority and NHS funding) gives us very little capacity or flexibility to deliver any activities outside of formal service specifications, or invest in improving our core organisational functions. We urgently need to diversify our income sources.

Opportunities

Services, Reputation & Positioning

- 01.**  There is scope for us to develop a much stronger policy voice, using our quality services, experience, data and stories as a foundation to advocate for system change (e.g. demonstrating how the focus on cost over quality is negatively impacting the lives of those who rely on advocacy, especially people who are digitally excluded). We should start with a modest ambition to join up with other small advocacy organisations to drive collective action. This has the potential to both positively change the advocacy landscape (see T7) and grow our profile.
- 02.** With improved data collection and impact measurement (see W4), there may be opportunities to unlock new funding by emphasising the preventative aspect of our work (e.g. avoiding hospital stays). However, this is difficult in a system that increasingly favours short-term thinking (see T8).
- 03.** We have started working positively with other advocacy organisations of a similar size and mindset (e.g. Advocacy For All) to collaborate on contract opportunities. Continuing to develop this will help reduce competition and enable us to compete more effectively in terms of quality and cost with the “big players” for contracts, without losing our unique selling point.

Human Resources & Governance

- 04.** We have started training some volunteer advocates to support our services. Developing this further - for example with corporate sponsorship – could relieve pressure on our team and improve our ability to win contracts in the current commissioning landscape, while also providing volunteering opportunities (e.g. for people with lived experience who are out of work). However, we need to be mindful of the resources needed to properly support and manage volunteers.

Finance & Fundraising

- 05.** Lord Darzi’s recent independent review of the NHS, which concluded that the patient voice is not loud enough, may provide opportunities for us to develop new services and secure funding. However, it will depend to what extent this translates into policy and spending decisions.

- 06. The increased focus on advocacy in the new Mental Health Act may provide opportunities for us to develop new services and secure funding.
- 07. We may be able to access trusts fundraising for advocacy projects in partnership with other charities focused on tackling health inequalities (e.g. people with multiple conditions, young people's mental health, addiction, dementia, old age). This would both improve people's lives and diversify our funding.
- 08. Increasing public awareness of learning disabilities, and the importance of mental health advocacy for children and young people, may open new funding opportunities (especially corporate funding).
- 09.  UK companies lose a lot of employee hours due to staff needing time off to care for relatives. They may be willing to pay for a package of advocacy support or training from us (building on our spot purchase model), so their staff are better equipped to support relatives and less likely to need time off work. We should focus efforts here on local companies, or national companies with local HQs, in the areas where we are delivering services.
- 010.  Similarly, private individuals who have disposable income but an urgent need for advocacy support (e.g. people who must stop working to care for ageing parents) may be willing to pay for private advocacy support or training. However, we would need to define what this looks like and quantify the potential of the non-statutory advocacy market.
- 011. People who have witnessed and are grateful for the benefits of our advocacy support may be willing to donate or leave us a legacy, if we can develop clear fundraising messaging.

Threats

Services, Reputation & Positioning

- T1.** The Government push to digitise services poses a threat to us as other organisations increasingly switch to online advocacy. However, this is more problematic for the people we support who often have complex needs and struggle to access online services. We need to explore how to respond to this increasing landscape of digitisation without harming the people we support (e.g. by creating a hybrid offer).
- T2.** The level and type of funding available is insufficient to tackle the increasing complexity of health inequalities (e.g. people with multiple conditions, young people's mental health, addiction, dementia and old age). This is making our services and advocacy more challenging to deliver; it's hard to anticipate what the greatest needs will be in the future, but we know there are already groups whose needs are not being met.
- T3.** In an extremely challenging commissioning landscape where maintaining quality

is increasingly difficult (see T7), we are at risk of reputational damage if there were to be a significant/high-profile incident because of inadequate advocacy support (e.g. someone having to wait too long between appointments).

T4. We need to develop any policy work sensitively as there may be a risk of political repercussions that negatively impact our ability to secure contracts and funding.

Human Resources & Governance

T5.  Our staff are under increasing pressure due to unsustainable caseloads, capacity challenges and poor pay across the sector. This impacts staff retention, morale, and ability to stay on top of caseloads.

Finance & Fundraising

T6. Our largest contract (for our bi-borough work in Kensington and Chelsea and Westminster) is up for renewal in early 2025; this is worth 50% of our current income. While we can feel reasonably confident that this will be renewed, losing this contract would require significant changes to the organisation and would impact our ability to capitalise on many of the opportunities outlined above.

T7.  The financial and commissioning landscape is making it increasingly difficult for us to compete for contracts and retain a focus on quality. For example:

- Government funding restrictions at both national and local levels are likely to further erode commissioner budgets. While the new Government's position is not yet certain, the "mood music" is not positive, with repeated focus on the "£22 billion black hole".
- There is a fundamental mismatch between what "quality" and "performing well" mean to commissioners and organisations. Increasingly, we are measuring different things.
- Amid extreme financial pressure, many commissioners are resigned to the fact that they will be unable to meet their statutory obligations (e.g. the frequency of people's advocacy visits). Whereas previously we could use these obligations as a lever to ensure a sustained focus on quality over price, now there are increasing levels of resignation and inaction.
- The block contract/payment by results model makes it very difficult to cover costs; we must pitch low and undersell our services in order to meet specifications and win contracts. However, we often receive 2-4 times as many referrals as we can manage. For example, demand for our personal health budgets advocacy significantly outstrips our capacity (we can help 60 people per year and received 30 referrals in the first month alone).
- Bigger organisations have better economies of scale and are more able to decrease overheads to secure contracts; this makes it harder for us to compete, particularly while our cost base continues to increase due to inflation.

- T8.** The combination of five-year Election cycles and extreme financial pressure mean that politicians and commissioners are inclined to short-term thinking. Even if we can make a strong case for the value of preventative work (see O2), there may be neither the money nor the will to fund it.
- T9.** There may be some changes coming to Healthwatch – will it remain a service that is sometimes commissioned, or always managed in-house? This could potentially cut off future funding opportunities.
- T10.** Trusts & foundations, which might provide an alternative funding source for us in the context of statutory funding pressures, are themselves facing increasing and unsustainable levels of demand.
- T11.** Our ability to improve staff pay will be restricted by the forthcoming increases to employer National Insurance contributions (estimated annual cost £10,000) and the national minimum wage (estimated annual cost to be confirmed).

3.6 Conclusion: “Aspirational consolidation”

The Advocacy project has an expert team whose work is rooted in the community. Our services offer support for individuals and communities to have their voices heard and their rights upheld and we have rich data and networks that we could utilise more. Increasing numbers of people could benefit from access to advocacy and there is unmet need for both statutory and non-statutory advocacy. However, the funding landscape in which we operate is extremely challenging and our reliance on one source of funding is a risk. We don't believe this is the right time to move into new areas of work; our focus needs to be on finding a sustainable model that allows us to reach more people while investing in our staff and our infrastructure. We describe this as **“Aspirational consolidation”**. At the same time, we want to raise our profile and use our knowledge to influence decisions both locally and nationally. We have therefore agreed on the goals outlined in the following pages.

5 Strategic Plan 2025-2030

5.1 Our Strategic Goals, what we plan to achieve:

Achieve a sustainable business model through current areas of work while maintaining quality

Expand our reach to increase access to advocacy, advice, and information for more people.

Speak up for the work we do, increase our brand awareness, amplify our voice and reputation.

How will we know we have achieved our goals?

By the end of our strategy, we will be producing a surplus to reinvest into the charity.

By the end of our strategy, we will be reaching 5000 people a year through direct and online support.

By the end of our strategy, we will be regularly contributing to national campaigns and influencing policy.

5.2 How will we achieve our goals?

Services Develop our offer across our areas of expertise.	Impact Measure and evidence our impact	People Nurture and Invest in our team	Voice Develop a stronger policy voice	Finance Deliver a surplus budget with FCR
Develop our spot purchase model, offering paid for options for different customers including individuals and Local authorities Focus on sustainable growth in London boroughs, through contracts in current service areas.	Improve how we capture and use our data from across all service areas to demonstrate our impact, develop services, and enhance organizational learning both within and across our services, Define our outcome and impact measurement framework.	Undertake a benchmarking exercise to develop a transparent and competitive reward and recognition policy. Improve our internal systems to support internal comms and improve working conditions.	Ensure leaders are attending key networks and involved with local decision making. Add our voice at a local and national level. Strengthen our connections in the community, utilizing our networks to become key strategic partner	Identify our optimum income levels to achieve FCR. Identify new and test existing paid for services including Easy read, training delivery.
Develop partnerships model, working closely with other charities to add value	Develop a quality assurance framework.	Undertake skills audit and invest training pathways for all staff.	Refresh website and develop service user resources.	Income generation strategy Diversify income through trusts and foundations.
Invest in service user involvement to evidence outcomes and impact	Maintain QPM and explore other accreditations i.e. trusted charity	Continue to develop our volunteer offer, developing more opportunities for those with lived experience	Develop our evidence base, build a library of stories with outcomes.	Undertake a review of all process with a view to improve efficiencies by use of technology.
Develop our model as exemplar	Produce annual outcome and impact reporting.	Undertake review of values and relaunch with plan to embed at every part of employee journey	Map networks across all services, build strategic partnerships.	Improve our win rate of commissioned services by improving our data, processes and partnerships.
Develop local services that evidence best practice and align with local needs.		Develop and deliver inclusion and diversity plan		
Strengthen relationship with ICB to be in better position to respond to opportunities				

5.3 Strategic timeline: when does it need to be completed

At the mid-point of this strategy (September 2027), we will review performance against our goals and plan the final 2 years delivery taking into account any adjustments we may need to make. Therefore at this stage we have focussed on the first 3 years only:

Workstream	Year 1 2025/26	Year 2 26/27	Year 3 2027/28
Services	<p>Develop our spot purchase model, offering paid- for options for different customers including individuals and Local authorities.</p> <p>Focus on sustainable growth in London boroughs, through mixed funding in current service areas.</p>	<p>Strengthen the relationship with ICB to be in a better position to respond to opportunities.</p> <p>Develop local services that evidence best practices and align with local needs.</p>	<p>Invest in service user involvement to evidence outcomes and impact Develop our model as exemplary.</p> <p>Develop a partnerships model, working closely with other charities to add value.</p>
Impact	<p>Map current data and data sources.</p>	<p>Define our outcome and impact measurement framework.</p>	<p>Implement outcome framework</p> <p>Develop a quality assurance framework.</p> <p>Produce impact report for 26/27</p> <p>Maintain QPM and explore other accreditations i.e. trusted charity.</p>

People	<p>Undertake a benchmarking exercise to develop a transparent and competitive reward and recognition policy.</p> <p>Develop and deliver an inclusion and diversity plan.</p>	<p>Improve our internal systems to support internal comms and improve working conditions.</p>	<p>Undertake skills audit and invest in training pathways for all staff.</p> <p>Undertake a review of values and relaunch with a plan to embed at every part of the employee journey</p> <p>Review our current volunteer offer</p>	
Voice	<p>Ensure leaders are attending key networks and are involved with local decision making. Add our voice at a local and national level.</p> <p>Strengthen our connections in the community, utilizing our networks to become a key strategic partner.</p>	<p>Develop our evidence base and build a library of stories with outcomes.</p>	<p>Map networks across all services and build strategic partnerships.</p> <p>Refresh the website and develop service user resources.</p>	
Finance	<p>Identify our optimum income levels to achieve FCR.</p> <p>Identify new and test existing paid-for services including Easy read, and training delivery.</p> <p>Income generation strategy Diversify income through trusts and foundations.</p>	<p>Improve our win rate of commissioned services by improving our data, processes, and partnerships.</p>	<p>Undertake a review of all processes with a view to improve efficiencies by use of technology.</p>	

5.4 Activity plans

To follow as annual business plans/ supporting strategies

5.5 Staffing and Infrastructure

We need to invest to achieve our goals, and the bulk of this investment will be in additional capacity and skills to strengthen our infrastructure.

- 5.51.** There is a capacity issue within service delivery which is acting as a barrier to growth and innovation. We will develop business plans for new income streams with a plan to deliver a return on these investments. Initially, we'll recruit additional capacity to manage our services, freeing time for our Head of Service Delivery to develop our current services and our spot purchase offer. We plan to have this resource in place for the start of the strategy.
- 5.52.** User Involvement projects are the bedrock of the work we do and embedding user voice in our decision-making is critical, and an area we need to resource. By expanding our easy-read service we will require additional resources to support people with learning disabilities to undertake paid activity as quality checkers.
- 5.53.** As we develop our income generation plans we will identify additional resources needed.
- 5.54.** We will seek funding to improve our digital offer both via our website and digital resources. However, we'll consider the potential to invest in this work if we aren't successful in securing funding within the first 12 months of this strategy.

Staffing diagram February 2025 to show planned additional roles

Planned new roles									
SLT	CEO 1.00	Head of finance 0.9	Head of services 1.00	Head of BD and FR 0.8					
Central services	IT Manager 0.6	HR officer 1.00	Finance Officer 0.6	ICT Support Officer 0.6	Exec Admin 0.6	Comms (interim) 0.4	Finance Officer 0.6	Data & insight 0.2	Deputy Head of Services 0.5
Bi-borough	Manager 1.00	Snr advocate 0.85	Advocate 1.00	Advocate 1.00	Advocate 0.7	Advocate 1.00	Advocate 1.00	Advocate 1.00	Advocate 1.00
Ealing Forensic	Manager 1.0	Advocate 0.7	Advocate 0.9						
Ealing LA	Manager (Snr advocate)	Advocate 1.00	Advocate 1.00						
SPA	Cust Service 0.6	Cust Service 0.6							
User Involvement	UI Manager 1.00	UI Eng Project Mng 1.00	UI Team Leader 1.00	UI Project Wkr 1.00	UI Co-ordinator 0.8	UI Project Mng 0.4	UI council and ER lead 0.4		
PHB	CYPworker 0.6								
Healthwatch	Impact and Involvement Mng 1.0								
Healthwatch Brent	Manager 0.8	Data & insight 0.8	Vol & engagement 1.0	Comm s 0.9	ASD 1.0 0				
Healthwatch W/RBKC	Healthwatch Manager (RBKC) 1.00	Healthwatch Manager (Westminster) 1.00	Vol & Engagement 1.00	Communications and Engagement (Westminster) 1.00	Communications and Engagement (RBKC) 1.00				

6 Reviewing and refreshing this strategy

This strategy is a living document and will be used to develop annual business plans, KPIs, and objectives. From our strategic timeline, we will build project plans for each objective and measure our performance. The strategy will formally be reviewed at mid-point in September 2027. However, it's a flexible and agile document, and we'll respond to unforeseen circumstances as appropriate.

7 Multi-year financial forecast

To follow

8 Appendices



Appendix A Strategy data.pdf



Appendix B Our place in landscape.pdf