SLH
YOUTH SERVICES

STRATEGIC OVERVIEW
2022 TO 2025

CONTENTS

INTRODUCTION

St Laurence House (SLH) has operated a service for homeless children and young people in eastern Sydney for 44 years. From small beginnings the organisation has now developed into a service providing 24/7/365 care to a maximum of five clients.

SLH also operates a STAY program providing transition accommodation and case management for clients between 18 – 24 years of age.

These programs can only be operated through a stable financial status, which is largely attributed to the generosity of our supporters and donations.

The next three years ahead are particularly important for the service. They are shaped by a number of key factors:

- The service's viability and operations are largely due to substantial fundraising activities. Government funding supports only about 70% of our costs, the balance coming from benefactors. Analysis of our benefactors shows an aging cohort.
- To continue to provide best practice service levels, and to continue to receive government funding, the service needs to achieve accreditation under the Australian Services Excellence standards (ASES).
- SLH is at an advanced stage of achieving accreditation, with our on-site assessment scheduled for 2 and 3 August 2022. Accreditation is not assured, and the service cannot continue without the ongoing Government funding.
- The additional costs to meet accreditation standards have shown that the service requires increased funding in the order of $100,000 per annum, to fund higher staffing levels.
- The service is therefore no longer viable without substantial additional fundraising.
- During the Covid-19 pandemic, the short term Covid 19 stimulus funding has allowed the service to pay its way over the last year, and this has offset reduced income from fundraising activities. This has allowed SLH to cope financially during Covid.
- There is a prospect of additional funding for medium-term accommodation for homeless young people. SLH currently provides a medium-term model of accommodation and services, and should this funding eventuate, SLH funding might increase, potentially doubling.

SLH is currently at a nexus – higher costs, higher service level expectations, accountability through ASES framework combined with potentially reduced fundraising capacity and an aging donor base. The current shortfall in DCJ funding is $300,000.

Should increased government funding emerge, concerns about our viability might ease, but alternative challenges would be generated. SLH would face the challenge of how to grow the service and meet the additional accountabilities associated with higher levels of funding.

Therefore, this current strategic planning cycle is particular important to ensure our financial viability, and to ensure team strengths are in place to both ensure deliver and growth best practice services

KEY ACHEIVEMENTS IN 2021-22

The following achievements showcase that work towards Strategic Goals has been consistent throughout the year and shows significant progress.

- The completion of a full suite of policies and procedures that has been approved by members of ARMCo and the Management Committee. These policies are supported by a comprehensive review schedule and controlled documentation. The policies have been communicated to staff.
- Establishing the new role of Residential Team Leader (RTL) to head up the service delivery team, augment the effective delivery and outcomes of client case plans, and to increase the skill levels of staff delivering Trauma Informed Care. This new role was successfully filled by internal applicant Nikki Butterfield from December 2021.
- A full review of rostering to ensure improved efficient and effective service delivery, which included a recommendation to reduce the reliance of casual wages costs and facilitate more permanent part time staff. We hope to see this new roster fully staffed and operation by July 2022.
- Rostering also now includes a 30-minute handover between each shift to ensure that vital client information is provided to the next staff member.
- The establishment of a centralised IT filing system to store all of the important organisational documents such as policies and procedures, forms, templates, contracts, records etc. Access has been specified for different levels of users to ensure security and confidentiality, whilst maintaining a "one source of truth'' system.
- Improved communication to staff through re-vamped staff meetings held weekly, monthly line Supervision, monthly Clinical Supervision with an external psychologist, and regular quarterly newsletters to staff to update them on the ASES project.
- Established the Employee Assistance Program (EAP) which is available to all staff for external and confidential assistance at times of need.
- Conducted a comprehensive external IT audit, to allow SLH to make informed decisions about upgrades to the IT capacity and capability.
- Established mandatory training for staff and Management Committee covering Child Safe Organisations, Reportable Conduct, Cultural Awareness, First Aid and WHS Due Diligence.

ISSUES IDENTIFIED IN THE 2021-22 STRATEGIC PLAN WHICH WERE NOT SUCCESSFULLY ACHIEVED

A review of the current Strategic Plan 2021-22 and BOP shows that there were areas where we did not achieve our anticipated outcomes. These can be summarised as:

- A framework and structured approach to encouraging bequests from long term benefactors.
- Using a variety of communication methods and channels to widen our scope for appealing to different demographic groups to increase our donations/donor base.

- A program seeking to strengthen corporate sponsorship.
- Establishment of a regular ''giving program''.
- Options for acquiring a new house to which we retain title and manage risk associated with losing tenure at Sturt Street.
- Systemic examination of organic growth options.
- The establishment of a SLH Foundation.
- Detailed assessment of government funding options through NDIS or other funding.

DEVELOPMENT OF THE STRATEGIC PLAN 2022-2025

SLH identifies that the Strategic Plan is the articulation of high-level organisational goals which, if we achieve them will ensure that we meet our mission, vision and values. SLH has a strategic Framework which we follow to ensure our strategic plan, operational actions and budgeting implemented and monitored; this is shown at **Annexure 1**.

SLH also identifies that the Strategic Plan should aim to meet the best practice industry standards, legislative requirements and ongoing financial viability of the organisation. SLH achieves the established Strategic Plan through a **Business Operations Plan (BOP)** which:

- Provides a set of plans that have an operational focus and if successfully executed will ensure that the strategic goals are met.
- Relate to individuals and/or groups at an operational level to carry out the actions and plans.
- Dovetails with individual development plans for key staff members.

SLH held a Planning Day with staff on 8 March 2022 to gather input and feedback for the Strategic Plan. Information was provided by staff members – giving the plan a staff lens view. The staff also provided feedback provided by the Young People who are current residents at the house. This information has been summarised in the SWOT section below.

SWOT

The following Strengths, Weaknesses, Opportunities and Threats were identified during the Staff Planning Day workshop on 8 March 2022. The SWOT is central to the establishment of goals and the ability to deliver them.

While the feedback on areas of weakness is important, or particular note is the number and variety of opportunities identified by staff members that are available – whether or not additional government funding is available.

Note that the summarised SWOT below includes feedback from Young People at the service, noted in italics.

STRENGTHS

''*Staff are cool and interesting people. They are the parents I wish I had*''

-Young Person-

- Small stand-alone service operating the Medium-Term model
- Tight knit, diverse team with broad experience
- Connections with other services, Peak bodies
- Location of the service – physical environment of the house itself
- Longevity of the service, recognition by DCJ
- Continuum of care – age 14 through to 24 when incorporating our STAY program
- Diversity of benefactors
- Individual bedrooms

WEAKNESSES

"Decor and interior design is embarrassing"

"Consistency around staff applying things like the house rules, chores"

"Staff deal with situations differently and they lack a consistent approach e.g. some are rigid and some are much freer"

-Young Person-

- Our benefactors are aging
- Communication with staff is not adequate
- Clinical Supervision stopped
- Inadequate On-call policy or solution – it is casual/ad-hoc
- Timesheets are not understood by staff
- Financial systems have been out of date

OPPORTUNITIES

"Improve the interior design – lounge room is overcrowded and therefore not comfy"

-Young Person-

- Reporting on outcomes for YP
- Diversity of activities
- Diversify our donation base – attract younger people to be donors
- Opportunity for bequests
- The establishment of a St Laurence House Foundation
- Wider use of social media to attract younger people and increase our profile
- Rebranding to appeal on social media platforms
- Consistency in rostering (good for staff and YP)
- More permanent staff roles
- Better communication between the staff team
- Build strong relationships externally with other service providers
- Implement a Living Skills program
- Opportunity to purchase a house to run the service or duplicate the service
- Advocacy for expanding our service in the medium-term model/space
- Building and raising the profile of the service in terms of medium term modelling through representation at peak bodies and ministerial levels
- Training and professional development of staff (expand the mandatory training courses)
- Connect with other businesses in the community e.g. Gyms – partnering with them
- Corporate Sponsorship
- Opportunity for employment of YP in local businesses
- Expand and re-evaluate our STAY program
- Creating an employment program for YP to give them greater opportunities and skills
- Apply for additional grant funding
- New programs can lead to opportunity for rebranding and increasing the profile of SLH
- Tap into community grants – they are smaller dollar values but can be used to improve programs and services
- Continue transparent communications between staff and Board
- Tap into the local youth networks

THREATS

- Funding – DCJ could discontinue to fund us
- Failure to gain accreditation will lead to a failure to be funded by DCJ
- Older and long-term beneficiaries getting older and dying
- Competition with other providers who are FOR PROFIT and who can run service models with less overheads.

STAFF INPUT TO PRIORITIES FOR SLH

In addition to staff participation in the SWOT, staff were also asked to state what they thought was the highest priority item (in their opinion). The following list outlines those priorities:

- On-call back-up
- Consistency of care and consistency of teamwork within the Trauma Informed Care (TIC) framework
- Restructure the roster to be able to better resource and meet our needs
- Improve communications between staff and to include YP
- Consistency of how we work as a team through better/improved communications
- Regular meetings of staff to ensure consistency of YP care
- Improve overall communication between all groups – staff – YP – Board
- Ensure consistent Staff Supervision and Clinical Supervision to ensure that the communication/messages are equally understood and applied by all

Whilst this feedback was helpful, it should be noted that all these items are currently in train and feature strongly in the current BOP.

OUR MISSION

Getting Homeless Children and Young People back on track.

OUR VISION

We innovate and build supportive communities to help young people achieve their full potential.

OUR GOALS

- Deliver Quality Services with Lasting Impact
- Positively Influence the System
- Diversify our income
- Look to the future

OUR GOALS ARE ENABLED BY

1. Understanding our environment
2. Effective Governance
3. High quality trained staff supported by effective systems, processes and procedures
4. Adopting a communication strategy that engages existing and new audiences and supports fundraising
5. Collaboration with stakeholders

WE ARE GUIDED BY OUR VALUES

Integrity
We work with honesty and transparency

Equity & Access
We treat our clients fairly and as equals, ensuring that they have access to services that they need in order to flourish

Inclusiveness
We embrace the many differences our clients and staff bring into our work

Empowerment
We work towards providing clients with the tools to transform their lives

Dignity
We acknowledge the worth of every person

Safety
We work in a manner that will cause no harm, and safety is at the core of all practice

Child Safe Environment
We will at all times uphold the National Child Safe Principals to ensure the safety and wellbeing of children and young people

Trust
We provide an environment of trust where human relationships are valued and respected and those we care for feel safe and valued

Respect
We work in a manner that encompasses empathy, consideration, communication and tolerance for each other

Client Centred
We place our clients at the centre of the service we provide and ensure that they receive service that is specifically designed for them and has focus on their goals and aspirations. We encourage and support clients to be a part of their own decision making

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STRATEGIC GOAL 1
DELIVER QUALITY SERVICES WITH LASTING IMPACT

It is important to SLH that we are providing our valued clients with best practice services which provides them with the foundations for moving through life successfully and resourcefully. To successfully achieve this goal, we must:

OPERATIONS

- Be a Child Safe organisation where our policies and practices align to promote these principles.
- Be recognised as a provider of best practice in Trauma Informed Care service delivery.
- Understand the implications of our organisations Strengths, Weaknesses, Opportunities and Threats so that we can shape and improve our services to provide best practice.
- Implement a program outcomes measurement focus which ensures we deliver quality services, and we can continually improve our service delivery and offering.
- Research and implement an effective accounting and finance system which will synchronize information, reduce administrative load, and increase both accuracy and efficiency.
- Ensure our IT system is robust and secure and provides ''one source of truth'' access to information for our authorised users.
- Identify and complete an array of grant applications.
- Ensure our staff are well informed through:
  1. clearly defined roles
  2. effective rostering
  3. ongoing recruitment of appropriately qualified staff
  4. ongoing improvement of the induction program
  5. monitored probationary periods
  6. regular line and clinical supervision for all staff
  7. yearly performance review

- Ensure our staff receive ongoing training and development in mandatory requirements and trauma informed practices to allow them to provide high quality service delivery.
- Encourage, welcome and collate all feedback from our clients and stakeholders to allow us to continually understand and respect Young People's opinions and improve our planning, services and environment accordingly.

GOVERNANCE

- Attain accreditation and ensure ongoing review and maintenance of ASES accreditation standards.
- Continue to review our current policies and procedures to ensure that they are clear and inform our organisation of legislative and regulatory requirements both at an organisational and practice level to ensure we are compliant and operating at best practice standards.
- Develop and implement defined communication channels to ensure that Management Committee and Operations have effective and transparent governance and can act on identified concerns quickly and effectively.
- Implement and review the planning framework that promotes ongoing strategic planning, budgeting and budget controls, and a safety and risk management system.

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STRATEGIC GOAL 2
POSITIVELY INFLUENCE THE SYSTEM

SLH believes in the efficacy of the programs that we offer to vulnerable children and young people, and as such understand the need to have greater visibility and influence within the sector. More visibility and a positive influence in the sector will allow SLH to increase our funding and be a voice to set direction and policy for children and young people into the future. To successfully achieve this goal, we must:

OPERATIONS

- Develop and maintain strong industry relationships through active engagement and participation with peak bodies, funders and other allied service providers.
- Initiate industry forums that foster awareness and understanding of youth homelessness and promotes SLH model of care that raises our industry profile.
- Ensure our staff engage in activities within the wider community which enables them to build networks, participate in sector activities and forums, and take on influential roles.
- Ensures that staff training and development remains up-to-date, and that ongoing mandatory training is monitored and completed.
- Actively collaborate with other agencies and allied services in the management of clients' cases to ensure positive outcomes.

MARKETING AND COMMUNICATIONS

- Increase public awareness of our organisation and service delivery through better use of information communication including website and social media channels.
- Use our communication and social media channels to showcase our best practice services, promote our programs, and provide information on the success of our program outcomes.
- Utilise communication analysis (Click through rates, open rates, likes, followers etc.) to monitor the effectiveness our communication channels to allow us to improve delivery, uptake and influence.

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STRATEGIC GOAL 3
DIVERSIFY OUR INCOME

SLH understands that currently government funding does not fully support the services and activities that we provide to our clients; and therefore, we must look to diversify our income streams to remain financially viable and have the capacity to provide ongoing quality service standards. To successfully achieve this goal, we must:

OPERATIONS

- Conduct regular reviews of our performance in meeting regulatory, statutory and industry standards to ensure we remain financially viable.
- Have strong and collaborative relationships with funders, community, sector and benefactors.
- Actively seek to secure government funding for the programs we deliver to clients.
- Actively seek to secure local government and community funding to support our programs for children and young people.
- Understand our current fundraising environment/demographic which includes Parish communities, members of St Laurence House, our patrons, previous personal donors, previous attendees at fundraising events, previous corporate donors/sponsors; and communicate with them through a variety of channels which best suits their needs.

GOVERNANCE

- Operate within the limits of the Australian Charities and Not-for-Profit commission and other legislative bodies with regard to fundraising and sponsorship activities.

MARKETING AND COMMUNICATIONS

- Understand the target audience that we need to attract to increase our fundraising and bequest capacity.
- Establish a framework for approaching benefactors.
- Have effective and efficient systems in place to manage our interactions with our donor/sponsorship database and to monitor responses and outcomes.
- Have effective and efficient systems in place to manage fund raising events and measure outcomes of those events.
- Have different communication strategies in place which engages with a wide audience demographic allowing us to build our fundraising capacity, our membership, and bequests.

4 STRATEGIC GOAL 4
LOOK TO THE FUTURE

SLH acknowledges that opportunities arise which may require swift action; and therefore, we need to have a direction for futuristic strategy, so that we can see an opportunity and act if required. To successfully achieve this goal, we must:

OPERATIONS

- Monitor the sector to identify emerging opportunities for growth.
- Understand the sector to establish where specific skill shortages exist that SLH might be able to fill
- Monitor which sector segments are allowing for-profit organizations to be established
- Establish key funding opportunities available through untapped NDIS funding streams.
- Generate a specific contingency plan, including timeframes, if DCJ funding ceases.
- Identify other service providers in the sector who may be a good fit with SLH and provide opportunities for strategic partnerships
- Establish a hierarchy of preferences and best fits for expansion

FINANCE

- Identify which specific services give opportunities for "fee for service" income – e.g. recent income received from DCJ
- Generate a specific contingency plan, including timeframes, if DCJ funding ceases.
- Develop a framework to measure a social return on further investment in the sector that is specific to St Laurence House – as Lighthouse has done in Victoria.
- Establishing a SLH foundation that operates independently from the SLH Management Committee. The intention would be that long term strategic funding generated through bequests and other means would be quarantined from operational constraints, although the two bodies would work closely together.

PROPERTY

- Develop communication strategies targeting bequests with a specific objective to acquire a house which we will own and have secure tenure of. There is potential for the title of any such property to be held in the SLH Foundation.

ANNEXURE 1 – SLH STRATEGIC FRAMEWORK

CONSTITUTION, MISSION, VISION AND VALUES

3 Year rolling Strategic Plan
Developed between March - May
Data analysis, Demographic info, client input, all staff planning workshop, SWOT, PESTLE

Approved by MC annually in June
ARMCo to Present the previous annual strategic plan to the MC in June annually

Annual BOP
Developed in July by EO and ARMCo includes all the operatitonal actions we will do to achieve the Strategic Plan.

Includes resources, timeframes, milestones and who will be responsible. Progress will be reported quarterly (Sep, Dec, Mar, June) to the MC by the EO

Annual Budget
Developed between March and June annually by EO, Chair and Treasurer review of actual to budget will be reported monthly to the MC by the EO in a written Tabled report

Annual Risk Plan
Developed by ARMCo in July
Approved by the MC in August includes - Risk Register and BCP
ARMCO reports quarterly (Sep, Dec, Mar, Jun) to the MC